



# Silver State Health Insurance Exchange

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[www.nevadahealthlink.com/sshix](http://www.nevadahealthlink.com/sshix)

## PLAN YEAR 2023 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](mailto: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### Section 2: List Plan IDs to be withdrawn.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above should be withdrawn.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 2023, and I have notified the Exchange that these plans  
(state)

will be withdrawn.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)