



**COVERED
CALIFORNIA**

*Your destination for quality
healthcare, including Medi-Cal*

{FIRST_NAME} {LAST_NAME}
{ADDRESS_LINE1}
{ADDRESS_LINE2}
{CITY}, {STATE_CD (FK)} {ZIPCODE}

We need more information from you now or you will lose your health insurance

<Date>

Case Number: {#####}

Dear {FIRST_NAME} {LAST_NAME},

Thank you for choosing health insurance through Covered California.

We need documents that show you are a U.S. citizen, U.S. national, or a non-citizen with eligible immigration status to continue your health insurance through Covered California. These documents are confidential and will only be used to determine your eligibility for health insurance programs. **They will not be used for immigration enforcement purposes.** You may have sent us these documents before, but we could not check citizenship or immigration status using the documents you sent for the following members of your household:

- {FIRST_NAME} {LAST_NAME}
- {FIRST_NAME} {LAST_NAME}
- {FIRST_NAME} {LAST_NAME}

Important: You must send the necessary documents by August 31, 2015 to keep your health insurance through Covered California.

What To Do Now

1. Read the “**List of Documents**” below to see which document(s) to provide.
2. Upload, fax, or mail us your documents. You may need to send more than one document.
3. Call **1-800-300-1506** or for TTY, call 1-888-889-4500 for help if you need it. See below for more information.

What Happens If I Do Not Send the Documents?

If we do not get your documents, Covered California is required to cancel your health insurance along with the federal financial assistance (in the form of premium tax credits and cost-sharing reductions) you may be receiving to lower your monthly premiums and out-of-pocket cost. **If you have received premium tax credits and your health insurance is canceled, you may have to repay some or all of the tax credits you received when you file your taxes in 2016.** If your health insurance is canceled, you may also have to pay a tax penalty if you stay uninsured and do not qualify for an exemption.

If You Already Sent Documents

This notice is being sent to you in compliance with the Affordable Care Act:

§155.315 Verification process related to eligibility for enrollment in a QHP through the Exchange

If you already sent documents, please contact us to make sure they were received or to see if you need to send something else. You may have already sent documents, but we could not check citizenship or immigration status for the documents we received. Or, you can make sure that your documents are on the list in this letter and resend them by **August 31, 2015**. If we do not receive the right documents, you will lose your health insurance.

How To Get Help

Call **1-800-300-1506** or for TTY, call 1-888-889-4500 if you have questions or need help uploading, faxing or mailing your documents.

If you got help from a Covered California Certified Enrollment Counselor or Certified Insurance Agent during enrollment, you can contact them again to get one-on-one help. They can help you figure out the documents you need to send. They can also help you electronically upload the documents to your CoveredCA.com account. To find an enrollment counselor or agent near you, go to www.CoveredCA.com and click on "Find Local Help."

How to Send Documents

Option 1 (Fastest): UPLOAD documents to your www.CoveredCA.com account.

You can scan or take a picture of your document to upload.

- Log on to your account.
- Click on the "Manage Verifications" link located on the right, below "Actions."
- Click "Submit Verifications."
- Click "Upload Document" link.
- Select the "Document Type" in the dropdown menu.
- Follow the rest of the steps on the screen until you see the confirmation message "File uploaded successfully."

If you do not see your document type in the dropdown menu because the list does not include all possible documents, choose "U.S. Passport" (even if you do not have a U.S. Passport) to allow you to continue to submit your documents.

Option 2: FAX documents to Covered California (Page 5 of this letter says "Here's My Proof" include it as the cover page when faxing documents).

Fax to 1-888-329-3700.

Option 3: MAIL **copies** of documents to Covered California (Page 5 of this letter says "Here's My Proof" include it as the cover page when mailing documents).

Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725

DO NOT MAIL ORIGINAL DOCUMENTS. Please send legible copies only.

WE NEED TO RECEIVE YOUR DOCUMENTS BY AUGUST 31, 2015.

Questions?

If you created a CoveredCA account, log on to your account at www.CoveredCA.com; or call the Covered California Service Center at **1-800-300-1506** or for TTY, call 1-888-889-4500. You can call Monday through Friday 8 a.m. to 6 p.m. and Saturday 8 a.m. to 5 p.m. The call is free. You can also get help from a Certified Enrollment Counselor at "Find Local Help" at www.CoveredCA.com who can speak your language.

LIST OF DOCUMENTS FOR U.S. CITIZENS AND NATIONALS

To see samples of some of these documents, or to get more information about how to send us your documents, see the “FAQ” section at www.CoveredCA.com. Remember: Even if you do not see your document listed here, you can still send your immigration documents by clicking “U.S. Passport” if you think the documents will show your eligible immigration status.

To prove you are a U.S. citizen or U.S. national, send a copy of **ONE of these documents**:

- U.S. Passport
- Certificate of Naturalization (N-550/N-570)
- Certificate of Citizenship (N-560/N-561)
- Document from federally recognized Indian tribe that includes your name and the name of the federally recognized Indian tribe that issued the document, and shows your membership, enrollment, or affiliation with the tribe. Documents you can provide include:
 - A Tribal enrollment card,
 - A Certificate of Degree of Indian Blood,
 - A Tribal census document,
 - Documents on Tribal letterhead signed by the appropriate Tribal official

- OR -

If you don’t have any of the documents on the list above to prove you are a U.S. citizen or U.S. national, **send a copy of TWO documents, ONE from each of these lists**:

ONE document from this list:	ONE document from this list: (these have a photograph or other information like your name, age, race, height, weight, eye color, or address)
<ul style="list-style-type: none"> • U.S. public birth certificate • Consular Report of Birth Abroad (FS-240, CRBA) • Certification of Report of Birth (DS-1350) • Certification of Birth Abroad (FS-545) • U.S. Citizen Identification Card (I-197 or the prior version I-179) • Northern Mariana Card (I-873) • U.S. Civil Service Employment Record showing employment before June 1, 1976 • Military record showing a U.S. place of birth • U.S. medical record from a clinic, hospital, physician, midwife or institution showing a U.S. place of birth • U.S. life, health or other insurance record showing U.S. place of birth • Religious record showing U.S. place of birth recorded in the U.S. • School record showing the child’s name and U.S. place of birth • Federal or State census record showing U.S. citizenship or U.S. place of birth • Final adoption decree showing the person’s name and U.S. place of birth • Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3) 	<ul style="list-style-type: none"> • Driver’s license issued by a U.S. State or Territory • Identification card issued by the Federal, state, or local government • School identification card • A clinic, doctor, hospital, or school record, including preschool or day care records (for children under 19 years old) • U.S. military card or draft record or Military dependent’s identification card • U.S. Coast Guard Merchant Mariner card • Voter Registration Card • Two other documents that prove your identity, like employer identification cards, high school and college diplomas, marriage certificates, divorce decrees, property deeds, or titles.

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LIST OF DOCUMENTS FOR ELIGIBLE IMMIGRATION STATUS

If you are not a U.S. citizen or U.S. national, you can prove your eligible immigration status and send a copy of **ONE of these documents**:

- Permanent Resident Card, “Green Card” (I-551)
- Employment Authorization Card “Work Permit” (I-766)*
- Foreign passport, with acceptable stamp or visa
- Arrival/Departure Record in foreign passport (I-94) Reentry Permit (I-327)
- Arrival/Departure Record (I-94/I-94A)
- Temporary I-551 Stamp (on Passport or I-94/I-94A)
- Administrative order staying removal issued by the Department of Homeland Security
- Document indicating withholding of removal (or withholding of deportation)
- Refugee Travel Document (I-571)
- Machine Readable Immigrant Visa (with temporary I-551 language)
- Certificate of Eligibility for Nonimmigrant Student Status (I-20)
- Certificate of Eligibility for Exchange Visitor Status (DS-2019)
- Notice of Action (I-797)
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- Document indicating a member of a federally-recognized Indian tribe or American Indian born in Canada
- Resident of American Samoa Card

*except an I-766 with category code C-33, Deferred Action for Childhood Arrivals

Individuals Granted Deferred Action for Childhood Arrivals

If you are an individual with Deferred Action for Childhood Arrivals (DACA) status, you may receive Medi-Cal if you meet the income and residency requirements. However, you are not eligible to buy a Covered California health insurance plan. If you do not qualify for Medi-Cal you may receive care through a local county program, community clinic or be eligible to enroll in employer-based coverage. You may also buy a health insurance plan directly from a health insurance carrier outside Covered California.

HERE'S MY PROOF

Citizenship and Lawful Presence

(Include this cover page if you are faxing or mailing your documents)

Case Number

Name of Primary Applicant: _____

Primary Contact Person Phone Number: _____

Be sure all three lines above are filled in. **IMPORTANT:** Include this page on top of the legible copies of the documents you are sending.

FAX: 1-888-329-3700

- OR -

MAIL: Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725



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Getting Help in a Language Other than English

English: IMPORTANT: Do you need help reading this letter? This letter is about your health insurance application. We need more information from you to see if you qualify for health insurance through Covered California or Medi-Cal. We did not get or could not process documents from you that show you or members of your household are U.S. citizens, U.S. nationals, or are lawfully present in the United States with eligible immigration status.

If you do not send us the information we need by the due date, you may not get the health coverage you need. You can call **1-800-300-1506** to speak with someone who speaks your language. You can also ask for this letter to be translated to your language or in another format such as, large print. For TTY call 1-888-889-4500.

Español: IMPORTANTE: ¿Necesita ayuda para leer esta carta? Esta carta es sobre su solicitud para un seguro de salud. Necesitamos más información sobre usted para ver si es elegible para un seguro de salud a través de Covered California o Medi-Cal. No recibimos o no pudimos procesar sus documentos que muestren que usted o los miembros de su hogar son ciudadanos o nacionales de EE.UU. o que están legalmente en los Estados Unidos y su estatus migratorio es elegible.

Si no nos envía la información que necesitamos a más tardar en la fecha límite, posiblemente usted no obtenga la cobertura de salud que necesita. Usted puede llamar al **1-800-300-0213** para hablar con alguien que hable su idioma. También puede pedir que traduzcan esta carta en su idioma o en otro formato, como letras grandes. Si tiene TTY, llame al 1-888-889-4500.

英文：重要事項：您需要我們幫助您閱讀此函嗎？此次致函意在告知您有關您的健康保險申請事宜。我們需要您提供更多資訊，以確認您是否有資格透過 **Covered California** 或 **Medi-Cal** 獲得健康保險。我們並沒有收到或者無法處理您提供的可證明您或您的家庭成員是美國公民、美國國民或具有合法的移民身份，可在美國合法存在的文件。

若您未能於截止日期之前向我們發送所需的資訊，則您可能無法獲得所需的健康保險。您可撥打 **1-800-300-1533**，向講您的語言的人員諮詢。您亦可要求將此函翻譯為您的語言版本或索取其他格式（如大字版）的信函。TTY 用戶請撥打 1-888-889-4500。

Tiếng Anh: QUAN TRỌNG: Quý vị có cần trợ giúp để đọc thư này không? Thư này trình bày về việc nộp đơn đăng ký bảo hiểm y tế của quý vị. Chúng tôi cần thêm thông tin từ quý vị để xem liệu quý vị có đủ tiêu chuẩn nhận bảo hiểm y tế thông qua Covered California hoặc Medi-Cal không. Chúng tôi đã không nhận được hoặc không thể xử lý tài liệu từ quý vị chứng minh quý vị hoặc thành viên hộ gia đình

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§155.315 Verification process related to eligibility for enrollment in a QHP through the Exchange

Page 6

của quý vị là công dân Hoa Kỳ, người có quốc tịch Hoa Kỳ, hoặc người có mặt hợp pháp tại Hoa Kỳ với tình trạng nhập cư đủ điều kiện.

Nếu quý vị không gửi cho chúng tôi thông tin mà chúng tôi cần tính đến ngày hết hạn, quý vị có thể không nhận được khoản bao trả y tế mà quý vị cần. Quý vị có thể gọi **1-800-652-9528** để trao đổi với người nói ngôn ngữ của quý vị. Quý vị cũng có thể yêu cầu thư này được dịch sang ngôn ngữ của mình hoặc ở một định dạng khác như, bản in khổ lớn. Người dùng TTY gọi số **1-888-889-4500**.

영어: 중요: 본 통지문을 읽기 위해 도움이 필요하십니까? 이 편지는 귀하의 건강 보험 신청에 관한 내용입니다. 귀하의 **Covered California** 를 통한 건강 보험 또는 **Medi-Cal** 가입 자격을 확인하기 위해 보다 자세한 정보가 필요합니다. 귀하나 귀하의 가족이 미국 시민, 미국 국적을 갖고 있거나 합법적인 이민 신분의 미국 거주민임을 증명하는 서류를 저희측에서 받아보지 못했거나 처리하지 못했습니다.

필요한 정보를 마감일까지 제출하지 않으면 귀하에 필요한 건강 보험 보장을 받지 못하실 수 있습니다. **1-800-738-9116**에 전화하여 귀하의 언어로 소통가능한 상담원과 통화하십시오. 또, 이 편지를 귀하의 사용 언어로 번역하거나 확대본처럼 다른 형식의 편지로 요청하실 수 있습니다. TTY 는 **1-888-889-3700**으로 전화하십시오.

Tagalog: MAHALAGA: Nangangailangan ka ba ng tulong sa pagbasa ng sulat na ito? Ang sulat na ito ay tungkol sa iyong aplikasyon sa pangkalusugang insurance. Nangangailangan kami ng karagdagang impormasyon mula sa iyo upang malaman kung karapat-dapat ka para sa pangkalusugang insurance sa pamamagitan ng Covered California o Medi-Cal. Hindi natanggap o hindi mapoproseso ang mga dokumento mula sa iyo o sa mga kasapi ng iyong sambahayan na mga U.S. citizen, U.S. national, o mga legal na nasa Estados Unidos na may kwalipikadong estado sa imigrasyon.

Kung hindi mo ipapadala sa amin ang impormasyong kailangan namin bago lumipas ang petsa ng taning, maaaring hindi mo matanggap ang pangkalusugang kasaklawan na kinakailangan mo. Maaari kang tumawag sa **1-800-983-9816** upang makipag-usap sa isang tao na nakapagsasalita ng iyong wika. Maaari ring hilingin mo na isalin ang sulat na ito sa iyong wika o sa ibang pormat tulad ng malalaking imprinta. Para sa TTY, tumawag sa **1-888-889-4500**.

Lus Askiv: TSEEM CEEB: Koj puas xav tau kev pab nyeem tsab ntawv no? Tsab ntawv no hais txog koj daim ntawv thov pab kas phais pov hwm kev noj qab haus huv. Peb xav saib koj cov ntaub ntawv ntxiv seb koj puas muaj cai rau pab kas phais pov hwm kev noj qab haus huv los ntawm Covered California lossis Medi-Cal. Peb tsis tau txais lossis tsis tuaj yeem lis cov ntaub ntawv uas tuaj ntawm koj tau lossis cov neeg hauv koj cuab yig uas yog neeg pej xeem Meskas, neeg xam xaj Meskas, lossis yog cov nyob raug cai rau hauv Tebchaws Meskas uas muaj cai raws li neeg thoj nam.

Yog koj tsis xa cov ntaub ntawv no rau peb kom tsis pub dhau hnuv hais tseg, tej zaum koj yuav tsis tau txais pab kas phais pov hwm kev noj qab haus huv raws li koj xav tau. Koj tuaj yeem hu rau **1-800-771-2156** mus tham nrog ib tug neeg uas paub hais koj hom lus. Koj tuaj yeem thov kom tsab ntawv no txhais ua koj hom lus lossis muab kho ua lwm ntawv xws li muab luam tawm kom loj. Rau cov TTY hu rau **1-888-889-4500**.

ВАЖНАЯ ИНФОРМАЦИЯ: Вам нужна помощь, чтобы прочитать это письмо? Это письмо касается Вашего заявления на медицинское страхование. Нам нужно получить больше информации от Вас, чтобы определить, соответствуете ли Вы требованиям для получения медицинского страхования через Covered California или Medi-Cal. Мы не получили или не смогли обработать предоставленные Вами документы, подтверждающие, что Вы или члены Вашей семьи являются

This notice is being sent to you in compliance with the Affordable Care Act:

гражданами США, подданными США или лицами, проживающими в США на законных основаниях, с соответствующим требованиям иммиграционным статусом.

Если Вы не отправите нам требуемую информацию до установленной даты, Вы можете не получить необходимое Вам страховое покрытие медицинского обслуживания. Вы можете позвонить по номеру **1-800-778-7695**, чтобы поговорить с лицом, владеющим Вашим языком. Вы также можете обратиться с запросом на перевод этого письма на Ваш язык или на предоставление этого письма в другом формате, например, крупным шрифтом. Лица с нарушениями слуха могут позвонить по номеру 1-(888)-889-4500.

Հայերեն: ԿԱՐԵՎՈՐ Է: Ձեզ օգնություն հարկավոր է այս նամակը կարդալու հարցում: Այս նամակը առողջության ապահովագրության Ձեր դիմումի մասին է: Մեզ անհրաժեշտ է Ձեզանից լրացուցիչ տեղեկություններ ստանալ՝ պարզելու համար, թե արդյոք Դուք համապատասխանում եք «Covered California» կամ «Medi-Cal» ծրագրերի միջոցով առողջության ապահովագրություն ստանալու պահանջներին: Մենք Ձեզանից չենք ստացել կամ չենք կարողացել քննել այն փաստաթղթերը, որոնք ցույց են տալիս, որ Դուք կամ Ձեր ընտանիքի անդամները ԱՄՆ քաղաքացիներ, ԱՄՆ հպատակներ են կամ ներգաղթողի ընդունելի կարգավիճակով օրինականորեն գտնվում են Միացյալ Նահանգներում:

Եթե Դուք մինչև պահանջված ամսաթիվը մեզ չուղարկեք մեզ անհրաժեշտ տեղեկությունները, ապա հնարավոր է, որ Դուք չստանաք առողջության այն ապահովագրությունը, որի համար դիմել եք: Կարող եք զանգահարել **1-800-996-1009** հեռախոսահամարով և խոսել Ձեր լեզվով խոսող որևէ աշխատակցի հետ: Կարող եք նաև խնդրել, որ այս նամակը թարգմանվի Ձեր լեզվով կամ Ձեզ տրամադրվի որևէ այլ ձևաչափով, օրինակ՝ խոշորատառ տպագրությամբ: TTY-ի համար զանգահարեք **1-888-889-4500**:

انگلیسی: مهم: آیا برای خواندن این نامه احتیاج به کمک دارید؟ این نامه در ارتباط با فرم تقاضای بیمه بهداشتی شما است. برای تعیین اینکه آیا شما از طریق Covered California یا Medi-Cal صلاحیت برخوردار از بیمه بهداشتی دارید، نیاز به اطلاعات بیشتر از سو شما داریم. اطلاعاتی که نشان می دهد که شما یا اعضاء خانوار شما تابعیت آمریکا، یا شهروندی آمریکا را دارند، یا به صورت قانونی با وضعیت صلاحیت دار مهاجرتی در آمریکا حضور دارند را دریافت نکردیم یا نتوانستیم آنها را پردازش کنیم.

اگر اطلاعات مورد نیاز ما را تا تاریخ سررسید به ما ارسال نکنید، ممکن است نتوانید پوشش بهداشتی مورد نیازتان را دریافت نمایید. برای گفتگو با شخصی که به زبان شما صحبت می کند می توانید با شماره **1-800-921-8879** تماس بگیرید. همچنین می توانید درخواست کنید که این نامه به زبان شما یا به فرمت دیگری مانند چاپ درشت به شما ارسال شود. برای TTY با شماره **1-888-889-4500** تماس بگیرید.

Khmer: ចំណុចសំខាន់: តើអ្នកត្រូវការជំនួយក្នុងការអានលិខិតនេះដែរឬទេ? លិខិតនេះគឺទាក់ទងនឹង ពាក្យស្នើសុំធានារ៉ាប់រងសុខភាពរបស់អ្នក។ យើងខ្ញុំត្រូវការព័ត៌មានបន្ថែមពីអ្នក ដើម្បីឱ្យដឹងថាអ្នកមាន លក្ខណៈសម្បត្តិគ្រប់គ្រាន់ទទួលបានធានារ៉ាប់រងសុខភាពតាមរយៈកម្មវិធី Covered California ឬ Medi-Cal ដែរឬទេ។ យើងខ្ញុំមិនបានទទួល ឬមិនអាចដំណើរការឯកសារដែលបានមកពីអ្នក ដែល បង្ហាញថាអ្នក ឬសមាជិកនៃគ្រួសាររបស់អ្នក គឺជាពលរដ្ឋអាមេរិក ជនជាតិអាមេរិក ឬស្ថិតនៅដោយ ស្របច្បាប់ក្នុងសហរដ្ឋអាមេរិក ដោយមានឋានភាពអន្តោប្រវេសន៍ដែលមានសិទ្ធិ។

ប្រសិនបើអ្នកមិនធ្វើព័ត៌មានដែលយើងខ្ញុំត្រូវការ ឲ្យទាន់តាមកាលបរិច្ឆេទកំណត់ទេនោះ អ្នកអាចនឹង មិនទទួលបានការធានារ៉ាប់រងសុខភាពដែលអ្នកត្រូវការឡើយ។ អ្នកអាចហៅទូរសព្ទទៅលេខ **1-800-**

906-8528 ដើម្បីនិយាយទៅកាន់នរណាម្នាក់ដែលនិយាយភាសារបស់អ្នក។ អ្នកក៏អាចស្នើសុំឱ្យគេបកប្រែលិខិតនេះជាភាសារបស់អ្នក ឬស្នើសុំលិខិតនេះជាទម្រង់ផ្សេងទៀត ដូចជាឯកសារបោះពុម្ពជាអក្សរធំៗជាដើម។ សម្រាប់ TTY សូមហៅទូរសព្ទទៅលេខ 1-888-889-4500។

العربية: ملحوظة مهمة: هل أنت بحاجة للمساعدة في قراءة هذا الخطاب؟ إن هذا الخطاب يتعلق باستمرار التأمين الصحي التي تقدمت بها. نحن بحاجة إلى مزيد من المعلومات لمعرفة ما إذا كنت مؤهلاً للاشتراك في التأمين الصحي المقدم ضمن برنامج Covered California أو Medi-Cal. فأنت لم تقدم، أو لم يصل إلينا، أي مستندات تثبت أنك أو أفراد أسرتك تحملون الجنسية الأمريكية أو أنكم مواطنون أمريكيون أو أنكم تقيمون بصورة قانونية في الولايات المتحدة وأن حالة الهجرة خاصتكم تؤهلکم للاشتراك في البرنامج.

إذا لم تتلقى تلك المعلومات في الموعد المحدد، قد لا يمكنك الحصول على تغطية التأمين الصحي التي تحتاجها. يمكنك الاتصال على الرقم 1-800-826-6317 للتحدث إلى أحد الموظفين اللذين يتحدثون لغتك. كما يمكنك طلب ترجمة هذه الرسالة إلى لغتك أو الحصول عليها في تنسيق آخر على سبيل المثال بحروف طباعة كبيرة. بالنسبة لمستخدمي جهاز الهاتف النصي (TTY) يرجى الاتصال بالرقم 1-888-889-4500