

**NOTICE OF ACTION**  
**Medicare Savings Program**  
**Discontinuance**NOTICE DATE:  
CASE NAME:  
CASE NUMBER:  
WORKER NAME:  
WORKER ID:  
TELEPHONE NUMBER:  
CUSTOMER ID:  
OFFICE HOURS:

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

**IF YOU ARE ALREADY RECEIVING REGULAR MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THOSE BENEFITS.**

Your <FULL\_PGM\_NAME> is ending on <DATE> because you did not provide the renewal information that we asked for. We need you to give us information about the following to see if you can still get <PGM\_NAME>:

- Proof of your property. Some examples of proof of your property are bank account statements, investments statements, or titles for property that you own.
- Proof of your income. Some examples of proof of your income are a paystub, your most recent tax return, a letter from your employer, or a benefits award letter.

Please call us, visit your county social services office, or return your completed and signed renewal form to give us this information.

You can still get <PGM\_NAME>, but you need to give us more information. We need it within 90 days, by <DATE1>. We can give you <PGM\_NAME> from <DATE2> if you are eligible. If we do not get the information by <DATE1>, you must reapply for <PGM\_NAME>.

Income and property limits may change annually. If you have Medicare Part A and/or Part B and you experience a decrease in income or property, you may reapply. If you also applied for regular Medi-Cal benefits, you will receive a separate notice about that program.

If you were discontinued from the QMB program and do not already receive Medicare Part A for free the state will no longer pay for your Medicare Part A premium. The state may no longer pay for your Medicare Part B premiums. Any questions about these premiums should be directed to your local Social Security Office and not the office listed at the top of this notice.

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**Rules:** These rules apply; you may review them at your local welfare office: California Code of Regulations, Title 22, sections 50175 and 50179.