

**NOTICE OF ACTION
DISCONTINUANCE OF BENEFITS
STATUS REPORT NOT RECEIVED OR NOT COMPLETED**

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	Notice Date: _____
	Case Number: _____
	Worker Name: _____
	Worker Number: _____
	Worker Telephone Number: _____
	Office Hours: _____

THIS NOTICE DOES NOT APPLY TO INDIVIDUALS UNDER THE AGE OF 21

DISCONTINUANCE OF BENEFITS NOTICE FOR:

Insert Names(s) Here

We have looked at all information available to us about your circumstances and we find that:

- Your Medi-Cal benefits will be discontinued effective _____.**

The reason for this discontinuance is you did not give us the information necessary to continue your eligibility when it was needed. Your completed Medi-Cal Status Report was not received by the date it was due.

- Your Medi-Cal Status Report has been received. It was not complete. You will no longer receive Medi-Cal benefits effective _____.**

We attempted to contact you by telephone on _____.

We contacted you by telephone and asked you to provide us with _____ by _____ and you did not provide it.

We sent you a notice that asked you to provide us with _____ by _____ and you did not provide it.

- If you send us the information we requested by _____ your Medi-Cal eligibility may be restored.**

Please Note: Other family members with different eligibility status will receive a separate notice. Please call your worker if you need additional information about this notice.

DO NOT THROW AWAY YOUR BENEFITS IDENTIFICATION CARD (BIC) Make sure to keep your Benefits Identification Card (BIC) in case you become eligible for Medi-Cal again in the future. The BIC is good as long as you are eligible for Medi-Cal.

RULES: The regulation that requires this action is California Code of Regulations, Title 22, Section 50175, 50189 and 50191. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.