

1. Name of Company: _____
2. Name of Network submitted: _____
3. Type of Product/Network: _____ Fee-For-Service _____ HMO _____ POS _____ PPO
4. Are you currently marketing this product/network? _____ Yes _____ No
5. Under what name (s) do you market this product/network? _____

6. Currently Marketed to (place check mark before each appropriate item):
_____ Individual Market _____ Small Group
_____ Large Groups _____ Individual Associations
_____ Group Associations _____ Employer Organized Association Group
7. Indicate every Kentucky county in which you are currently marketing this product/network

8. Name and phone number of Individual to contact if problems are encountered with submitted files:

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