

1. Name of Company: _____

2. Name of Network submitted: _____

3. Type of Network: _____HMO _____POS _____PPO

4. Indicate every Kentucky county within your approved service area for this network:

5. Are you currently marketing this network? _____Yes _____No

6. Is this network used on the exchange? _____Yes _____No

7. Under what name (s) do you market this network? _____

8. Currently Marketed to (place check mark before each appropriate item):

_____ Individual Market	_____ Small Group
_____ Large Groups	_____ Individual Associations
_____ Group Associations	_____ Employer Organized Association Group

9. Indicate every Kentucky county in which you are currently marketing this network (This may not include every county within your approved service area): _____

10. Name, phone number and e-mail address of Individual to contact if problems are encountered with submitted files:

_____	_____	_____
(Please Print Name)	(Phone Number)	(E-Mail Address)

11. _____
(Signature of individual completing this form)

For EACH network you must submit:

- (1) One Access Data Base file;**
- (2) A current provider directory for the network; and**
- (3) This form completed in its entirety.**