



Basic Health™

<month day year>

I.D. #: *123456789*

<NAME>
<ADDRESS>
<CITY STATE ZIP>

Dear <Name>:

Basic Health (BH) has reached its enrollment limit and cannot offer you coverage. When space is available, you will be offered enrollment; you will receive instructions at that time. **If we know we will not be able to offer you coverage within 60 days, we will return any money you have sent.**

If you applied for coverage through a sponsoring organization, we will notify your sponsor when space is available. Contact your sponsoring organization if you have questions.

We expect to offer you enrollment soon; however, we cannot guarantee enrollment by a specific date. Once you are scheduled for enrollment, you will receive a confirmation letter indicating when coverage will begin.

Family members enrolled in Basic Health *Plus* or the Maternity Benefits Program will continue to receive benefits as long as they remain eligible for these programs. Changes in circumstances for family members enrolled in these programs may be reported to the Department of Social and Health Services.

It is important that you report address changes to BH; send them to the address below. If you would like to withdraw your application or have the money you sent with your application returned immediately, please call us at 1-800-660-9840.

For more information, call 1-800-660-9840 or go to www.basicealth.hca.wa.gov.

Sincerely,

Basic Health

Washington State Health Care Authority
P.O. Box 42683 • Olympia, WA 98504-2683
1-800-660-9840 • FAX 360-923-2610 • TTY 360-923-2701 or Toll-free 1-888-923-5622 •
www.basicealth.hca.wa.gov