

# Medical Benefits

The person(s) listed in the table below are **eligible** for ongoing Medical benefits.

Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
REBECCA CARTER	Oct 17, 1968	140770694	ACA Adult	Oct 01, 2022

## Your Responsibilities

### SNAP Mid Point Reporting Requirements

YOU MUST REPORT THE CHANGES BELOW BY THE 10TH DAY OF THE MONTH AFTER THE MONTH THAT THE INCOME OR WINNINGS WERE RECEIVED:

- IF YOUR GROSS INCOME BEFORE DEDUCTIONS IS MORE THAN \$1869.00.
- IF YOU OR SOMEONE IN YOUR HOUSEHOLD RECEIVES ANY MONEY FROM LOTTERY OR GAMBLING WINNINGS OF \$3750.00 OR MORE.

### Medical Change Reporting Requirements

YOU ARE RESPONSIBLE FOR TELLING US WITHIN 10 DAYS OF THE DATE YOU LEARN OF A CHANGE LISTED BELOW.

- You move or change your mailing address;
- You or someone in your household's income changes, for any reason;
- You or someone in your household becomes pregnant or has a baby;
- You or someone in your household gets married or divorced;
- The size of your family or the number of persons in your household changes;
- Someone in your household dies;
- Someone in your household goes to jail or prison, or is released;
- You or someone in your family gets other health insurance or loses other health insurance;

You must report changes to your DHS or HFS office listed on the first page of this notice by telephone, by mail, or online at [abe.illinois.gov](http://abe.illinois.gov). Read the 'Manage My Case Online' section of this notice to learn more about reporting changes online.

