

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**. Read the 'Manage My Case Online' section of this notice to learn more about reporting changes online.

