

RETURN ADDRESS
XXXXXXXXXXXXXXXXXXXX
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XXXXXXXXXXXXXXXXXXXX



State of Wisconsin

Case #: 0000000000

Mailing Date: MM/DD/YYYY

000001
ANNA MEMBER
123 MAIN ST
ANYTOWN WI 55555 5555

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 1-800-XXX-XXX-XXXX. These services are free.

Action Required

Review the Information We Have on File for You

Each year, we must review the information we have on file for you to see if you can keep getting <X> benefits. Based on the information we have on file, you can keep getting <X> benefits.

You must review the information we have on file for you to make sure it is correct. The information we have on file is included in the summary with this letter. If any information is wrong, you must correct it **by DATE**.

To correct the information we have on file, you can do one of the following:

- Call your agency at the number at the top of this letter.
- Make changes on the summary and mail or fax it back to the agency at the top of this letter. To make changes, draw a line through any wrong information and write the correct information. If information about your household or income is missing, write it on the summary. Include the date of the change.

If you do not correct the information that is wrong and you get benefits that you should not get, you may have to pay back the benefits.

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

