

RETURN ADDRESS  
XXXXXXXXXXXXXXXXXX  
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**State of Wisconsin**

Case #: 1234567890

Mailing Date: MM/DD/YYYY

000002  
ANNA MEMBER  
123 MAIN ST  
ANYTOWN WI 55555

**ABC Agency**  
Worker: IM A WORKER  
Phone #: 1-555-555-5555  
Fax #: (444) 444-4444  
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 1-555-555-5555. These services are free.

## Temporary Changes to BadgerCare Plus Adult Premiums as a Result of COVID-19

In response to the COVID-19 pandemic, we are temporarily changing program rules to help protect your health and safety. We will not be charging BadgerCare Plus adult premiums during the COVID-19 public health emergency. In addition, you will be refunded all the BadgerCare Plus adult premiums you have paid since February 2020. Your refund will be mailed to you with another letter.

Your ACCESS account will show a \$0 charge for the months we are not charging premiums. It will also show a refund for months you have paid.

We will send you another letter to let you know when you need to start paying premiums again.

### COVID-19 Information

For the latest information about COVID-19, including program updates and general resources, go to [www.dhs.wisconsin.gov/covid-19/forwardhealth.htm](http://www.dhs.wisconsin.gov/covid-19/forwardhealth.htm).