



Basic Health™

Continued Eligibility Determination

October 21, 2011

ID #: * ID *

<NAME>
<ADDRESS>
<CITY, STATE ZIP>

To continue Basic Health (BH) coverage, you must complete, sign, and return this form. Please send the requested documentation as soon as possible so that BH receives it within 30 days of the date of this letter.

1. Print your current street address, mailing address, and phone number:

Street address (cannot be a PO Box) City State ZIP

Mailing address (if different than above) City State ZIP

() Phone number -

2. Please enclose copies of any documents you have related to your current immigration status.

AGREEMENT

I understand that:

- I must report income changes to BH within 30 days after the end of the month that the new income was received.
- My signature below authorizes the Health Care Authority to verify my eligibility information with other state or federal agencies or other third-party sources.

I declare, under penalty of perjury, that the information I have given on this Continued Eligibility Determination Form is true, correct, and complete to the best of my knowledge. I understand that anyone who submits false information may lose coverage, may be held financially responsible for services obtained under BH or additional premium amounts due, and may face other penalties, prosecution, and collection.

Must be signed, dated, and return this form to: Basic Health, PO Box 42683, Olympia, WA 98504-2683.

X _____
Your signature Date

Privacy statement: The information you give us will be kept private to the extent allowed by applicable federal and state laws. Any information you provide us related to immigration status will only be used to determine whether you are eligible for Basic Health. This information will not be shared with any immigration agency. Basic Health is administered by the Washington State Health Care Authority. Our Privacy Notice is available by calling 360-923-2822 or at www.hca.wa.gov.

HCA 22-803 (10/11) Continued Eligibility Determination

Washington State Health Care Authority
P.O. Box 42683 • Olympia, WA 98504-2683