

## PLAN YEAR (PY) 2017 PLAN WITHDRAWAL NOTIFICATION FORM FOR ISSUERS

This form provides information to the Centers for Medicare & Medicaid Services (CMS) about Qualified Health Plan (QHP) and/or Stand-alone Dental Plan (SADP) withdrawals requested by issuers. Please follow the steps outlined below.

**Select the option(s) that apply:**

- Not returning to the Marketplace in 2017
- Withdrawing PY2017 plans prior to agreement signing
- Withdrawing plans on and off the Marketplace (*select if plans listed below will not be offered off the Marketplace*)
- Changing SADPs to be reviewed for off-Marketplace certification only
- Other (*please specify*): \_\_\_\_\_

**1. Enter the Issuer Legal Name, Issuer ID, and State.**

Issuer Legal Name: \_\_\_\_\_ Issuer ID: \_\_\_\_\_ State: \_\_\_\_\_

**2. List plan IDs to be withdrawn. You may also attach a plan list.**


**3. Describe the specific reason(s) for the withdrawal (e.g., low enrollment, not profitable, insufficient network).**

**4. Update and submit the Plan ID Crosswalk template to [QHP\\_Applications@cms.hhs.gov](mailto:QHP_Applications@cms.hhs.gov).**

Issuers that are not returning to the Marketplace or are withdrawing plans prior to agreement signing should submit a Plan ID Crosswalk template and select the appropriate crosswalk option. Issuers cannot crosswalk to withdrawn plans. All updated Plan ID Crosswalk templates must be received before October 7, 2016. Plan ID Crosswalk templates are only required for issuers that offered Marketplace plans in the individual market in 2016.

**5. Sign the form.**

By signing this form, I confirm that the QHP(s) and/or SADP(s) listed above will be withdrawn. I understand that these plans will not be offered in the Marketplace in \_\_\_\_\_ for plan year 2017. I confirm that the applicable state has been notified and that I am

adhering to applicable Federal requirements, including those under 45 CFR 156.290 and the requirements for product discontinuation under 45 CFR 147.106 when electing not to accept additional enrollees through the Marketplace.

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

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

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

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

**6. Submit this form to [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov) with the subject line "QHP Plan Withdrawal" and cc your Account Manager.**