



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

***Network Adequacy
Certificate of Compliance***
(To be signed by an officer of the company)

I, _____, _____
(Printed Name) (Title)

hereby certify that the network(s) of providers utilized by _____
(Health Carrier)

is/are consistent with the National Committee for Quality Assurance's network adequacy requirements or URAC's provider network access and availability standards, in accordance with Section 17 of Connecticut Public Act 11-58.

(Signature)

(Date)

Subscribed and sworn to before me on this _____ day of _____, 2012.

Commissioner of Superior Court or Notary

Commission Expiration Date