

Standing Advisory Committee

Application / Nomination Form

(Please include a **resume or CV** along with this form to submit a completed application)

Personal Information

Name:	
Organization (if applicable:	
Title:	
Address (City, State, Zip code):	
Email Address:	
Phone:	
	□Mobile □Office
Demographics	Race and/or Ethnicity (check all that apply)
MHBE is committed to recruiting a SAC that represents the diversity of the State of Maryland, pursuant toMd. Ins. Code Ann. § 31-106(g). If you are comfortable doing so, please indicate your race and/or ethnicity and gender identity in the space provided so we can hold ourselves accountable to this commitment.	□ American Indian or Alaska Native □ Asian □ Black or African American □ Hispanic, Latino, or Spanish Origin □ Middle Eastern or North African □ Native Hawaiian or Other Pacific Islander □ White □ Other: □ Prefer not to disclose
	Gender Identity (check all that apply) Man Woman Non-binary Agender/I don't identify with any gender Gender not listed, my gender is Prefer not to disclose





Please Select Your Specialty Area:	□State Agency (i.e. Maryland Insurance Administration, Maryland Department of Health, etc.) □Consumer □Consumer Group □Employer □Insurer □Insurance Broker or Agent □Health Care Provider □Licensed Producer / Advisor □Managed Care Organization □Navigator or Other Consumer Assistance Worker □Non-Profit Health Service Plan □Other Non-Profit / Community Organization □Public Employee Unions □Public Health Research / Academic □Third Party Administrator □Other (Please Write In)
Statement of Interest Please submit a written statement on your interest in joining the Maryland Health Benefit Exchange Standing Advisory Committee. Please include relevant background / experience / expertise that would make you a valuable contributing member of this committee.	