



*PLAN SPONSOR'S SUMMARY HEALTH INFORMATION REQUEST*

**{PLAN SPONSOR NAME}**

**{DATE}**

Unity Health Plans Insurance Corporation  
Attention: Bruce Hansen  
840 Carolina Street  
Sauk City, WI 53583

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

Dear Unity Health Plans Insurance Corporation:

**{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 (check at least one box):

- 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'S NAME}**

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

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_