KEEP YOUR HEALTHY FAMILIES PROGRAM COVERAGE

Child #1:		
Child #2:		
Child #3:		
You will receive a letter an Remember to visit an appli and submit it with all r	nd renewal application in the mail about 10 months after your first day of covera cation assistor to help you complete the renewal application if you need assista required documents. It's important to submit your renewal application on time. By change of address to ensure you receive your renewal packet in the mail.	
	Your Children's Estimated Renewal Date is	
	<u>mo / yr .</u>	
If yo	ou have not received your renewal application by	
	mo/yr,	
Plea	<u>mo</u> / <u>yr</u> , ase call Healthy Families Program at (866) 848-9166	
v. 200812 ja		
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KEEP \ Child #1: Child #2:	YOUR HEALTHY FAMILIES PROGRAM COVERAGE	
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Child #1: Child #2: Child #3: You will receive a rene	ewal letter and renewal application 10 months after your first day of coverage. cation assistor to help you complete the renewal application if you need assists and submit it with all required documents.	
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The "Public Health Program" is a government-assisted program that provides children and families with health insurance or health coverage.

The "Health Plan" is organization that works with doctors to provide you with health care.

Public Health Program:	HEALTHY FAMILIES PROGRAM
	 When to call: To change your address and phone number Get program renewal information Premium billing questions
	Call: (866) 848-9166
Name of Health Plan:	
	 When to call: Replace your I.D. Card For questions about benefits To change your doctor For questions about co-pays Call:

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