

Chapter 10b: Discrimination— Language: Supporting Documentation and Justification

Please fill in the following information.

Health Insurance Oversight System (HIOS) Issuer ID: _____

Applicable HIOS Plan IDs (Standard Component): _____

**Data Elements Flagged by the Department of Health and Human Services for
Discriminatory Language:** _____

Language Justification: _____

If you don't have enough space here to list your justifications, print out another form to augment them as needed.