



Model Notice Submission Cover Sheet

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

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

- Partial Cap, MAP

2) Identify the model notice type (Check one):

Table with 2 columns and 4 rows of model notice types with checkboxes.

3) Which decision types will this notice be used for? (Check all that apply):

Table with 3 columns and 3 rows of decision types with checkboxes.

Comments/Notes field

I affirm that the attached model notice will be utilized as indicated above and that all information is true and accurate to the best of my knowledge...

Signature, Title, Email, Phone fields