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Mailing Date: MM/DD/YYYY

XXXXXX
MEMBER NAME
ADDRESS
ADDRESS



State of Wisconsin

PIN #: 000000000

**MEMBER SERVICES
PHONE: 1-800-362-3002**



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 1-800-362-3002. These services are free.

Your Temporary Enrollment in [Program Name] Has Ended

As of [DATE OF DECISION], your temporary enrollment period for [PROGRAM NAME] has ended. Your temporary enrollment has ended because your application for ongoing BadgerCare Plus, Wisconsin Medicaid, and/or Family Planning Only Services benefits was processed, and you do not meet the eligibility requirements.

For more information about your denial for ongoing benefits, see the notice of decision letter you got from your agency. If your household is signed up to get letters about your benefits online, you can view the decision letter in your MyACCESS account at access.wi.gov.

After [DATE OF DECISION], any medical services you receive, including prescriptions, are no longer covered by [PROGRAM NAME].

If you have any questions about your temporary enrollment, call Member Services at 1-800-362-3002.