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.

Requests that do not comply with 45 C.F.R. 155.430 which indicates requests for retro-terminations must be requested within 14 days of the desired termination date. Requests that fall out of the specific regulations will be denied by Nevada Health Link.

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 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 <u>made</u> premium payments?

_____

What months (if any) have you <u>missed</u> any premium payments?

_____

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