

**DC Health Link**

1225 I Street, NW

Suite 400

Washington, DC 20005

IVL\_BV

**[All Recipients]**

<Date of Letter>

KEEPING YOUR INSURANCE - SUBMIT DOCUMENTS BY <DOCUMENT DUE DATE>

<Person First Name>:

You enrolled in or renewed a plan through DC Health Link for <coverage year>. We’re writing to let you know that you must submit documents if you want to keep your insurance.

DC Health Link is required by federal law to be sure that people who enroll in health insurance through our system are eligible. **[If APTC and/or CSR Enrolled with or without dental AND Documents Needed = YES]**We’re also required to be sure that people who receive help paying for insurance are eligible for the help they’re receiving.

**[All Recipients]**

# Send Us Documents

**[IF APTC and/or CSR Enrolled with or without dental AND Documents Needed = YES]**

You need to send documents to DC Health Link. **The deadline to return them is <Document Due Date>. You could lose your insurance or cost savings if you don’t submit them by this deadline.**

* The list of documents we need from you is at the end of this letter.
* We also tell you how to send them to us.
* We need your documents, by the deadline, to make a final decision on your eligibility for insurance and cost savings.

**[IF UQHP Enrolled with or without Dental OR Dental ONLY AND Documents Needed = YES]**

You need to send documents to DC Health Link. **The deadline to return them is <Document Due Date>. You could lose your insurance if you don’t submit them by this deadline.**

* The list of documents we need from you is at the end of this letter.
* We also tell you how to send them to us.
* We need your documents, by the deadline, to make a final decision on your eligibility for insurance.

**[All Recipients]**

If you have questions or concerns, we’re here to help.

The DC Health Link Team

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**[Insert Documents Requested Template (IVL\_DR) – then Insert these legal references]**

**Legal Reference:** The following laws, regulations and rules apply to this letter:

Eligibility for enrollment in a qualified health plan: 45 CFR §155.305(a)

Social Security Number requests/use: 45 CFR §155.305(f)(6)

Verifying eligibility for enrollment in a qualified health plan: 45 CFR §155.315

Document requests: 45 CFR §155.315(f)(2)(ii)

Non-voluntary termination of health plan: 45 CFR §155.430(b)(2)

**[If APTC and/or CSR Enrolled with or without dental AND Documents Needed = YES]**

Eligibility for cost savings: 45 CFR §155.305(f) & (g)

Verifying eligibility for cost savings: 45 CFR §155.320