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NevadaHealthLink.com

## Effective Date Change Request

This form is intended to be used if you are applying for either a change in coverage start date or a change in coverage termination date for your Nevada Health Link health insurance coverage.

Coverage change date requests are subject to Exchange approval. . Please use this form to clearly explain why your request should be considered, particularly any factors that show an error or mistake in your current or planned coverage effective dates, please be specific.

To complete this form, save this file to your computer, fill out the section that's related to your life event, and email this form to: [customerserviceNVHL@exchange.nv.gov](mailto:customerserviceNVHL@exchange.nv.gov) if you need more space, you may include an additional document or sheet.

Please avoid providing any information directly related to private medical conditions.

**Your Name:** \_\_\_\_\_

**Please list all enrollees whom you are requesting a change in coverage date for.**

**Have you or other enrollees utilized any coverage benefits to date?**

Yes                       No

If yes above, please provide date(s) of benefit use and enrollee:

**What months have you made premium payments?**

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**What months (if any) have you missed any premium payments?**

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Please select coverage change type:

Coverage Start Date

Coverage Termination Date

**To Request a Change in Coverage Start Date**

When did your current NVHL coverage start or when is it set to start?
What day are you requesting coverage start?
Why are you requesting a change in coverage start date?

**To Request a Change in Coverage Termination Date**

When did your current NVHL coverage terminate or when is it set to terminate?
What day are you requesting coverage terminate?
Why are you requesting a change in coverage termination date?

**Additional Information**

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