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Mailing Date: MM/DD/YYYY

XXXXXX  
MEMBER NAME  
ADDRESS  
ADDRESS



**State of Wisconsin**

**PIN #: 000000000**

**MEMBER SERVICES  
PHONE: 1-800-362-3002**



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 1-800-362-3002. These services are free.

### **Your Temporary Enrollment in [Program Name] Has Been Extended**

Your temporary enrollment period for [PROGRAM NAME] has been extended because your recent application for ongoing BadgerCare Plus, Wisconsin Medicaid, and/or Family Planning Only Services benefits has not yet been processed. No action is required on your part.

Your temporary enrollment will now end on [NEW END DATE] or when your application for ongoing benefits has been approved or denied by your agency.

Once your application has been processed, you will get an official notice of decision letter in the mail. Or if your household is signed up to get letters about your benefits online, you will be able to view the decision letter in your MyACCESS account at [access.wi.gov](http://access.wi.gov).

If you have any questions about your temporary enrollment, call Member Services at 1-800-362-3002.