

< Agency
<Address
<Address
<Telephone Number>



State of Wisconsin

Department of Health Services

<Member Name>
<Address>
<Address>

Case Number

<Date>

Dear <Member Name>,

Our records show that you (and/or your spouse/partner) have not been getting BadgerCare Plus benefits because your income was over 200% of the Federal Poverty Level for 2008. The poverty levels for 2009 have increased, which means your income is now below 200% of the poverty level, and you may now be able to enroll in BadgerCare Plus with a premium.

If you are interested in being enrolled in BadgerCare Plus, please fill out the bottom of this letter and return it to the agency at the address shown above. The agency will determine if you can enroll and what your monthly premium will be. Please understand that if you choose to enroll and you fail to pay the premium your enrollment will end and you may not be able to re-enroll in BadgerCare Plus for a period of 6 months. In addition, if you want to enroll within a year you may need to pay any premium you still owe. You will get a notice in the mail to pay your premium.

If you don't contact the agency by 3/6/2009, we will assume you are not requesting these benefits at this time and you will not be enrolled until you request these benefits for yourself and/or your spouse/partner in the future.

If you have questions, please contact the agency listed above.

Fill out and sign the bottom of this letter. Tear off at dotted line and mail to the agency listed above.

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Due to an increase in the Federal Poverty Levels, I am requesting a redetermination of my enrollment in BadgerCare Plus. I understand I may have a premium and that if I fail to pay that premium my enrollment will end and I may not be able to re-enroll in BadgerCare Plus for 6 months.

Name – Applicant (last, first, MI)	Case Number
Address (Street, City, State, Zip Code)	Telephone Number (Include Area Code)
SIGNATURE - Applicant	Date Signed