**SAMPLE CARRIER AGREEMENT FOR FULLY INSURED PLANS**

May 24, 2022

To Whom It May Concern,

As the provider of group health insurance for [insert name] Company’s group health plan, [insert name] Company hereby requests that you make available the required network (in-network and out-of-network) disclosure information required by the Transparency in Coverage Regulations and the Consolidated Appropriations Act of 2021 in the form required by the relevant federal authorities.

Please acknowledge your acceptance of the responsibility to make the required disclosures by signing below.

[Insert insurance company name here]

|  |  |
| --- | --- |
|  | May 24, 2022 |
| Insert Name of Signee | Insert Date signed |