RI Executive Office of Health and Human Services
Medicaid Program

<SEQ #> <NOTIFICATION ID> <DATE>
<NAME> <LAST 4 DIGITS OF THE MEMBER#>
<ADDRESS>
<CITY>, <STATE> <ZIP>

Dear <Name>:

Thank you for your application to join Neighborhood INTEGRITY, the new health and drug plan through Neighborhood Health Plan of Rhode Island. **We need some more information from you to process your application**. Please respond to this letter within 30 calendar days.

Please call us at the Medicare-Medicaid Plan Enrollment Line at 1-844-602-3469 (TTY 711) Monday - Friday, 8:30 am – 7:00 pm, Saturday 9:00 am -12 noon, as soon as possible so that we can help you complete the application process or if you have any questions.

Important: If we do not hear from you within **30 calendar days** from the date of this letter, we will not be able to process your application. We cannot complete your enrollment until you call us.

Thank you for your assistance.

[<Marketing Material ID: 006 NOTICE FOR REQUESTING INFORMATION>]

This letter includes important information about your health insurance. It is available for free in other languages and in Braille or audio CD. If you need a copy in your language or an interpreter, call: 1-844-602-3469 (TTY 711).

Esta carta contiene información importante acerca de su seguro médico. Está disponible gratuitamente en otros idiomas y en sistema braille o disco compacto/CD de audio. Si necesita una copia en su idioma o necesita un intérprete, llame al: 1-844-602-3469 (TTY 711).

Esta carta inclui informações importantes acerca do seu seguro de saúde. Está disponível grátis noutras línguas e em Braille ou CD de áudio. Se precisar de uma cópia noutra língua ou um intérprete, telefone para: 1-844-602-3469 (TTY 711).

Cette lettre contient des renseignements importants concernant votre assurance maladie. Elle est offerte gratuitement dans d'autres langues, en braille et en CD audio. Pour en obtenir un exemplaire dans votre langue, ou si vous avez besoin d'un interprète, composez le: 1-844-602-3469 (TTY 711).

В настоящем письме содержится важная информация о вашей медицинской страховке. Ее можно получить бесплатно на других языках, напечатанной шрифтом Брайля или на аудио компакт-диске. Если вам нужно получить копию на другом языке или вам необходим переводчик - звоните по телефону: 1-844-602-3469 (TTY 711).

本信含有涉及您的健康保险的重要信息。可免费提供其他语言版本、盲文或音频CD。如果您需要您的母语版或一个翻译，请致电：

លិខិតនេះរួមមានព័ត៌មានសំខាន់អំពីការធានារ៉ាប់រងសុខភាពរបស់អ្នក។ វាមានឥតគិតថ្លៃជាភាសាផ្សេងទៀត និងជាអក្សរសម្រាប់ជនពិការភ្នែក ឬជាស៊ីឌីសំឡេង។ប្រសិនបើអ្នកត្រូវការច្បាប់ចម្លងជាភាសារបស់អ្នក ឬអ្នកបកប្រែផ្ទាល់មាត់ សូមទូរស័ព្ទមកកាន់ៈ

ຈົດໝາຍສະບັບນີ້ລວມມີຂໍ້ມູນສຳຄັນກ່ຽວກັບປະກັນໄພສຸຂະພາບຂອງທ່ານ. ມັນມີໃຫ້ໂດຍບໍ່ເສຍຄ່າໃນພາສາອື່ນ ແລະໜັງສືໂພງສຳລັບຄົນຕາບອດ ຫຼືຊີດີສຽງ. ຖ້າທ່ານຕ້ອງການສຳເນົາເປັນພາສາຂອງທ່ານ ຫຼືຕ້ອງການລ່າມແປພາສາ, ໃຫ້ໂທ:

1-844-602-3469 (TTY 711).

Non-Discrimination

In accordance with Federal and State laws, the Rhode Island Executive Office of Health and Human Services does not discriminate on the basis of race, color, national origin, disability, political beliefs, age, religion, gender, or sexual orientation. If you believe you have been wrongfully discriminated against, call us at 1-844-602-3469 (TTY 711) for information on how to file a complaint.

If You Think You Received This Letter in Error

If you think you received this letter in error (by mistake), or have questions, please contact the MMP Enrollment Line at 1-844-602-3469 (TTY 711).