Under Internal Revenue Service (IRS) tax code Section 125, guidelines are provided for a Qualifying Life Event (QLE) status change. Employees must upload supporting documents to eBenefits or provide them to their Health Benefits Representative (HBR) to verify the QLE, in accordance with State Health Plan rules. This process must be completed within 30 days of the QLE or within 60 days of becoming eligible for or losing eligibility for Medicaid or the Children's Health Insurance Program (CHIP).

Additionally, employees must provide documentation to verify a dependent's eligibility when adding them to the Plan due to a New Hire event, a QLE, or during Open Enrollment. For a list of acceptable documents, please refer to the chart on page 2.

QUALIFYING LIFE EVENTS	REQUIRED DOCUMENTATION FROM EMPLOYEE
ADOPTION	
BIRTH	Refer to chart on page 2
COURT ORDER (may only be used to add dependents; cannot be used to drop dependents)	
DEATH of a Dependent	Death Certificate / Obituary
Dependent GAINS Medicaid COVERAGE	Written notification showing effective date of Coverage or ID card with effective date.
DIVORCE	Divorce Decree / Judgment
ENROLL in 12-MONTH REDUCTION in FORCE (RIF)	See your HBR to process event. HBR must submit an exception and materials provided by member to demonstrate the cost increase. Refer to chart on page 2 for additional requirements to add a dependent.
GUARDIANSHIP or LEGAL CUSTODY of a Child	Refer to chart on page 2
LEGAL SEPARATION	Separation Agreement or Affidavit (sworn, notarized statement) to validate legal separation.
LOSS OF MEDICAID or CHIP COVERAGE	Written notification showing termination date and current notification date. Refer to chart on page 2 for additional requirements to add a dependent.
LOSS OF OTHER COVERAGE	Certificate of creditable coverage or written notification from employer listing affected members and the effective date. Refer to chart on page 2 for additional requirements to add a dependent. If you or your dependents change your country of permanent residence by moving to or from the U.S., you must provide a signed written statement, along with proof of the date of the change. Note: Losing individual coverage does not qualify as a qualifying life event if you voluntarily drop it, fail to pay premiums, or do not provide required documentation when requested.
MARRIAGE (Employee)	Refer to chart on page 2
MILITARY LEAVE	See your HBR to process event. Requires copy of Active Duty documentation, including date active duty begins.
NEWLY ELIGIBLE for COVERAGE	Refer to chart on page 2 for additional requirements to add a dependent.
NOW ELIGIBLE for OTHER COVERAGE	Written notification from employer, Medicaid or CHIP showing effective date or Insurance Card with an effective date and notification date. If you or your dependents change your country of permanent residence by moving to or from the U.S., you must provide a signed written statement, along with proof of the date of the change.
RETURN from FAMILY and MEDICAL LEAVE (FMLA)	Refer to chart on page 2 for additional requirements to add a dependent.
RETURN from LEAVE of ABSENCE	Refer to chart on page 2 for additional requirements to add a dependent.
RETURN from MILITARY LEAVE	Requires copy of Active Duty documentation, including date active duty ends. Refer to chart on page 2 for additional requirements to add a dependent.
SIGNIFICANT CHANGE in COST of EXISTING COVERAGE	See your HBR to process event. HBR must submit an exception and materials provided by member to demonstrate the cost increase. See benefit booklet for details. Refer to chart on page 2 for additional requirements to add a dependent.

DEPENDENT ELIGIBILITY	REQUIRED DOCUMENTATION FROM EMPLOYEE
of the strong and the strong	Page 1 of subscriber's most recent Federal Income Tax Return* (1040, 1040A, or 1040EZ) as filed with the IRS listing the spouse (may be joint or separate as long as the spouse is listed) OR
LEGAL MARRIED SPOUSE Defined as legally married spouse, includes same and opposite gender spouses.	Official Marriage Certificate** PLUS one of the following to show current joint tenancy: • Current joint lease or lease showing residency • Current joint of one of the below, or two separates of any of the below showing the same address, one listing the employee and the other listing the spouse: • Monthly utility bill or financial statement • Current year's property/vehicle tax or registration bill • Current insurance statement or bill • Designation of the spouse as a primary beneficiary on the employee's life insurance or retirement benefits and listing the primary residence
BIOLOGICAL CHILD UNDER the AGE of 26 Defined as your biological child, includes child of same gender spouse.	Page 1 of subscriber's most recent Federal Income Tax Return* (1040, 1040A, or 1040EZ) as filed with the IRS listing the child as a dependent OR Birth Certificate or Mother's Copy with subscriber's name listed as parent Verification of Facts within 6 months of birth
STEPCHILD UNDER the AGE of 26 Defined as your stepchild.	Page 1 of subscriber's most recent Federal Income Tax Return* (1040, 1040A, or 1040EZ) as filed with the IRS listing the child as a dependent OR Birth Certificate or Mother's Copy with subscriber's name listed as parent AND Marriage Certificate (indicating employee's spouse is married to employee) Verification of Facts within 6 months of birth
ADOPTED CHILD UNDER the AGE of 26 Defined as a child you have legally adopted, or has been placed with you for adoption or in anticipation of legal adoption.	Page 1 of subscriber's most recent Federal Income Tax Return* (1040, 1040A, or 1040EZ) as filed with the IRS listing the child as a dependent OR International adoption papers from the country of adoption Official adoption agreement from adoption agency showing intent to adopt the dependent
FOSTER CHILD UNDER the AGE of 26 Defined as your foster child or child placed with you for foster care.	Official State Agreement for placement specific to the dependent being added
CHILD UNDER the AGE of 26 for whom the Subscriber is COURT-APPOINTED GUARDIAN Defined as a child for whom the subscriber has become the court-appointed guardian or has been awarded legal and physical custody by a valid court order.	Page 1 of subscriber's most recent Federal Income Tax Return* (1040, 1040A, or 1040EZ) as filed with the IRS listing the child as a dependent OR Court documents signed by a judge verifying legal custody of the child
CHILD UNDER the AGE of 26 for whom the Plan has received a QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO) Defined as any recognized child you are required to cover under the Plan due to a QMCSO.	Court documents signed by a judge Medical support orders issued by a State

^{*}Most recent tax form from the previous year. If unavailable, the year prior will be accepted with a letter indicating you have an extension.



^{**}Employees married less than a year are able to submit their marriage certificate only.











HOSPITAL BIRTH CERTIFICATE



Laboratory Co	bCol		DESTRUCTION	LARCOMPT Aust Ref 1: Aust Ref 3: Aust Ref 3:	contine ther 29964) If AMERICA DINA (PEPA 004, NC 27218
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IMMUNIZATION RECORDS

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BIRTH CERTIFICATE APPLICATION





1040 Tax FORM ## 1040 Uss. Individual Income Tax Return | For a part an In-Cite | St. P. Comment of the management of the management

TAX FORM SIGNATURE PAGE

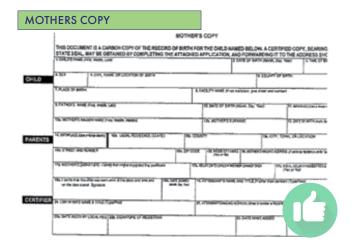
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Deet's Salement This Farm is the IRS United Represented For the See
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CERTIFICATE OF BIRTH





TAX TRANSCRIPT





AFFIDAVIT OUT OF WEDLOCK





DIVORCE DECREE

	NO	
IN THE MATTER OF THE MARRIAGE OF	67 69 1	IN THE DISTRICT COURT
JANE DOE AND JOHN DOE	5 5 5	JUDICIAL DISTRICT BELL COUNTY, TEXAS
	FINAL DECREE	OF DIVORCE
On	the Court he	eard this case.
Appearances		
Petitioner, JANE I	DOE, appeared in per	son and announced ready for trial.
Respondent, JOH	IN DOE,	
appeared i	n person and announ	ced ready.
although d	uly and properly cited	to appear or answer failed to appear or
answer and wholly made	default.	
has made	a general appearance	and was duly notified of trial but failed to
appear and wholly made	default.	
waived iss	uance and service of	citation by waiver duly filed and did not
otherwise appear.		
Record		
The making of a r	ecord of testimony wa	s waived by the parties with the consent of
the Court.		
	OR	
A record of testim	ony was duly reported	d by the Court's reporter.
Jurisdiction and Domicile	?	

INSURANCE CARD WITH EFFECTIVE DATE

About Complete Health Plan A Black of the Complete About Plan A Black of the Department of their Security MICHELLE Q SAMPLE-TESTCARD ID: N123H456P789 SAMPLE GROUP NAME	Provider Type
Group No: Eff Date: 0192681 01/01/2025	Hosp/ER \$337 + Ded & 30% off PCP not selected, in-network copay \$45 occP: Clear Pricing Project Other Info UNN ON
Base PPO Plan (70/30) NC SHP Network Choice POS II	Other Info Ind Deductible \$1,500 \$3,000 Ind OOP Max \$5,500 \$11,800 Family Deductible \$4,500 \$9,000 Family OOP Max \$16,300 \$32,600
RXBIN: RXPCN: RXGRP:	Primary Care Provider (PCP) PCP Name Prints Here
004336 ADV RX0274 SELF INSURED Paid for by YOU ad other NC Taxpayers	North Carolina NAP Preferred +

Third Party Administrator:	Pharmacy Benefits Administrator: CVS caremark		
Benefits & Claims Number Eligibility & Enrollment Behavioral Health Provider Relations/Precert Pharmacy Help Desk CVS Caremark	1-833-690-1037 1-855-859-0966 1-800-424-4047 1-888-632-3862 1-800-364-6331 1-888-321-314		
Aetna Life Insurance Company Submit Claims To: PO Box 14079 Lexington, KY 40512-4079 Aetna provides administrative services only for the Claims may be subject to review. Members are re and/or outplatent services for non-participating at marker outplatent services for non-participating at	sponsible for obtaining the proior		



LEGAL SEPARATION WITH NOTARY

SEPARATION AGREEMENT AND RELEASE IN PIRE.

This Supersion Agreement and Release in Full-(this "Agreement") is study and extend into by and between the City of Charlest, a North Continue Managing Corporation ("City"), and Reside N. Kericki ("Employer"). This Agreement is effective as of Ghisler 2, 2023 ("Effective Date").

PRELIMINACY PLATFORMS

Employee was faired by City on or afront March 21, 2018, and has weeked most secondly as a Charlestic Mockloshou; Police Officer: On Supersolver 16, 2015, Employee was compossed without pay. Subsequent to Engloyee's empression, the City Manager made a determination, paramete to a City Council resolution subsymb December 12, 1977 and recorded at Recordations Book 13, pages 140–143, that the City would not defined, or pay for the defense, of a civil favourin squinter Employee.

Exployer and City now dealer to transitude their employment relationship in a definitive measure and to saids and enterine may and all claims they may have against each other. City, in rechange for the observed provided by Exployers below, and Exployers's agreement with various overneets at Earth Sensis, has agreed to provide Employers with expension benedits that it may not observed be lapidly elligated to provide. This Agreement into first the parties' endorstanding and agreement with support to such employment expansion, pool-employment elligations, returns of claims, and related matters.

ACREE MENT

NOW, TSEREPORTS, in consideration of the approximate and exponentations benefits at facts, and the other good and valuable contributions, the receipt and refficiency of which we havely acknowledged, Deployee and City, tetranding to be legally bound, leadily again to the agreements of their employment estationality in accordance with terms and conditions benefits for and facility.

 Termination from Englishment, Englishes bookly relientedly resigns as an amplitude of the City, and Englishes and City contine Englishmen's termination from amplitudent with

said cause may be had withou	ut further notice.		
Dated	. 20	_	
SIGNATURE:		-	
STATE OF			
County of			
I, hereby certify that be the same person whose no before me this day in person, and voluntary act, for the purp	and acknowledged that he	regoing waiver of sun	known to me to nmons, appeared
Given under my hand	and Notarial Seal.	, 20	
	715000000000000000000000000000000000000		

MONTHLY UTILITY BILL	
ENERGY. PROCESS Employee and Spouse's Name and Address	Customer Bill page 1 of 1 Account number Total due Current charges post due after Thick you for prior propriet Charge posted Thick bill him maked on
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Bestric works	

BENEFICIARY DESGINATION

Financial Group		Mailing Ad Des Moin	ddress es, IA 50392-0	Principal 1002 Insurance	Life Company	Employee Enrollment & Waiver - KY
Company name WESLEY VILLAGE			Division level		Account number/unit number	
Employee Inform	ation	MANAGE PARTY	September 1	S757, 1947.0		formation of
Name				Social security n	umber	
Mailing address (street	et)			Birth date		male female
(city)	(state)	(ZIF	code)	Do you have an	eligible spous	
Date employed full-tim	10	Hours works	ed per week	Job occupation/o	class	Location
	alary mode yearly w	and have		nly bi-weekly		
What is your payroll m	node?		E	mployer ZIP	Empl	loyer county
Long Term Disab	ility					DESCRIPTION OF THE PROPERTY OF
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PROPERTY / VEHICLE TAX

NC COMBINED VEHICLE REGISTRATION RENEWAL AND PROPERTY TAX NOTICE

		LE PROPERTY	TAX INFORMA	TION
Property Tax Questions/Appeals;	Tax County: Taxing Districts		Appraised Value: Tax Rate Per \$100 Value	Amount Due
Jackson County Finance Dept 828-631-2249 401 Gendrald Cove Rd Sylva, NC 28779 www.jacksonse.org	COMPTY	***	.30000	1.00
Please review the Taxing Districts shown on this nation. If the Taxing Districts where are defined than the actual location of this vehicle at the time of necessit, do not sout this reviewed by mail because the property to amount on the property to amount must be re-calculations by you need a re-calculation see the reverse side for additional enhancements.		PRO	OPERTY TAX: 5	
Vehicle Registration Questions:		ESTRATION /	INSPECTION IN	FORMATION
NC Division of Motor Vehicles 919-814-1779	Year Make		Due Date:	
www.nodot.gov/dmw/	Style :		NC INSPECTIO	
ATTENTION	VIN		Licensed W Equip #:	reight:
A vehicle that is subject to a safety or emissions inspection must have passed an inspection no more than 10 days before the plate expires.	Title Number: Classification: Lessor Name: Insurance Co:		Equip II.	
Verify all vehicle information. If incorrect, please make any correction in the space provided on the back of the tear off coupon below.	Policy Number:	REGIST	RATION FEE:	
		AMOUNT DU		
Due Date CURASE DESASTES SERVICE				Tax County
	Classif	fication: PRINKIN		
License # Title Number Vehicle Ide	entification Num	ber Year	Hake Style Lice	ensed Weight
			MADENT IS NOT PATION WILL NOT BE	
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	LL-LLLL-II		Make check pay	
Name and Addre	tss		here if you have pace provided	
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ADOPTION DECREE SUPERIOR COURT OF THE DISTRICT OF COLUMBIA FAMILY COURT DOMESTIC RELATIONS BRANCH - ADOPTION EX PARTE IN THE MATTER OF : Adoption Case No. A-THE PETITION OF [Petitioners' Initials] JUDGE RONNA LEE BECK FOR ADOPTION OF MINOR CHILD FINAL DECREE OF ADOPTION Upon consideration of the Petition for Adoption filed by [ourtent name of child] for the adoption of a minor child born (current name of child), in (current name of COM TO GARAGE PORTERS & ACCOUNT TO THE satisfaction of the court: (1) That the court has jurisdiction pursuant to D.C. Code Ann § 16-301 (2001); (2) That the adoptee is physically, mentally, and otherwise suitable for adoption by the petitioner; (3) That the petitioner is fit and able to give the adopt a proper home and education; (4) That the adoption will be for the best is adoptes; (5) That the adoptee has resided with the petitioner since (o child] (if this is a foreign readoption, replace with: That the adoptive h

QUALIFIED MEDICAL CHILD SUPPORT ORDER

legal care and control of petitioners by virtue of an adoption (or, if appli

WT	Sta	a term of the Supreme C ne of New York, held in	
2	er,	uniy of	New York
# PRESENT: Box_		_	
	Autico/McRene		
1	Pointiff,		Index No.:
againe			ALIPIED MEDICAL LD SUPPORT ORDER
*	Defendant.		
that the uncouncip	(2000). This Qualified Mode and dependents named horse Date of Birth:	AW D.com of Child Support Order (Sec. Sec. 8	QNICSO) sedons and direct Mading Address
berein is eligible, s	merdied in and receive the beautier the group health plan is Retirement Income Security /	amed herein in accorda	y responsible relative names ner with Section 609 of the
The Participant (leg Name:	gally responsible relative) is: Sec. Sec		Mailing Address:
Name:	Soc. Soc Custodial Parent or Legal Go claim farms on behalf of depe	uedus who is to be pro-	Maling Address:

COURT APPOINTED GUARDIAN

STATE OF NORTH CAROLINA) III.
NAE County	In The Ceneral Court Of Justice Superior Court Division Section the Clerk
IN THE WATTER OF THE ESTATE OF	B10111011
area Si Villand	LIMITED GUARDIAN OF THE PERSON
The Court in the eversitie of its jurisdiction for the appointment appointed the personnic named between unfitted Guardianop of Appointment to lessed.	of guedans of recomputers persons, and upon proper application, has of the Person of the ward named above and has ordered that these Let
Eacopt as set forth below, the Limited Guardian of the Parson custody, sare and control of the word.	is fully authorized and entitled under the level of North Ceroline to have
The ward retains the following legal rights a (Check of the spot):	and privileges:
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 Make Assist in decisions regarding firing energenee Additional Specification; 	n.
☐ Maha ☐ Asolal in-decisions regarding employment. Additional Specification:	
☐ Make ☐ Assist in-decisions regarding health treatment	
Additional Specification:	
Take care of minor health protrions. Additional Specification:	
Contact service providers as needed. Additional Specification: Make decisions reguesting avoid, religious, and construrily Additional Specification:	activities
One.	
These Letters are issued to aftest to that authority and to certif	ly that it is now in full force and effect.
Witness my hand and the Seal of the Superior Court.	
Name that distince IV (miller Coardier of Tie Ferger 1	See of Surfaces
	Del tribues but
-3-4	EX OFFICIO JUDGE OF PROBATE
are for latters 20 (Mar Carefor 20 Sts. Nov. 7	San Of Nazeron
127	
1 6	Springer
Sale " wild!	D Seek COC D Assess COC D
Charles starts \$	
MOTE THE SERVE SEPTEMBER STREET FOR A STREET SAND OF SE	te Clerk of Superior Court.
© 2011 Aprovalence Office of the Dourte	

LEASE AGREEMENT

This Lease Agreement (this "Agreement") is made this day of, for and between
, by and between located at, Al.,
("Landord") and und located at A.L. ("Tenset") Each Tenset is jointly and arrivally liable to Landord for payment of sent and performance in accordance with all other terms of this
AL. ("Tensor") Each Tensor in jointly and arritrolly hable to
Landord for payment of rest and performance in accordance with all other terms of this
Agreement.
Promises. The premises learnd are located at
2. Agreement to Leave. Landlord agrees to lines to Toront and Toront agrees to bear
from Landlord, the Premises according to the torns and conditions in this Agreement.
3. Torse. This Lease will be for a time of
and ending on (the "Tieres").
TIME III
A Rest. Teases will pay Lundowd a mouthly met of \$ The rest is payable
in advance and due on the lot of each month during the Term. The rest will be paid to the
Landlerd it the Landlerd's address stated above (or at another address as directed by
Landford) by mail or in person and accepted via one of the following methods:
The first run payment is payable to Landlord when Tenun signs this Agreement.
A A ARREST MAN AND A Photo works because a facility to conseque the Province has
Additional Rest. There may be instances under this Agreement where Tenant may be required to pay additional charges to Landford. All such charges are considered
additional rest under this Agreement and will be paid with the next regularly arthoduled
rent payment. If Tenant does not pay rent, Tenant will pay a late charge in the amount of
% of the monthly met and such late charge will be paid as additional rent.
Landford has the same rights and Tenant has the same obligations with respect to
additional cost as they do with rest.
6. Use of Premises. The Premises will be occupied only by the Tenant and his/her/their
immediate family and used only for residented purposes.
7. Landlord's Fallure to Give Pessession. In the event Landlord is use
procession of the Premises to Tenant on the start date of the Term, Tena



LOSS OF OTHER COVERAGE LETTER

****This is an automatically generated email. Please do not respond as it will not be received.****

University Name North Carolina Central University

Enrollment Confirmation # E-497E9D0E472AAAE

Coverage Period Spring/Summer 2019

Dear Itiana Hutchinson,

This email serves as notification that your enrollment in the North Carolina Central University Medical Insurance Plan for Spring/Summer 2019 is now Void.

As a result you DO NOT have coverage for Spring/Summer whose coverage period is 01/01/2019 through 07/31/2019.

NOW ELIGIBLE FOR OTHER COVERAGE LETTER

Covered individual's full name) Covered individual's[City], [State] [Zip code]

Mr.Ms.] [Last name]

This letter is to serve as confirmation that [insert policyholder's name] has an active health neurance policy in place with [insert name of insurance company]. This is [choose one) [an individual plan] [a group plan provided through (specify name of employer through which the group plan is offered]].

The policy number is [insert policy] and the effective date is [insert effective date]. The policy in ssued to [specify the name of the insured]. The following dependents of the policyholder are covered under this policy.

- · First and last name of covered dependent
- First and last name of covered dependent

My signature on this letter certifies that the above information is true and correct as of the date of his letter. If you require any additional information, please contact me at [insert email address] or Insert phone number, with extension if applicable].

Regards.

Signature)

Typed name of authorized insurance company representative Job Hite)



MEDICAID APPROVAL LETTER

PLEASE READ THIS IMPORTANT NOTICE AT	OUT YOUR MEDICALD OR SPECIAL ASSISTANCE
NORTH CAROLINA THREE	County Department of Social Services
	Date Mathel
The second secon	
APPROVALA	
The application for Mincloseld	for
Madesid Monthaton Number (MIT) to	
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Your patient monthly liability the long-term care in: Year Spec	of Assistance/Adult Clare Home Proposed by
☐ Yestin	al Antiques le-home Payment le
Mode Accept Mode Accept	
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√ You' Medicard in approved starting	of ording
	en from the Social Security Administration, Medicald will pay your Medicare A and S
Promium, deductible, and colecumor beginning	
Medical Proposity Medicars Part A and It promises and Medic	no cost sharing for Medicare and Medicarid covered acroises.
Medical pays only your Medicare Part B promisers.	
Madissid pays for Sented services related to family planning, ()	as come Tabe Starbert acceptant
_	page 2 m manus no many
Retractive Medical Concept in approved for the partial(s) of	
If you reader Medicare, Medicare is requestift for your procription.	
The frage-rates used to make this decision are in Approxe assistance anytime eligibility factors have been verified and eli-	which may that
Approve assessment engines enginesy tecture have been vertical and on	comy is exponence.
DEMALS	
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is desired from	boguse
The figure-noise used to enable this disclosion are in	which sope that
see year principation to face. You can wait for a lotter from the Marketplace or	 Insurance—and help paying for is—through the Habit Insurance Infaringines. We one can compar these disouth. To compar the Marketpiace, an entire to
Standardinger or and 1 400-118 2016. After you complete your application, the	Marketpless will tell you if you qualify for health coronage and financial help. In th health interess applications. Yo whethir as appointment, cell 1-815-715-2711 as
go estina is convigues net.	и запачник принципа. То изменя и принципа, на 1405-155-211 и
MEANING MICHIES If you dispose with this decision, you have a dark to a longer	aring to croice the decision. Cell your weeker at the number below within 40 days to
and the a bounting. The diff day in	do not sell the a beauting to this distr. you cannot have a beauting entires you have a
good reason for minning this deadline. You may couply for broadle at any time. PRES LIBITAL RELAY from Logal AU may be preclable to you. Contact your o	To protect your right, you may IRCHT rangely AMD will for a feating. wont (Lagal AM) or Laguel Services office, or call 1-877-694 (MM rail Bus.
Course/for Nate and Place Namber	PERCE LINE (MILTE:
Carri	14
	gen/Ceguy"
YOU WILL RECEIVE A NOTICE WHEN IT IS THE BENEFITS. IT IS IMPORTANT TO COMPLETE TH	

Please note:

Review your benefit booklet for further details.

MEDICAID TERMINATION LETTER

2008 2008

rise County DSS 0. Box 340 Employee's Name and Address

Notice of Termination of Public Assistance

Aid Program Category: Medical Assistance
This interer is a merity you of a change which is about to solar place in your estimates.
Places reveal all the information carefully because it is very important to you.

E CHANGE WHICH WILL TAKE PLACE:

HARV THE CHANCE WILL BE MADE.

Your income and/or resources changed. State rules supporting this action are Dand in Section 2340, 2250, and 2510 of the Ages Blind Dissolute Manual or Section 3355, 3300 and 3365 of the Family and Children's Manual.

WHEN THE CHANGE WILL BE MADE:

udividuals who we ineligible for full Mudicaid coverage may be eligible for health insumace—and help paying for is—drawigh the lealth Insurance Mudicipplest. We next your information to them. You can wait for a latter from the Marketplest or you can context tent decays. To context the Marketplest, go enforc to Handscauper or and 1-405-512-5296. After you complete your applications by Marketplest will be your dryse qualify for both to coverage and financial less in North Casellan, around non-parts engulatations

If this acrice mys. "TEMELY" in the upper right owner. If the change is for Cash Assistance, Refuger Assistance, Medicald, or Special Assistance, and I gaz ask for a basing or or before the done the change will be made, you see so sentions to motive benefits at the present two tentils the first having decision is smaller, using you waive this right. Continued or benefits DOES NOT apply to

If this notice says "ADEQUATE" in the upper right corner: Your benefits will be changed without further notice. You may request

If you choose to have your Wark First Family Antistone or Reflagor Assistance continued and the bending shows it were covered, you must supey the bundles you received while writing the rise bening dictains. If you choose to be ore Special Assistance continued and the bending shows that the changes were covered, you may have to supey white writing the rise bunding dictains. If you choose not to have bending continued and the bending dictains.

PLEASE CONTINUE READING FOR IMPORTANT INFORMATION REGARDING YOUR RIGHTS

DSS-8110 (Rav. 12/17)



