EXAMPLE

State of Illinois
Department of Human Services
Department of Healthcare and Family Services

Date of Notice: April 20, 2026
Case Number:
Client Name: [redacted]
Individual ID:
Office Name: WINNEBAGO COUNTY FCRC
Office Address: 171 EXECUTIVE PKWY
ROCKFORD, IL 61107
Phone: 815-987-7620
TTY: 866-322-2681
Fax: 844-736-3583

[redacted]

[redacted]

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español. Usted puede solicitarla por internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-866-324-5553)

Notice of Decision

Beginning June 01, 2026, your benefits will change as follows:

Medical Benefits will change for at least one person in your household. Read the Medical Benefits section of this notice to find out who has benefits and to review these changes.

How To Use Your Benefits

The last page of this notice is your Medical Card. That page also tells you how to use your medical benefits. Be sure to keep that page.

You can manage your case online through ABE (www.abe.illinois.gov). To learn how, read the **Manage My Case Online** section in this notice.

This notice contains important information. If you cannot read this notice, please call us at 1-800-843-6154 (TTY 1-866-324-5553) for help. Please stay on the line while you are connected with an interpreter.

Turn this page over to read more information on the back.

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Medical Benefits

The person(s) listed in the table below have beenapproved for ongoing Medical benefits.

Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
[redacted]			AABD	Jun 01, 2026
[redacted]			Medicare Savings Program QMB	Jun 01, 2026

The last page of this notice is your Medical Card. This page also tells you how to use your medical benefits. Be sure to keep that page.

Your Responsibilities

Medical Change Reporting Requirements

YOU ARE RESPONSIBLE FOR TELLING US WITHIN 10 DAYS OF THE DATE YOU LEARN OF A CHANGE LISTED BELOW.

- You move or change your mailing address;
- You or someone in your household's income changes, for any reason;
- You or someone in your household becomes pregnant or has a baby;
- You or someone in your household gets married or divorced;
- The size of your family or the number of persons in your household changes;
- Someone in your household dies;
- Someone in your household goes to jail or prison, or is released;
- You or someone in your family gets other health insurance or loses other health insurance;

You must report changes to your DHS or HFS office listed on the first page of this notice by telephone, by mail, or online at **abe.illinois.gov**. Read the 'Manage My Case Online' section of this notice to learn more about reporting changes online.

You can report your change using the Change Report Form 3722 available through Manage My Case. Look for the link to forms and brochures at the bottom of the screen. You can also ask for a copy from the office listed on the front of this notice.