

RETURN ADDRESS
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XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX



State of Wisconsin

Case #: 1234567890

Mailing Date: MM/DD/YYYY

ANNA MEMBER
123 MAIN ST
ANYTOWN WI 55555

ABC Agency
Phone: 987-654-3210
Fax: 555-555-5555
Online at access.wi.gov



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call 1-987-654-3210. These services are free.

Action Required:

Review the Information We Have on File

One or more people in your household are currently enrolled in the health care benefit plan(s) listed in the table below.

Each year, we must review the information we have on file to see if anyone who is enrolled to get health care benefits can keep getting them.

Sometimes we are able to renew members based on information we have on file, as long as they review that information and make sure it's correct. Other times, members may have to take action to renew.

The table below shows the renewal status for the members in your household and each person's next steps:

Member Name(s)	Benefit Plan	Status	Next Steps
NAME 1, NAME 2	BadgerCare Plus	Benefits have been renewed.	Review the summary information we sent and update it if needed (see below).
NAME 3, NAME 4	BadgerCare Plus	Annual renewal is due soon.	Watch for another letter with renewal details and due dates.
NAME 5, NAME 6	Community Waivers	Renewal is not due yet. We'll send you a letter when it's time.	No action currently needed.

Review Your Information

The summary we sent with this letter shows the information we have on file for your household. Look it over carefully and let us know if anything needs to be changed, deleted, or added. You must report corrections by **Month Day, Year**, by either:

- Calling your agency at the number at the top of this letter, or
- Making changes on the summary. Draw a line through any wrong information and write the correct information. Write in anything that's missing. Include the date of the change. Then, mail or fax it back to your agency.

If you have checked the information on the summary and it is correct, you do not need to take any other action.

Summary information not included

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SAMPLE