

RETURN ADDRESS
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XXXXXXXXXXXXXXXXXXXX

Mailing Date: MM/DD/YYYY

000001
ANNA MEMBER
123 MAIN ST
ANYTOWN WI 55555 5555



State of Wisconsin

Case #: 0000000000

Milwaukee Enrollment Services

Worker: IMA WORKER

Phone #: 1-234-567-8910

Fax #: (123) 456-7890

Use fax # to send verifications.



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 X-XXX-XXX-XXXX. These services are free.

Your Health Care Benefits Have Been Renewed

Each year, we must review the information we have on file for you to see if you can keep getting <Community Waivers and/or Medicare Premium Assistance (QMB)> benefits. Based on our review, your benefits have been renewed. Your benefits will continue until there is a change in your case.

Your benefits have been renewed because our records show you are getting Supplemental Security Income (SSI) Medicaid. Because you qualify for that program, you qualify for <Community Waivers and/or Medicare Premium Assistance (QMB)>.

Call your agency at the number at the top of this letter if you have any questions or to report a change in any information we have on file. Otherwise, you do not need to take any action.