Opt Out of Covered CA Sharing

Sutter Health Plan

California law requires Sutter Health Plan to send your personal information to Covered California (Covered CA) to help you get other health coverage if you lose your coverage for any reason. This includes, but is not limited to, information such as your name, date of birth, address, phone number, email address, and coverage effective and termination dates.

You can opt out of this process at any time prior to your termination if you do not want us to share your information with Covered CA. Your choice also applies to any dependents on your plan.

Use this form to submit your request to opt out of the information sharing process with Covered CA.

Mail or fax your completed form to:

MAIL
Sutter Health Plan
P.O. Box 160345
Sacramento, CA 95816

FAX
916-736-5426

Subscriber Name: _____

Subscriber ID#: _____

Subscriber Date of Birth: _____

☐ I want to opt out of the Covered CA Sharing process. This means that I do not want Sutter Health Plan to share my personal information with Covered CA. I understand that this choice also applies to any dependents on my plan.

_____ _____

Signature **Date**

Sutter Health Plan