

8520 Tech Way, Suite 200 San Diego, CA 92123



Pam B. Sample 1234 Linden Avenue San Diego, CA 92123

May 26, 2021

## RE: Required notice per California Senate Bill 260

California law requires Sharp Health Plan to notify you every year that we must provide the following information to Covered California<sup>®</sup> if you end your health care coverage with us:

- Your name and the names of covered family members on your plan (ages 18 and older)
- Contact information that includes your mailing address, phone number and email address
- Date your Sharp Health Plan coverage ended
- Your written and spoken language preferences

Covered California will use this information to help you obtain other health coverage. If you do not want us to share your information with Covered California, please contact Sharp Health Plan at **customer.service@sharp.com** or 1-858-499-8300 by June 9, 2021. If you choose to end your coverage with us, you will have another opportunity to opt out of this information sharing by contacting us within 10 days of the date printed on your termination notice.

Thank you,

Jason Smith Director of Operations