

2018 Qualified Health Plan Senior Officer Acknowledgment Form

I, _____, am the signatory of the Qualified Health Plan Issuer Agreement on behalf of _____ (QHP Legal Name). I, along with compliance officer(s) and other members of the senior leadership team at _____, am responsible for the implementation and performance of my company's Qualified Health Plans (QHPs) and/or Stand Alone Dental Plans (SADPs) in the Federally-Facilitated Exchange (FFE). As such, I acknowledge that I have been briefed on what is included in my company's offerings of Qualified Health Plans (QHPs) and/or Stand Alone Dental Plans (SADPs) in the Federally-Facilitated Exchange (FFE). I have also been briefed on and understand the following requirements, guidance, and provisions, for participation in the FFE, including:

- The provisions in the 2018 Qualified Health Plan Issuer (QHPI) Agreement;
- The attestations and QHP/SADP certification requirements in the 2018 QHP Application; and
- The provisions and requirements described in the 2018 Annual Letter to Issuers.

Additionally, I acknowledge that my company has or is in the process of implementing appropriate structures and processes to comply with the aforementioned requirements, and will endeavor to implement them in time before the 2018 Open Enrollment Period.

ON BEHALF OF: _____
(Name of QHP Issuer) (HIOS ID)

Signature: _____

(Name of Person Authorized to Sign on Behalf of QHP Issuer)

(Title of Person Authorized to Sign on Behalf of QHP Issuer)

Date: _____