1-800-792-4884

Call us if you have any changes in your household.

Name
Address 1
Address 2
City - State - Zip+4

It's time to renew your HealthWave insurance.

Please read this letter and call us if you have changes.

1-800-792-4884

Date

Dear _____,

Case # 02020202

It is time to renew your health insurance. We are writing to see if there have been any changes in household members, other health insurance, and household income. Please read the information we have listed in this letter and call us at 1-800-792-4884 if any changes are needed.

Household Members

Our records show the following people live with you.

Current household members on HealthWave:	Other People in your household:
Member name	Member name
Member name	Member name
Member name	Member name
Member name	Member name
Member name	Member name
Member name	Member name
Member name	Member name
Member name	Member name
Member name	Member name
Member name	Member name

Other Health Insurance:

Our records show the following household members have other health insurance.

Member name
Member name
Member name
Member name

For agency use only:

Household Income

Our records show the following income for your household.

Person:	Type of Income:	Monthly Amount:
Member name.....	Income type.....	Income amount
Member name.....	Income type.....	Income amount
Member name.....	Income type.....	Income amount
Member name.....	Income type.....	Income amount
Member name.....	Income type.....	Income amount
Member name.....	Income type.....	Income amount
Member name.....	Income type.....	Income amount
Member name.....	Income type.....	Income amount
Member name.....	Income type.....	Income amount
Member name.....	Income type.....	Income amount

Important - What do I do now?

If everything in this letter is correct you do NOT have to do anything. Renewal will take place automatically as long as your children remain eligible and all premiums are paid.

If anything listed in this letter has changed, you MUST call HealthWave at 1-800-792-4884 and select option 3. You must report changes by <response date>

Comments about your coverage

If nothing has changed, the following people remain eligible for coverage as of <<date>>

No change from previous coverage:		Change from previous coverage:	
Member name	Program	Member name	Program
Member name	Program	Member name	Program
Member name	Program	Member name	Program
Member name	Program	Member name	Program
Member name	Program	Member name	Program
Member name	Program	Member name	Program
Member name	Program	Member name	Program
Member name	Program	Member name	Program

- We will not send an ID card. The one you have will still work. You will receive a letter telling you how to use this insurance.
- Your Premium for this coverage is <**premium amount**> per month. The premium amount is based on your income. Premiums must be paid on time for all your children to stay covered. Please do not send us a payment at this time. We will send you more information on how to make the payment.
- If you have questions about this Renewal Notice, please call HealthWave toll free at 1-800-792-4884 or TTY 1-800-792-4292. Interpreters are available. Los intérpretes están disponibles.

RIGHT TO REQUEST A FAIR HEARING You have the right to ask for a fair hearing if you do not agree with a decision made on your case. You must request an appeal in writing within 33 days of the date of this notice. If your written request is received prior to the effective date of the adverse action, you may continue receiving benefits at the current level if you request to do so. However, you may have to pay back any benefits you receive if the fair hearing decision is not in your favor.

For agency use only: