



Maryland Easy Enrollment Health Insurance Program Advisory Workgroup

Organization:

Date:

Personal information

Name:

Title:

Organization:

Business Address:

Email Address:

Office Phone:

Please Select Your Organization:

- The Office of the Comptroller
- Consumer Group
- Employer
- Insurer
- Health Care Provider
- Navigator or Other Consumer Assister
- Insurance Broker or Agent
- Labor Organization
- Income Tax Preparer
- National Policy Expert
- Other (Please Write In) _____

Additional information

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

Name:

Title:

Email Address:

Phone Number:

Please submit a written statement on your intent to join the Maryland Easy Enrollment Health Insurance Program Advisory workgroup. Include the background interest your stakeholder group has in participating in the workgroup and specific priorities your stakeholder group has to provide ongoing advice regarding the program. You may also attach your resume/CV with this application.