



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

<Head of Household>
<Address Line 1 + Address Line 2 >
<City> <State> <Zip Code>

< Letter Date >

Thank you for calling the Statewide Medicaid Managed Care Helpline. You asked to leave your current managed care plan because:

<Reason>

This change will happen on <End Date> for the following people:

Name	Program	Plan
<Recipient Name>	<SMMC Program>	<Plan Name>

After this change, each person listed above **will not** be able to receive health care services through the SMMC plan(s). However, you can choose to join another plan for health care services at any time. You will need to be eligible to re-enroll.

**For questions about re-joining the SMMC program, or to join another health plan, please call the help line at 1-877-711-3662.**