

New Service Area

1. Name of Company: _____
2. Name of Network submitted: _____
3. Type of Network: _____HMO _____POS _____PPO
4. Indicate every Kentucky county you intend to market this product in (service area) :

5. Will this network be used on the exchange? _____Yes _____No
6. Under what name (s) do you intend to market this network?

7. Intended market type(s) (place check mark before each appropriate item):
_____Individual Market _____Small Group
_____Large Groups _____Individual Associations
_____Group Associations _____Employer Organized Association Group
8. Name and phone number of individual to contact if problems are encountered with submitted files:

(Please Print Name) (E-Mail Address) (Phone Number)
9. _____
(Signature of individual completing this form)

For EACH network you must submit:

- (1) One Access database file;**
- (2) This form completed in its entirety.**