[*If the plan uses the Member’s Medicaid ID# as its Member’s Plan ID#, replace the two fields* Member ID *and* Beneficiary ID *with one field,* Member/Beneficiary ID.]

<Date> Member ID: <Member’s Plan ID#>

Beneficiary ID: <Member’s Medicaid ID#>

<Name>

<Address>

<City>, <State> <ZIP>

To the Estate of <Name>:

Our records show <name> has passed away. Please accept our sympathies. Due to this report in our records, <name>’s coverage in <plan name> ended as of <**disenrollment effective date**>.

**What if this information is wrong?**

If this information is wrong and you have already contacted Social Security, disregard this letter.

If this information is wrong and you have not already reported it, here is how to fix it:

1. **Call Social Security** at 1-800-772-1213 Monday through Friday, 7 AM to 7 PM, to have your records corrected. Call 1-800-325-0778 if you use TTY. **Ask Social Security to give you a letter that says they have fixed your records.**
2. **Report the correction to Michigan Medicaid** by calling Michigan ENROLLS toll-free at 1-800-975-7630. Call 1-888-263-5897 if you use TTY. Office hours are Monday through Friday, 8 AM to 7 PM.

**Note: Please keep using your <plan name> providers for your health services and network pharmacies while your records are being corrected by Social Security.**

What if I have questions?

* For questions **about this notice**, call Michigan ENROLLS toll-free at 1-800-975-7630. Call 1-888-263-5897 if you use TTY. Office hours are Monday through Friday, 8 AM to 7 PM.
* For **general questions about your Medicare enrollment options**, you can also call the Michigan Medicare/Medicaid Assistance Program (MMAP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. They are open Monday through Friday, 8 AM to 5 PM. The call is free.
* For questions about Medicare*,* call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. Call 1-877-486-2048 if you use TTY. You can also visit the Medicare home page at [www.medicare.gov](http://www.medicare.gov/).

Sincerely,

<Plan name>

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

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

[*Plans may increase the font size and/or use bold font to emphasize the following information.*]You can get this document for free in other formats, such as large print, braille, or audio. Call [*insert Member Services toll-free phone and TTY numbers, days and hours of operation*]. The call is free.