



Document Cover Page

(Include this cover page when faxing or mailing your documents)

- I am sending a document to confirm my identity.

- I am sending a document to confirm other information such as income, citizenship/immigration status, address, or other information requested by Covered California.

Application or Case Number: _____

Name of Primary Contact: _____

Phone Number: _____

Total number of pages sent: _____
(including this cover page)

FAX: 1-888-329-3700

- OR -

MAIL: Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725