Statewide Processing Center – 049
PO Box 14015
Salem, OR 97309

P.O. Box 14015 Salem, OR 97309
Voice: 1-800-699-9075
FAX: 503-378-5628
TTY: 711
www.OHP.oregon.gov

January 4, 2018

DAD DOE
123 MAIN ST
SALEM, OR 97000

Case ID: 123456789

We need proof of information

It is time to renew your household's Oregon Health Plan (OHP) benefits. We used the information we have in our system to see if you still qualify. We are writing because we need proof of some of your information to complete your renewal.

Look at the Case Summary in this envelope to see the information we used to review your eligibility. Please send proof of the items listed in the ***Proof We Need*** section of this letter. If the information in your *Case Summary* is not right, please give us the correct information.

We need to hear from you by the dates listed in the *Proof We Need* section of this letter. If we do not hear from you, your OHP benefits will end. You will get another notice if your benefits end.

You can get this letter in another language, large print, or another way that is best for you. Call 1-800-699-9075 (TTY 711).

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How to send us your proof
Send your documents with the cover sheet on the next page. You can send us your documents in any of the following ways:

- ✓ **Online:** You can upload copies of your documents electronically. Go to OregonHealthCare.gov to login or create your online account. Note: The account should be created by the Primary Applicant on the case. The primary applicant is the person that mail will be addressed to.
- ✓ **Mail:** You can mail copies of your documents in the enclosed, postage-paid envelope to:

  Statewide Processing Center
  PO Box 14015
  Salem, OR 97309
- ✓ **FAX:** You can FAX copies of your documents to 503-378-5628.
- ✓ **Phone:** You can call us to give us some of your information. Call 1-800-699-9075. You may still need to send documents for proof.

Questions
If you have any further questions, please visit www.OHP.oregon.gov or call us at 1-800-699-9075 or 711 (TTY), Monday through Friday, 7 a.m. to 6 p.m.

Proof We Need

We need proof of the following information for the people listed below. If the information is not received by the date stated below, OHP coverage will end.

Name	Proof needed	Date needed
Dad Doe	Income	mm/dd/yyyy
Son Doe	Social Security Number	mm/dd/yyyy

Here are the types of documents you can send us as proof.

IMPORTANT: Include this page with copies of your documents. Information on the other side of this page will help your paperwork be processed quickly.

SAMPLE

Proof We Need	Document examples
Income	- Wage stubs - Employer statement - Award letter - Income tax return - Other documents which verify the income you told us about If the proof you are sending is different from what you told us, make sure to include a note to explain why. For example: “I lost my job on MM/DD/YYYY.” OR “I got a new job on MM/DD/YYYY, this is my new income.”
Social Security Number	- Copy of Social Security Card - Letter from the Social Security Administration Contact us if you need help getting proof of your Social Security number.

SAMPLE

IMPORTANT: COVER SHEET

Include this page of your letter with copies of your documents. This information will help your paperwork be processed quickly.

DAD DOE – 123456789

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Case Summary

This is a summary of your case information as of 01/04/2018. The 'monthly income' is the total gross monthly amount of earned, unearned, and self-employment income you told us about. Some kinds of income are not listed below because they do not count for OHP, like child support, veteran's payments, and Supplemental Security Income (SSI).

DAD DOE – 37 years old

Requesting benefits	Yes
Tax filing status	Single
Monthly income	$1,300
Monthly tax-deductible expenses	$0.00
Receiving Supplemental Security Income (SSI)	No
Pregnant	No
Other health coverage	No
Citizenship	Yes
Immigration status	N/A
Disabled or blind	No

SON DOE– 3 years old

Requesting benefits	Yes
Tax filing status	Non Filer
Monthly income	$0.00
Monthly tax-deductible expenses	$0.00
Receiving Supplemental Security Income (SSI)	NO
Other health coverage	No
Citizenship	Yes
Immigration status	N/A
Disabled or blind	No

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