

L. A. Care LETTER HEAD

<<Date>>

<<Subscriber Name>>

<<Address>>

<< City, State, Zip>>

Dear <<Subscriber Name,>>

It is time to renew your child's Healthy Kids benefits. L.A. Care must verify every year that your child(ren) still qualifies for Healthy Kids, and it will soon be one year since you began or renewed your Healthy Kids coverage.

Please check that the information on the enclosed renewal form is correct. We must have a complete renewal form from you to make sure that your child(ren) continue their health care coverage with Healthy Kids. Please complete and send us this form by <<date>> to make sure your child(ren) keep their benefits.

If any of the information on the renewal form has changed, please write the changes on the form. **For any information that has not changed**, please write your initials in all of the "no change" boxes, sign the renewal form at the bottom, and mail it in the enclosed postage-paid envelope.

Please note that some of the new information you provide might change your child(ren)'s eligibility and could result in your child(ren) being eligible for another program, such as Medi-Cal or Healthy Families. We will help you enroll in that new program.

If you have any questions or need help completing the renewal form, please call us at 1-888-4-LAKIDS (1-888-452-5437), or you can also call the agency that helped you with your original application. It is important that we hear from you by the date above so we know whether you are interested in keeping your child(ren)'s Healthy Kids benefits.

We look forward to hearing from you soon!

Sincerely,<<Enrollment Rep's Name>>