

Plan Letterhead

[Enrollee Change of Address Template Letter]

Dear <Enrollee Name>:

Date

CIN/CASE ID: <CIN and/or case #>

<Plan Name> would like to confirm your current residential and mailing address and other contact information. This is so you can stay informed about your health insurance.

Please check your contact information below and write in any changes that are needed. Then sign and date this letter.

Mail this letter to your Local Department of Social Services using the enclosed postage paid envelope. By sending this letter, you are asking to have your New York State Medicaid case updated.

If there are any other household changes, please report them to your Medicaid caseworker at your local Dept. of Social Services.

If you have any questions, please call <1-800-MCO-PLAN>. Thank you.

Our records show your contact information is:

<Names>

<Residential Address>

<Mailing Address>

<Telephone>

<Cell Phone>

I, <enrollee name>, confirm the above address information is my current residence and I am asking to have my New York State Medicaid case updated to reflect this information.

SIGNATURE

DATE

This notice can be read to you in another language. This notice is available in [other languages and] formats for special needs.

Call <1-800-MCO-PLAN> for help.

<1-800-MCO-PLAN> <TTY>