

RETURN ADDRESS  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX



**State of Wisconsin**

Case #: 0123456789

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 #: (987) 654-3210  
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 Medicaid Purchase Plan 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. Starting in April 2020, we will not be charging you a monthly premium for your Medicaid Purchase Plan benefits. You will get a refund if you already paid your April premium and do not owe any other premiums.

If you have auto pay set up to pay your monthly premium, you do not need to make any changes. We will not be charging your account during this time.

Your ACCESS account may still show that you have a premium for April for a short time. We are working to update this.

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).