

**ATTACHMENT 3**

**EXEMPLAR PLAN SPONSOR'S REQUEST  
FOR SUMMARY HEALTH INFORMATION**

**{PLAN SPONSOR NAME}**

**{DATE}**

**{COMPANY NAME}**

**{COMPANY ADDRESS}**

Re: Request for Summary Health Information relating to {GROUP HEALTH PLAN'S NAME}

Dear {COMPANY}:

{PLAN SPONSOR'S NAME} ("Plan Sponsor") is the sponsor of {GROUP HEALTH PLAN'S NAME} ("Group Health Plan"). Plan Sponsor requests you to provide it with the summary health information (as defined in 45 Code of Federal Regulations § 164.504(a)) relating to the participants in Group Health Plan.

Plan Sponsor represents that it requests the summary health information only for the purpose of:

- Obtaining premium bids from health plans for providing health insurance coverage under Group Health Plan.
- Modifying, amending, or terminating Group Health Plan.

Sincerely,  
{PLAN SPONSOR NAME}

By: \_\_\_\_\_

Its: \_\_\_\_\_