

## **Discrimination—Language: Supporting Documentation and Justification**

Please fill in the following information.

**Health Insurance Oversight System (HIOS) Issuer ID:**

**Applicable HIOS Plan IDs (Standard Component):**

**Data Elements Flagged by the Department of Health and Human Services for Discriminatory Language:**

**Language Justification:**

If you do not have enough space here to list your justifications, print out another form to augment them as needed.