

## **50155 Withdrawal of Application -Request for Discontinuance**

### **(a)**

An applicant or beneficiary may withdraw an application for or request discontinuance from Medi-Cal by any of the following methods:(1) Completion of a Request for Withdrawal of Application or Discontinuance of Eligibility form. (A) The original shall be placed in the case file. (B) A copy shall be given to the applicant. (2) Submission of a signed request for withdrawal or discontinuance. The request for withdrawal or discontinuance shall be placed in the case file. (3) Failing to respond to a Notice of Action which requests that the beneficiary contact the county to indicate a desire to continue eligibility.

### **(1)**

Completion of a Request for Withdrawal of Application or Discontinuance of Eligibility form. (A) The original shall be placed in the case file. (B) A copy shall be given to the applicant.

### **(A)**

The original shall be placed in the case file.

### **(B)**

A copy shall be given to the applicant.

### **(2)**

Submission of a signed request for withdrawal or discontinuance. The request for

withdrawal or discontinuance shall be placed in the case file.

**(3)**

Failing to respond to a Notice of Action which requests that the beneficiary contact the county to indicate a desire to continue eligibility.