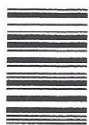


Commonwealth of Massachusetts
Executive Office of Health
and Human Services
Office of Medicaid
www.mass.gov/masshealth

EDMC
P.O. BOX 1231
TAUNTON MA 02780-0968

Tel: (800) 332-5545
TTY: (888) 665-9997
Fax: (617) 887-8777

Medicaid ID : 100030664773



520/D *001467*
MICHAEL ELBERY
120 OLD PLEASANT ST #7
LEE MA 01238

Comm. Care
MA - ENROLL
1-877-MA

Date: 07/19/2012

Notice: 43074855

SSN: XXX-XX-4787

Important! This health-care benefits notice tells you the decisions we have made about certain programs that you may be eligible for. Please read the whole notice to find out about your health-care benefits.

Commonwealth Care

Dear MICHAEL ELBERY

Health insurance coverage is ending for the following member(s). The coverage will end only for family members listed below.

Name	SSN/DOB	Coverage End Date	Medicaid ID
ELBERY, MICHAEL G	XXX-XX-4787	08/31/2012	100030664773

Reason and Manual Citation

Your family did not give MassHealth the information it needs to decide your eligibility within the required time frame. 130 CMR 501.010 515.008

If you have any questions about your eligibility, please call the number at the top of this notice.

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