



Template Notice Submission Cover Sheet

Form with fields: Date, DOH Unique Identifier (For DOH Use), Plan Name, Vendor Name (if applicable)

1) Which HMO products will this notice be used for? (Check all that apply):

- Partial Cap, MAP

2) Identify the template type (Check one):

Form with checkboxes for: Intent to Disenroll, Nursing Home Member - Intent to Disenroll, Electronic Notice, Other - Please Specify in the Comment Section

Comments/Notes field

I affirm that the attached template notice will be utilized as indicated above and that all information is true and accurate to the best of my knowledge. I understand that the New York State Department of Health is relying upon this attestation as part of its review and approval process, and that should it be determined that this attestation is materially false or incomplete or incorrect or includes incorrect, false, or misleading, information, appropriate regulatory action will be taken.

Signature

Title

Email

Phone