

89 Main Street, Montpelier, VT 05620 - 3101 (p) 802-828-3301 | http://www.dfr.vermont.gov/

Rule H-2009-03 Data Filing Checklist Due annually on July 15th Reporting Year: _____

Return this form to: Department of Financial Regulation Attac Salastian Andreas as

1) Registrant Identification Information:

Attn: Sebastian Arduengo

89 Main Street Montpelier, VT 05620-3101

2)

a)	Name of Company:				
b)	Telephone Number:				
c)	Contact Person:				
d)	Contact Email Address:				
Attestation of compliance to Part 5 of Rule H-2009-03.					
Documentation submitted:					



	Doc	mentation submitted:	
4)	A d	etailed accreditation report from NCQA that includes VT QHP plans.	
Do	cume	ntation Submitted:	
5)		st of prescription drugs that fall in the "specialty" category that can only be acquired ugh the specialty vendor as of July 1 of the current reporting year.	l
Do	cume	ntation Submitted:	
6)	The	Company participates in the Vermont Blueprint for Health:	
	Yes	No	
7)	Cer	ification:	
KN CO KN ST/	OWL NFIR OWL	NATURAL PERSON AUTHORIZED TO SIGN ON BEHALF OF THE COMPANY. I HAVE PERSON DGE OF THE INFORMATION IN THIS FILING AND/OR HAVE EXERCISED DUE DILIGENCE IN THE ACCURACY OF THE INFORMATION IN THIS FILING. I CERTIFY THAT BASED UPON PERSON DGE OR UPON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, TENTS AND INFORMATION CONTAINED IN THIS SUBMITTAL ARE TRUE, ACCURATE, AITE.	T(Al HI
Na	me		
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3) Section 6.3 Network Adequacy Reporting – 2019.



Should you have any questions, please contact Sebastian Arduengo via email at							
sebastian.arduengo@vermont.gov.							