WAHBE Issuer Submission Form

Please complete to initiate QHP & QDP Certification process. Due April 24, 2015.

Submit via email to QHP@wahbexchange.org

washington healthplanfinder
powered by the Washington Health Benefit Exchange

Issuer Profile Information:

FEIN:			
Issuer State:		**HIOS Issuer ID :**	

Company Legal Name:	**Primary Contact Name**	**Primary Contact Phone**	**Primary Contact Email**	
Address Line 1:	**Address Line 2:**	**City**	**State**	**Zip**

Licensed and in Good Standing:

Please attach to submission email the related Certificate of Good Standing issued from the OIC *new carriers only (request from companysupervisionfilings@oic.wa.gov).

Accreditation:

Accreditation Agency Name	

(For WAHBE to verify accreditation status)

Proposed Plan & Metallic Level Summary Information:

Market	New or Renew?	Plan Marketing Name	Metal Level of QHP Plan (High/Low for Dental)

Logo for Web Usage
Attach logo file usable for webpages to submission email. Recommended logo size is: 200 Pixels Wide, 65 Pixels High, 100kb max file size.

Note that there is no need to include on this form the Metal Level plan variants for cost sharing reductions. List only the standard plan.

P.O. Box 657 | Olympia, Washington 98507
Direct: 360.688.7766 | QHP@wahbexchange.org