Date:
Case Name:
Case Number:
Worker Name:
Worker ID:
Worker Phone Number:
Customer ID:

RESTORATION OF MEDI-CAL BENEFITS

We recently sent you a Notice of Action informing you that your benefits would be discontinued. We have received your renewal information and have stopped the discontinuance of your benefits. If it is determined that additional information is required to complete your renewal, we will send you a request for the information that is needed. Otherwise, once your renewal is processed, we will send you additional correspondence.

If you have any questions, or need more information about this notice, call your eligibility worker, whose name and telephone number are listed at the top of this form.