

CoverME.gov Appeals Withdrawal Form



Name: _____

Address: _____

Date of Birth (use MM/DD/YYYY): _____

Phone Number: _____ Email Address: _____

CoverME ID: _____

I am certifying that I am withdrawing my request for an administrative hearing regarding an independent external appeal of an eligibility determination from CoverME.gov. Therefore, I understand my request for a hearing is being considered withdrawn.

I understand no further action will be taken by the Division of Administrative Hearings in this matter.

Signature: _____

Date (use MM/DD/YYYY): _____