



# Neighborhood Health Partnership

*It's time to get better*

## *Important Exception*

# NOTICE

Your group's Request for Plan and Application was submitted after our standard group submission cut off date. We are reviewing your group's eligibility at this time and will notify you when our review process is complete. In addition, because your group was accepted for review as an exception you will not receive your group administrative materials, including member ID cards, before your requested effective date.

If you would like to have your administrative materials prior to your group's effective date, we encourage you to delay your Request for Plan and Application until a later effective date. If you would like to continue with your original effective date, please sign below to acknowledge your understanding of this notice.

Group Signature: \_\_\_\_\_

NHP Marketing Rep Signature: \_\_\_\_\_