



DE OVBHCD Affordability Standards Data Submission Request for Waiver

Please email the completed form to the OVBHCD Director at OVBHCD@Delaware.gov.

1. Contact Name

2. Contact Email

3. Contact Phone Number

4. Request Date *MM/DD/YYYY*

5. Carrier Name

6. Plan Year *YYYY*

7. Market Segment

8. Projected Number of Delaware-sitused, fully-insured members in the Market Segment

9. Request Type (Multiple Choice)

- a. Waiver
- b. Other

10. Reason for Request *Please provide detailed explanation*