

RETURN ADDRESS  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX



**State of Wisconsin**

Case #: 1234567890

Mailing Date: MM/DD/YYYY

000001  
ANNA MEMBER  
123 MAIN ST  
ANYTOWN WI 55555

**ABC Agency**  
Worker: IM A WORKER  
Phone #: 1-987-654-3210  
Fax #: (555) 555-5555  
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 1-987-654-3210. These services are free.

## **Temporary Change to the Medicaid Purchase Plan Work Requirement 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 during this time. Starting right away, we are removing the work requirement for the Medicaid Purchase Plan. You will not lose your Medicaid Purchase Plan benefits because you are not able to work as a result of the COVID-19 pandemic.

Although the work requirement has been removed, you do still need to let your agency know if your job has ended, even if it is for a short time only. As a reminder, it is very important to let your agency know of any changes to your income, assets, medical expenses, number of people in your household, or your job within 10 days of the change. Your agency's phone number is at the top of this letter.

We will send you another letter letting you know when you need to meet the work requirement 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).