



State Benchmark Plan Work Group Member Application

ORGANIZATION: _____

Date: _____

Personal information

Name:

Title:

Organization

Business Address:

Email Address:

Office Phone:

Additional information

If there are staff that could benefit from participating in the work group please provide their information below:

Name(s):

Title(s):

Email Address:

Phone Number:

MHBE Staff seeks to assemble a work group to provide a report on the benefits in the State Benchmark Plan to:

1. Determine whether the current benchmark plan meets the needs of the individual market.
2. Provide recommendations on whether to leverage new state flexibility to modify the State Benchmark Plan

Please submit a written statement on your intent to join the State Benchmark Plan work group. Include the background interest your stakeholder group has in participating in the workgroup and specific priorities your stakeholder group has to determine whether the current benchmark plan meets the needs of the individual market.

Please also attach your resume/CV with this application. Please click "Submit" or email to mhbe.policy@maryland.gov