

## MEDI-CAL ANNUAL REDETERMINATION NOTICE



Notice date: \_\_\_\_\_

Case number: \_\_\_\_\_

Worker name: \_\_\_\_\_

Worker number: \_\_\_\_\_

Worker telephone number: \_\_\_\_\_

Office hours: \_\_\_\_\_

**DON'T LOSE YOUR MEDI-CAL OR HEALTH PLAN BENEFITS!**  
**Fill out and turn in the enclosed Annual Redetermination form.**

Medi-Cal law says in order to keep your Medi-Cal, you have to give us information at least once a year. We use the information you give us to see if you can still get Medi-Cal. This is called an Annual Redetermination.

Fill out the Annual Redetermination form and send it back to us by \_\_\_\_\_.

Your Medi-Cal is still active for now. If you do not fill out and return the Annual Redetermination form, we will take steps to stop your Medi-Cal.

Fill out and return the form even if you think you may not be eligible. We need the form and information to find out if you or your family are still eligible and which Medi-Cal program is best for you or your family. If you have questions or need help with the form, call your worker at the telephone number listed on this notice.

**Remember, if we do not get your completed form, your Medi-Cal or health plan benefits may be stopped. If you missed the due date and still want Medi-Cal, call your worker NOW!**