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PLAN YEAR 2020 PLAN WITHDRAWAL REQUEST FORM

This form provides information to the Silver State Health Insurance Exchange about qualified health plans (QHPs) and/or Stand-Alone Dental Plans (SADPs) withdrawals requested by issuers. Please complete and sign this form and submit to pmanagement@exchange.nv.gov.

Section 1: Complete identifying information.

Issuer ID: _____

Issuer Legal Name: _____

Section 2: List Plan IDs to be withdrawn.

Section 3: Describe the specific reason(s) and details related to the withdrawal.

Section 4: Signatures

By signing this form, I _____ confirm that the QHP(s) and/or SADP(s) listed
(Issuer Representative)
above should be withdrawn. I understand that submitting this form indicates the above listed plans
will not be offered in _____ for plan year 2020, and I have notified the Exchange that these plans
(state)
will be withdrawn.

(Signature)

(Date)

(Print Name)

(Title)