

Income Letter Desk Aid

One IEVS letter per person, per envelope, per quarter.

STATE OF COLORADO



March 01, 2017

Head of Household (HH)

Oeflnalca H Ykkudt
APT A
1000 1ST ST
DENVER CO 80216-4842

Case Number: 1B12345

This is the household's case #.

Subject: Response needed about your income

Dear Oeflnalca H Ykkudt:

We are writing to let you know that the income you most recently gave us does not match what we have in our records. **Please read this letter to make sure we have the correct information about your income so we can make a decision about your health benefits.**

- If the information we have is wrong or you have a change to report, send us the information on the **About My Income Form** at the end of this letter by **May 29, 2017**.
- If the information is correct and you do not have any changes on the **About My Income Form** to report, you do not have to send any information.

If no action is taken the income from our records (employer reported data) will be used in place of your self attested income.

The name listed here will be the name of the person whose income is significantly different from our records.

Your income

Our records for Oeflnalca H Ykkudt's total income for the three-month period from **July 01, 2016 to September 30, 2016** from his/her employer(s) show:

Employer Name	Total amount from July 01, 2016 to September 30, 2016
DEPARTMENT OF RESOURCES	\$16023.44

Note: If you do not recognize the employer name, ask your employer if they do business under a different name.

Individuals who report a seasonal or commission-based job will see additional language. Go to page 6 to see this language.

All jobs that have employer reported income will be displayed here.

What you need to do by May 29, 2017

Sometimes the income information we have is wrong or out-of-date. **If the income information above is wrong or you have a change to report, send us the About My Income Form by May 29, 2017** so we can make a decision about your health benefits.

If this income amount is correct and you have no changes to report, you do not need to send us the About My Income Form. This may mean you make too much money to qualify for Health First Colorado (Colorado's Medicaid Program) or Child

If the income is incorrect or the member has changes to report, the member must take action.

Action must be taken by this date. This date is 90 days after the letter is mailed to the member.

QUESTIONS } Visit CO.gov/HCPF/Letters-FAQs or call (111)111-1111

Page 1 of 1

Test
1B12345/0XXXXXXXXX
IEVS01
IEVS Discrepancy Notice4_EN

To access FAQs related to this letter visit this website or call your local county office at the phone number listed.

If the income is correct and there are no changes to report, no action is necessary. This may affect eligibility for this individual or other individuals in the home.

Health Plan *Plus* (CHP+). This letter is not changing your health benefits at this time. We will send you another letter if you no longer qualify for Health First Colorado or CHP+.

Where should I send my income information?

Give your income information to **DENVER County** in one of these ways:

- Go to Colorado.gov/PEAK. If you do not have an account, you can create one on the Colorado PEAK website.

OR

- Call us at (111)111-1111 . You might be asked to provide proof of Oefinalca H Ykkudt's income.

OR

- Complete the **About My Income Form** and mail, fax, or bring it to:

DENVER County
BLDG
1200 FEDERAL BLVD
DENVER CO 80204-3221
FAX:

If the member needs to report changes they may do it via PEAK, by mail, phone, or in person.

Questions? Call (111)111-1111

Please let us know if you need help or have any questions.

Sincerely,

DENVER County Department of Human/Social Services

This is the About My Income form. If the income on page 1 is incorrect, or if the member has changes to report regarding information in this letter, this form should be used here or on Colorado.gov/PEAK.

The name listed here will be the name of the person whose income does not match our records.

About My Income Form

Report income information

Please check **all** boxes that apply to you.

Oefinalca H Ykkudt

- I no longer work at a job listed on page 1 of this letter.
- My hours at my job(s) changed.
- My income at my job(s) changed.
- I have a new job.
- Some or all of the income information on page 1 of this letter is wrong
Please explain, and give us proof of your current income, such as a letter from your employer or a pay stub:

Other

Please explain, and give us proof of your current income, such as a letter from your employer or a pay stub:

Your household's income can change if someone joins or leaves your household.

Please check **all** boxes that apply to you.

- A person has left my household.
(For example, legal separation, divorce, death, adult child moved)
- A new person has joined my household.
(For example, marriage or new child)

An additional section will appear for individuals who have previously indicated that they have seasonal or commission-based employment. See page 6 for the additional section.

*It is important to remember that completion of this form does not replace reporting household changes.

This page was intentionally left blank

***Pg. 1: This section will only appear for individuals who have previously indicated that they have seasonal or commission-based employment.**

Estimated Total Amount for 2017

[IEVS *4]

\$40,000

\$135,000

***Pg. 3: This section will only appear for individuals who have previously indicated that they have seasonal or commission-based employment.**

I have a seasonal job that pays commissions or tips.

Please send a copy of:

- Your tax return from a prior year, OR
- A letter from your employer with your income for the year, OR
- A letter from your employer with the monthly income you earned and the months you worked there.