<Date>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

**Important: We need to know where you live.**

**If you don’t contact us to verify your address, you’ll be disenrolled from <plan name> effective <disenrollment effective date>.** This means that you’ll no longer be able to get health services or prescription drug coverage through <plan name> as of **<disenrollment effective date>**.

**If you’ve moved, you may no longer live in <plan name>’s service area.** Please give us your new address by <**day prior to the disenrollment effective date**>.

**How can I update my address?**

You can do one of the following:

1. **Call** <**toll-free phone and TTY/TDD numbers**>, <days and hours of operation>,

***or***

1. **Fill out the “Address Verification Form”** and return it in the enclosed envelope or fax it to <toll-free number>.

**Your permanent address must be inside <plan name>’s service area.**

* You can be away from <plan name>’s service area for up to 6 months in a row and still stay a member of <plan name>.
* If you move and your new address is outside the service area or if you leave the area for more than 6 months in a row, you’ll be disenrolled from <plan name>’s health services and prescription drug coverage.
* If you’re disenrolled, you’ll be able to join a plan that serves the area where you now live.

**You must also tell Social Security about your address change.**

If you’ve moved and haven’t told Social Security your new address, call 1-800-772-1213 (TTY: 1-800-325-0778), Monday through Friday from 7 a.m. to 7 p.m.

**You must also tell the Department of Human Services (DHS) about your address change.**

If you’ve moved and haven’t told your DHS local office your new address, you can:

1. **Report the change online** at <http://www.dhs.state.il.us/page.aspx?item=46873>, or
2. **Call the DHS Change Report Line** at 1-800-720-4166 (TTY: 866-234-5553), Monday through Friday from 8 a.m. to 5:30 p.m. The call is free.

**What if I have questions?**

You can get answers and help. Contact information is in the List of Resources at the end of this notice. The calls and the help are free.

[*Plans must include all applicable disclaimers as required in the Medicare Communications and Marketing Guidelines and State-specific Marketing Guidance.*]

You can get this document for free in other formats, such as large print, braille, or audio. Call <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free.

[*Plans are subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, refer to* [*https://www.hhs.gov/civil-rights/for-individuals/section-1557*](https://www.hhs.gov/civil-rights/for-individuals/section-1557).]

**Address Verification Form**

Complete the form and mail it in the enclosed envelope or fax it to <toll-free number>.

| **What is your permanent address?**  **Give the permanent address where you live. This can’t be a P.O. box.** | | | |
| --- | --- | --- | --- |
| Name | | | | |
| Address | | | | |
| City | | State | ZIP code | |
| County | Phone | | | |

(You may skip this section if you’re living at your permanent address.)

| **If you don’t live at your permanent address, what’s your temporary address?**  **This can’t be a P.O. box.** | | | |
| --- | --- | --- | --- |
| Name | | | |
| Address | | | |
| City | | State | ZIP code |
| County | Phone | | |
| When did you begin living at this address? | When do you think you’ll go back to your permanent address? | | |
| **Where you would like to get your mail?** | | | | |
| Name | | | | |
| Address | | | | |
| City | | State | ZIP code | |

**List of Resources**

**The calls and the help are free!**

| For questions about: | Contact: |
| --- | --- |
| **This notice or plan coverage** | <**Plan name**> |
|  | Call: <toll-free phone number> |
|  | TTY users call: <toll-free TTY/TDD number> |
|  | <days and hours of operation> |
|  | Online: <website> |
| **Enrollment** | **Illinois Client Enrollment Services** |
|  | Call: 1-877-912-8880 |
|  | TTY users call: 1-866-565-8576 |
|  | Monday – Friday, 8:00 a.m. – 7:00 p.m. |
|  | Online: [EnrollHFS.Illinois.gov](https://enrollhfs.illinois.gov/) |
| **Medicaid** | **Illinois Health Benefits Hotline** |
|  | Call: 1-800-226-0768 |
|  | TTY users call: 1-877-204-1012 |
|  | Monday – Friday, 8:00 a.m. – 4:45 p.m.  Online: [Illinois.gov/HFS](https://www.illinois.gov/HFS/Pages/default.aspx) |
| **Medicare** | **Medicare** |
|  | Call: 1-800-MEDICARE (1-800-633-4227) |
|  | TTY users call: 1-877-486-2048 |
|  | 24 hours a day, 7 days a week |
|  | Online: [Medicare.gov](https://www.medicare.gov/) |
| **Other enrollment choices:** | **Senior Health Insurance Program (SHIP)** |
|  | Call: 1-800-252-8966 |
|  | TTY users call: 1-888-206-1327 |
|  | Monday – Friday, 8:30 a.m. – 5:00 p.m. |
|  | E-mail: Aging.SHIP@Illinois.gov  Online: [Illinois.gov/Aging/SHIP](https://www2.illinois.gov/aging/ship/Pages/default.aspx) |
| **Coverage decisions, appeals, or complaints:** | **Illinois Home Care Ombudsman** |
|  | Call: 1-800-252-8966 |
|  | TTY users call: 1-888-206-1327 |
|  | Monday – Friday, 8:30 a.m. – 5:00 p.m. |
|  | E-mail: [Aging.HCOProgram@illinois.gov](mailto:Aging.HCOProgram@illinois.gov)  Online: <https://www2.illinois.gov/aging/ProtectionAdvocacy/LTCOmbudsman/Pages/The-Home-Care-Ombudsman-Program.aspx> |