



NOTICE DATE:	February 01, 2026
CASE NAME:	Your Name
CALHEERS CASE NUMBER:	5001234567
SAWS CASE NUMBER:	AB1CD23
WORKER NAME:	Customer Service
WORKER ID:	12AB34CD5F
TELEPHONE NUMBER:	(866) 613-3777
CUSTOMER ID:	1234567890

**NOTICE OF ACTION**

**MEDI-CAL TERMINATION**

YOUR NAME  
Address Line 1  
City, ZIP and State

Dear YOUR NAME,

We have reviewed your eligibility for health coverage. We used the information you gave us and state and federal data to make this decision.

**YOUR NAME  
OTHER MEMBERS (IF ANY)**

Your Medi-Cal will end the last day of 02/2026 because:

You were sent a Medi-Cal Request for Information Form, the following verification(s) have not been received:

**NAME, YOUR AGE/GENDER**

Other - Other

Upload all documents request at BENEFITSCAL.COM with your case number on it. Thank you.

Income - Earned Income

Gen 853 and PA 167 were mailed separately for you and your husband to fill out on how you support the family's expenses.

Other - Other

Provide copies of birth certificate, for the two children, social security card for CHILD's NAME and citizenship to all the family.

We used the information you gave us, and our records to make our decision. If you have questions or think we made a mistake, or if you have more information to give us, call or write to your worker right away.

W&I Code §14005.37(i); Title 22, C.C.R. §§50175, 50189; is the regulation or law we relied on for this

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

You get a 90-Day Cure Period. This means you can still get Medi-Cal, but you need to give us the information listed on this notice. We need it within 90 days, by 05/29/2026. We can give you Medi-Cal from 02/28/2026 if you are still eligible. If we do not get the information by 05/29/2026, you must reapply for Medi-Cal.