



## WASHINGTON STATE OFFICE OF THE INSURANCE COMMISSIONER ATTESTATION OF WEBSITE MEMBER TRANSPARENCY TOOLS

**Company name:**

**NAIC Code:**

By submitting these documents electronically to the WA State Office of the Insurance Commissioner, Company Supervision Division, I understand, agree and certify:

1. I am authorized to submit the Attestation of Transparency per RCW 48.43.007 & WAC 284-43-6600.
2. Per this filing, I attest that the member transparency tools are available to members on the health plan's secured member web site located on the Company's home page.
3. These transparency tools are available for the following market level of health plans offered in Washington:
  - Individual
  - Small Group
  - Large Group

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Signature of Company Officer

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Printed Full Legal Name

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Title

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Date

Please send completed form to: [market.conduct@oic.wa.gov](mailto:market.conduct@oic.wa.gov).

If you have questions about this form, please contact [Company Supervision](#)