

# Continued Enrollment Form (optional)

## Instructions

If you appealed an eligibility redetermination with Get Covered Illinois, you may request to keep your coverage while your appeal is being reviewed. This is called *Continued Enrollment*.

If approved, Get Covered Illinois will re-enroll you, and coverage will start on the first day of the month in which your appeal was filed. You must continue to pay your premiums to keep your coverage.

Application ID			
First Name	Middle Initial	Last Name	Suffix
Date of Birth (mm/dd/yyyy)	Phone Number (XXX-XXX-XXXX)		
Street Address			Apt./Ste. #
City	State	Zip Code	

### Check one:

- I would like to be enrolled into my previous Get Covered Illinois health plan from the first day of the month during which Get Covered Illinois received my valid appeal request. If I am retroactively enrolled, I understand that I will have to pay any past-due premiums.
- My coverage will soon be terminated. I would like to continue my coverage while my appeal is being reviewed. I understand that I will need to continue making my premium payments while my appeal is being reviewed.
- I am not losing my coverage, but I am appealing my Advanced Premium Tax Credit (APTC) amount or Cost-Sharing Reduction (CSR) level. I would like my financial help to stay the same while my appeal is being reviewed.

### Sign the form and send it to us before your hearing date.

By signing this form, I am requesting to keep my coverage while my appeal is being reviewed (**Continued Enrollment**). I understand that I must pay my monthly premiums during this period. I also understand that if I do not make the payments, I or my family members may lose coverage.

I understand that if I receive more premium assistance than I am eligible for during the benefit year, including during the Continued Enrollment period, I may have to repay the excess to the IRS when I file my federal income tax return.

Signature	Date (mm/dd/yyyy)
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**Mail this form to:**  
Get Covered Illinois  
Attn: Marketplace Appeals Program  
P.O. Box 804058  
Chicago, IL 60680

**Fax this form to:**  
Get Covered Illinois  
1-888-973-8254  
Attn: Marketplace  
Appeals Program

**Call the Get Covered Illinois  
Customer Assistance Center:**  
1-866-311-1119 (TTY: 711)

**Upload this form to your Get  
Covered Illinois account:**  
<http://enroll.getcovered.illinois.gov>

## Getting Help in a Language Other than English

If you, or someone you're helping, has questions about Get Covered Illinois, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-866-311-1119, TTY 711.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Get Covered Illinois, tiene derecho a obtener ayuda información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-866-311-1119, TTY 711.

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie Get Covered Illinois, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-866-311-1119, TTY 711.

如果您，或您正在幫助的人，有關於 Get Covered Illinois 方面的問題，您有權利免費以您的母語得到幫助和訊息。想要跟一位翻譯員通話，請致電 1-866-311-1119, TTY 711。

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Get Covered Illinois 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-866-311-1119, TTY 711 로 전화하십시오.

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Get Covered Illinois, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-866-311-1119, TTY 711.

لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. لتحدث Get Covered Illinois إن كان لديك أو لدى شخص تساعد أسئلة بخصوص 1119-311-866-1 مع مترجم اتصل بـ TTY 711.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Get Covered Illinois, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-866-311-1119, TTY 711.

જો તમને અથવા તમે મદદ કરી રહ્યાં છે તેવા કોઈને Get Covered Illinois. વિશે પ્રશ્નો હોય, તો મદદ અને માહિતી મેળવવા માટે તમારું સ્વાગત છે. મદદ તમારી ભાષામાં કોઈપણ ખર્ચ વિના મેળવી શકાય છે. મુદાઓની ચર્ચા કરવા માટે, [અહીં નંબર દાખલ કરો] પર કોલ કરો.

تو آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق Get Covered Illinois، اگر آپ کسی کی مدد کر رہے ہیں اور آپ کے بارے میں کوئی سوال ہے۔ مترجم سے بات کریں۔

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Get Covered Illinois, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình hoàn toàn miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-866-311-1119, TTY 711.

Se tu o qualcuno che stai aiutando avete domande su Get Covered Illinois, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-866-311-1119, TTY 711.

यदि आपको, या आप जिस व्यक्ति की सहायिा कर रहे हैं, उन्हें इस विषय Get Covered Illinois के बारे में सवाल हैं, िो आपको मुफ्ि में अपनी भाषा में सहायिा िया ििनकारी लेने का अधिकार है। 1-866-311-1119, TTY 711 पर फ़ोन करें

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Get Covered Illinois, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-866-311-1119, TTY 711.

Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω απο το Get Covered Illinois, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 1-866-311-1119, TTY 711.

Falls Sie oder jemand, dem Sie helfen, Fragen zum Get Covered Illinois haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-866-311-1119, TTY 711 an.