

Instructions

Please complete this form if you wish to withdraw your appeal. By withdrawing, your appeal will be dismissed, and you will no longer have a hearing on this issue, except for any written agreements noted below. Complete all sections and submit via your Get Covered Illinois (GCI) account, mail, fax, or call for assistance.

This form must be completed by the appellant or authorized representative only. Providing Get Covered Illinois with complete and accurate information will allow us to process your request promptly.

Section 1: Appellant Information

First Name	Middle Initial	Last Name	Suffix
Street Address			Apt/Ste. #
City		State	Zip Code
Phone	Email (optional)		Appeal / Case Number

Section 2: Authorized Representative Information (If Applicable)

First Name	Middle Initial	Last Name	Suffix
Relationship to Appellant		Organization (if applicable)	
Street Address			Apt/Ste. #
City		State	Zip Code
Phone	Email (optional)		

Section 3: Agreement and Acknowledgment

I am withdrawing my appeal.

PLEASE CHECK BOTH BOXES BELOW

- I understand that by withdrawing this appeal, I will no longer have a hearing for this issue.
- I understand that if I have reached any agreement or resolution with Get Covered Illinois, I should get a copy of that agreement or resolution in writing before signing this form. This form constitutes the complete withdrawal of my appeal request, and I will not be able to appeal this same issue again.

Section 4: Signatures

DO NOT SIGN THIS FORM UNLESS IT IS FILLED OUT COMPLETELY AND YOU UNDERSTAND IT.

Appellant Signature	Date (mm/dd/yyyy)
Authorized Representative Signature (if applicable)	Date (mm/dd/yyyy)
GCI Staff (for receipt only)	Date (mm/dd/yyyy)

Section 5: Submission

Mail this form to:

Get Covered Illinois
Attn: Marketplace Appeals Program
P.O. Box 804058
Chicago, IL 60680

Fax this form to:

Get Covered Illinois
1-888-973-8254

**Call the Get Covered Illinois
Customer Assistance Center:**

1-866-311-1119 (TTY: 711)

**Upload this form to your Get
Covered Illinois account:**

<http://enroll.getcovered.illinois.gov>

Privacy Act Statement

The Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152), and the Social Security Act authorize Get Covered Illinois to collect the information on this form and any supporting documents, including a Social Security Number. This information is needed to process your appeal request and determine whether you or others listed on this form are eligible for health coverage, financial help (advance payments of the premium tax credit or cost-sharing reductions), or a certification of exemption from the requirement to have health coverage.

Get Covered Illinois will use the information you provide on this appeal form to:

- Review the decision you are appealing,
- Communicate with you or your Authorized Representative (if you choose to have one),
- Process your appeal request, and,
- Carry out ongoing operations such as verifying eligibility, reporting on and managing financial help programs, conducting oversight and quality control, preventing fraud, and protecting the security and confidentiality of information.

Providing this information is voluntary. However, if you do not provide it, we may not be able to process your appeal or confirm eligibility for coverage or financial help. If you knowingly provide false or fraudulent information, you may face penalties or other law enforcement action. Get Covered Illinois will not share your immigration status for immigration enforcement purposes.

To process your appeal and operate Get Covered Illinois, we may share selected information with:

1. Federal and state agencies, such as the Internal Revenue Service (IRS), Social Security Administration (SSA), Department of Homeland Security (DHS), Department of Health and Human Services (HHS), and the Illinois Department of Healthcare and Family Services (HFS);
2. Judicial review entities at the state or federal level, as allowed by law;
3. Contractors engaged to perform functions for Get Covered Illinois; and,
4. Other parties as required by law.

This statement is provided in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a(e)(3)).

You can learn more about how we handle your information at: <https://getcovered.illinois.gov/privacy-notice>

Getting Help in a Language Other than English

If you, or someone you're helping, has questions about Get Covered Illinois, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-866-311-1119, TTY 711.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Get Covered Illinois, tiene derecho a obtener ayuda información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-866-311-1119, TTY 711.

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie Get Covered Illinois, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-866-311-1119, TTY 711.

如果您，或您正在幫助的人，有關於 Get Covered Illinois 方面的問題，您有權利免費以您的母語得到幫助和訊息。想要跟一位翻譯員通話，請致電 1-866-311-1119, TTY 711。

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Get Covered Illinois 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-866-311-1119, TTY 711 로 전화하십시오.

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Get Covered Illinois, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-866-311-1119, TTY 711.

لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. لتحدث مع Get Covered Illinois إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص 1119-311-866-1 مع مترجم اتصل بـ TTY 711.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Get Covered Illinois, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-866-311-1119, TTY 711.

જો તમને અથવા તમે મદદ કરી રહ્યાં છે તેવા કોઈને Get Covered Illinois. વિશે પ્રશ્નો હોય, તો મદદ અને માહિતી મેળવવા માટે તમારું સ્વાગત છે. મદદ તમારી ભાષામાં કોઈપણ ખર્ચ વિના મેળવી શકાય છે. મુદાઓની ચર્ચા કરવા માટે, [અહીં નંબર દાખલ કરો] પર કોલ કરો.

تو آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ Get Covered Illinois اگر آپ کسی کی مدد کر رہے ہیں اور آپ کے بارے میں کوئی سوال ہے ہے۔ مترجم سے بات کریں۔

Éu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Get Covered Illinois, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình hoàn toàn miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-866-311-1119, TTY 711.

Se tu o qualcuno che stai aiutando avete domande su Get Covered Illinois, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-866-311-1119, TTY 711.

यदि आपको, या आप जिस व्यक्ति की सहायता कर रहे हैं, उन्हें इस विषय Get Covered Illinois के बारे में सवाल हैं, तो आपको मुफ्त में अपनी भाषा में सहायता व जानकारी लेने का अधिकार है। 1-866-311-1119, TTY 711 पर फ़ोन करें

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Get Covered Illinois, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-866-311-1119, TTY 711.

Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω από το Get Covered Illinois, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 1-866-311-1119, TTY 711.

Falls Sie oder jemand, dem Sie helfen, Fragen zum Get Covered Illinois haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-866-311-1119, TTY 711 an.