

RETURN ADDRESS
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Mailing Date: MM/DD/YYYY

000001
ANNA MEMBER
123 MAIN STREET
ANYTOWN, WI 55555



State of Wisconsin

Case #: 0000000000

Agency


Worker: IMA WORKER
Phone #: 123-456-7890
Fax#: (123) 456-7890




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.

About Your Benefits

This letter tells you about your benefits. If you have a question, please call the agency above. If you would like to get letters like this online instead of by regular mail, please see the Key Contacts at the end of this letter.

Which benefit?	Status of your benefits?
 Health Care	You applied on DATE. Your application was denied. Please see Your Health Care Benefits page to learn more about why.
<i>If you don't agree with this decision, you have the right to a Fair Hearing. Please see the last page of this letter to learn more. You may also talk with the agency above.</i>	

Your Health Care Benefits


 Who is not enrolled?		
When?	Which plan?	Who and why?
As of DATE	BadgerCare Plus	ANNA: Your monthly income is over the program limit. See the part of this letter that shows how we counted your income. You could still get health care if your household's annual income is under \$12,060. Call your agency to see if you are eligible based on annual income.
As of DATE	BadgerCare Plus	ANNA: You may be able to buy and get help paying for private health insurance through the federal Health Insurance Marketplace (Exchange). Your application has been sent to the Marketplace. If you have questions, call the Marketplace at 1-800-318-2596 (TTY 1-855-889-4325) or go to HealthCare.gov.
Supporting Laws: S.49.471, 42 CFR 435.1200		

SAMPLE



Your Household's Reported Income


Here is a list of the income that we have on file for your household.

 Income			
Who has income?		When and how much?	
As of DATE			
ANNA		\$600.00 each week	
Job: COMPANY			



How We Counted Your Income

Here are the amounts and limits that were used to decide whether you could get benefits. To learn more, please see your Enrollment & Benefits handbook.

 BadgerCare Plus			
This was used for: ANNA			
	DATE	DATE	
Your Counted Income	\$2,400.00	\$2,400.00	
Counted Income Limit	\$1,005.00	\$1,005.00	



Key Contacts

TTY Services: For TTY services call 711. These services are free.



Online Help: ACCESS is an internet tool that lets you apply for other benefits, check your benefits, or report changes. Visit access.wisconsin.gov.

General Questions about FoodShare or Health Care Benefits: See your Enrollment and Benefits handbook or go to dhs.wisconsin.gov/em/customerhelp. If you have been approved to get other public assistance benefits or SSI, you may be able to enroll in FoodShare. You can apply for FoodShare online at access.wisconsin.gov or contact your agency listed on page 1.

ForwardHealth Card: See your Enrollment and Benefits handbook, visit dhs.wisconsin.gov/em/customerhelp, or call 1-800-362-3002 (TTY and translations services are available).



Get Letters Online Instead of by Regular Mail: You can get letters and information about your benefits online instead of by regular mail. To make this choice, contact your agency listed on page 1 or log in to your MyACCESS account at access.wisconsin.gov. If you do not have a MyACCESS account, you must create one to view your letters and information about your benefits online.

Any Other Questions: Contact your agency listed on page 1.

SAMPLE



YOU HAVE THE RIGHT TO A FAIR HEARING ABOUT YOUR BENEFITS

What is a Fair Hearing and why should I ask for one?

A Fair Hearing gives you the chance to tell why you think there has been a wrong decision about your application or benefits. At the hearing, a hearing officer will hear from you and the agency to find out if the decision was right or wrong. You may bring a friend or family member with you to the hearing. You may also be able to get free legal help. To learn more about free legal help, call 1-800-362-3904.

How long do I have to ask for a hearing?

The Division of Hearings & Appeals must get your request for a hearing about the decision in this letter by the date below:

Health Care

→ DATE

Can I keep my benefits while I wait for my hearing?

Yes, if you are already getting benefits and if you ask for a hearing before your benefits change, you can keep getting the same benefits until the hearing officer makes a decision. If the hearing officer decides that the agency was right, you may need to return the extra benefits that you got after your benefits were supposed to change.

How do I ask for a hearing?

You can ask for a fair hearing and/or a hearing request form at the agency shown on the first page of this notice. Or, you can get a request form at dhs.wisconsin.gov/em/customerhelp. You can send the form or a letter asking for a hearing to the Division of Hearings & Appeals, PO Box 7875, Madison, WI 53707-7875, or fax it to 608-264-9885.