



00002  
 IMR7AZE  
 00-IMR2LT1E-1  
 CTN - EN

00002  
 HH\_NAME (CTN\_01\_ENGLISH)  
 ADDRESS LINE1  
 ADDRESS LINE2  
 CITY ST



February 12, 2014

Case ID: 022022010011Y

Dear HH\_NAME (CTN\_01\_ENGLISH),

**You are approved to keep getting medical benefits.**

We reviewed your case and you can keep getting medical benefits for these people:

MEMBER NAME1                      Date of Birth: 01/01/1999                      RIN: 220100111

**We will send you a new medical card.**

Take your medical card when you go to the doctor or pharmacy. You can also use this letter so that your health care provider can look up your current coverage.

**You must tell us about any changes in your home.**

You must report any change within **10 days** of when the change happened, such as:

- You move to a new address, a new person starts living with you, or someone moves out of your home.
- Anyone living in your home gets a new job, leaves a job, or changes hours at a job.
- Anyone living in your home has a change in other income, such as child support, unemployment, or pension.
- Anyone living in your home gets new health insurance.

To report a change, contact your local Family Community Resource Center (FCRC) or call your caseworker.

Thank you,  
 Illinois Medicaid Redetermination

