

Attestation that Member Transparency Tools Are Available on Company's Website

Company Name: _____

NAIC CODE: _____

Name and Title of Person Completing Form: _____

By submitting these documents electronically to the WA State Office of the Insurance Commissioner, Company Supervision Division, I understand, agree and certify:

1. I am authorized to submit the Attestation of Transparency per RCW 48.43.007 & WAC 284-43-6600.
2. Per this filing, I attest that the member transparency tools are available to members on the health plan's secured member web site located on the Company's home page.
3. These transparency tools are available for the following market level of health plans offered in Washington:
 - Individual
 - Small Group
 - Large Group

Please sign electronically and date:

Signature

Date

Please return to: market.conduct@oic.wa.gov

If you have questions about this form please contact:

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360.725.7216