Finalized English	Finalized Spanish
Renew your coverage	
Complete by <month name, day, year> (<num> days left)	
Renewal Overdue	
Overdue by <num> days. (Due <month name, day, year>) for <Health First Colorado>	
Complete one renewal for your household.	
Due in <num> days (<date>) For <program name>	
We'll review your Health First Colorado coverage. Make sure your information is up to date. Questions? Contact <county name> county human services at <county phone #	
Your renewal was due on <month name, day, year>. Complete your renewal by <month name, day, year>. If you qualify, your coverage may be restored back to <month name day, year>.	
Complete your renewal and update any information that has changed.	
Renew my coverage	
Your household renewal is overdue	
Complete your renewal by <month name day, year>. If you qualify, your coverage may be restored back to <month name day, year>	