

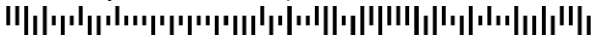


RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

<Head of Household>
<AddressLine1> <AddressLine2>
<City> <State> <Zip Code>

<Letter Date>



Your enrollment in the plan below is being cancelled because:

<Plan Change Reason>

This change will happen on <effective date> for the following person:

Name	Program	Current Plan
<Recipient Name>	<Program>	<Plan Name>

After this change, each person listed above will not be able to receive Medicaid services through the program indicated.

If you believe the plan cancellation is incorrect, you may contact the resources below for assistance.

Date of Death or Loss of Financial Eligibility: Department of Children and Families at 1-866-762-2237 (TTY 1-800-955-8771) or Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778).

Loss of Level of Care: Department of Elder Affairs at 1-800-963-5337.

Return Address: Agency for Health Care Administration 2727 Mahan Drive, MS 62 Tallahassee, FL 32308
Call Center Hours: Monday-Thursday - 8 a.m. - 8 p.m.; Friday - 8 a.m. - 7 p.m. TTY/TDD users ONLY call 1-866-467-4970
If you need Choice Counseling materials in large print, audio or Braille, call the Toll-free Helpline 1-877-711-3662.