* For individuals sent the MC 210RV, the language must read:

“*Your Medi-Cal will end* on <termination date> *because*:

*You did not complete the redetermination process. We sent you a form called the MC210RV, Medi-Cal Annual Redetermination Notice. In order to complete our review of your annual redetermination or change in circumstance, we needed you to return that form. That form requests information such as:*

*1. Your current residence address, if you have moved since last telling us or if recently changed*

*2. Verification of citizenship or immigration status, if it has changed;*

*3. Your income;*

*4. Your expenses and deductions;*

*5. Information about blindness, disability or incapacity;*

*6. Your property and any changes in property; and*

*7. Who lives in your household, if there have been any changes.*

*We asked you for the information on that form, but we have not received it and it is needed to complete your annual redetermination or process your change in circumstances. If you would like to return that form to see if you still qualify for Medi-Cal, you can:*

* *Call your county social services office at the number listed on this notice; or*
* *Print and fill out of the form, which can be found at: http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEDFormsMC200.aspx*

*Once completed, return the form to your county social services office using the address located on this notice.”*

* For individuals sent the MC 262, the language must read:

“*Your Medi-Cal will end* on <termination date> *because*:

*You did not complete the redetermination process. We sent you a form called the MC262, Redetermination for Medi-Cal Beneficiaries (Long-Term Care in Own MFBU). In order to complete our review of your annual redetermination or change in circumstance, we needed you to return that form. That form requests information such as:*

*1. Your current residence address, if you have moved since last telling us or if recently changed;*

*2. Your Social Security Number (SSN), if it has changed or if you got a new one;*

*3. Your income; and*

*4. Your property and any changes in property.*

*We asked you for the information on that form, but we have not received it and it is needed to complete your annual redetermination or process your change in circumstances. If you would like to return that form to see if you still qualify for Medi-Cal, you can:*

* *Call your county social services office at the number listed on this notice; or*
* *Print and fill out of the form, which can be found at: http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEDFormsMC200.aspx*

*Once completed, return the form to your county social services office using the address located on this notice.”*

* For individuals sent the MC 14A, the language must read:

“*Your Medi-Cal will end* on <termination date> *because*:

*You did not complete the redetermination process. We sent you a form called the MC14A,* *Qualified Low-Income Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), and Qualifying Individuals(QI) Application. In order to complete our review of your annual redetermination or change in circumstance, we needed you to return that form. That form requests information such as:*

*1. Your current residence address, if you have moved since last telling us or if recently changed;*

*2. Your Social Security Number (SSN),* *if it has changed or if you got a new one;*

*3. Your income;*

*4. Your property and any changes in property\*, and*

*5. Who lives in your household, if there have been any changes.*

*We asked you for the information on that form, but we have not received it and it is needed to complete your annual redetermination or process your change in circumstances. If you would like to return that form to see if you still qualify for Medi-Cal, you can:*

* *Call your county social services office at the number listed on this notice; or*
* *Print and fill out of the form, which can be found at: http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEDFormsMC00.aspx*

*Once completed, return the form to your county social services office using the address located on this notice.”*

*\* CWDA noted that we did not originally include property in the list, though it is requested on the form.*

* For individuals sent the Request for Tax Household Information for MAGI redeterminations, the language must read:

“*Your Medi-Cal will end* on <termination date> *because*:

*You did not complete the redetermination process. We sent you a form called the Request for Tax Household Information (RFTHI). In order to complete our review of your annual redetermination or change in circumstance, we needed you to return that form. That form requests information such as:*

*1. Your current residence address, if you have moved since last telling us or if recently changed;*

*2. Your Social Security Number (SSN),* *if it has changed or if you got a new one;*

*3. Verification of citizenship or immigration status, if it has changed;*

*4. Your income and deductions; and*

*5. Who do you claim on your taxes as dependents? Or, if you don't file taxes, who is in your household?\*\**

*We asked you for the information on that form, but we have not received it and it is needed to complete your annual redetermination or process your change in circumstances. If you would like to return that form to see if you still qualify for Medi-Cal, you can:*

* *Call your county social services office at the number listed on this notice; or*
* *Print and fill out of the form, which can be found at: (link to ACWDL??)*

*Once completed, return the form to your county social services office using the address located on this notice.”*

\*\* Newly proposed advocate language.

MC 216 Placeholder