


RETURN ADDRESS  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX




**State of Wisconsin**  
Case #: 0000000000

**Agency**  
Worker: IMA WORKER  
Phone #: 123-456-7890  
Fax #: (123) 456-7890  
Use fax # to send verifications.


Mailing Date: MM/DD/YYYY

000001  
ANNA MEMBER  
123 MAIN ST  
APT 1  
ANYTOWN, WI 55555

 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 1-888-947-6583. 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?
 <b>Health Care</b>	As of DATE, at least one person in your home will have a change in health care benefits. Please see Your Health Care Benefits page to learn more.

*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.*

## Your Health Care Benefits



### Who is not enrolled?

When?	Which plan?	Who and why?
As of DATE	Medicare Savings Program (SLMB+)	ANNA: You cannot enroll in SLMB+ because you are getting benefits from another health care program. You cannot be enrolled in both programs at the same time. If you want to be enrolled in SLMB+ instead of the other health care program, contact your agency.

Supporting Laws: 42 USC 1396a(a)

EXAMPLE



## Your Reporting Rules

Based on the benefits you are getting, you must report within 10 days if someone:

- Has a new address
- Has a change in where he or she is staying
- Moves in or out of your home
- Gets married or divorced
- Has a change in income
- Has a change in medical expenses
- Has a change in housing or utility bills
- Has a change in assets

For households getting FoodShare benefits, working adults between the ages of 18 and 49 with no minor children in the home must report by the 10th day of the next month if their employment hours go below 80 hours each month.

If you don't report a change listed above, and you get benefits or coverage that you aren't eligible for, you may have to pay us back. Keep in mind that if your benefits change, your reporting rules may also change.

## 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](http://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](http://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](http://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](http://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](http://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.



## 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 1-888-278-0633.

### 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](https://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.