



<Case Number>

<HOH Name>

<Mailing Address>

<City>, IA <Zip>

This letter is to inform you that since you didn't pay your monthly premium, Hawki medical and dental benefits will end for the following child(ren) on <Date>.

<b>ID Number</b>	<b>Member Name</b>
<0000000X>	<MEMBER NAME>
<0000000X>	<MEMBER NAME>
<0000000X>	<MEMBER NAME>
<0000000X>	<MEMBER NAME>
<0000000X>	<MEMBER NAME>

**You have until the date listed above to pay your past due balance as well as the following month's premium. If you don't, effective the date listed above, your child's doctor and dentist visits will not be paid for.**

If you do not pay your past due balance within 45 days from the date listed above, your child(ren) will be discontinued from the Hawki program. If you are discontinued, you will receive a separate notice of action.

Call Hawki Member Services at **1-800-257-8563** to find out how much you owe.

*You have the option to pay your child's Hawki premium online using the web application ClickPay, which is administered through U.S. Bank. You can make a one-time or recurring monthly withdrawal from your bank account to pay your premium. You are limited to 12 recurring payments. It is your responsibility to setup recurring payments again after 12 months, or stop your recurring payment when your premium obligation or enrollment in the Hawki program ends. Your bank will continue to make payments until you stop them. Find more information on the Department of Human Services website, [www.dhs.iowa.gov/hawki](http://www.dhs.iowa.gov/hawki).*