

Standing Advisory Committee

Application / Nomination Form

(Please include a resume or CV along with this form to submit a completed application)

Personal Information

Organization (if applicable:

Title:

Address (City, State, Zip code):

Email Address:

Phone:

□Mobile □Office

Demographics

MHBE is committed to recruiting a SAC that represents the diversity of the State of Maryland, pursuant to _______Md. Ins. Code Ann. § 31-106(g). If you are comfortable doing so, please indicate your race and/or ethnicity and gender identity in the space provided so we can hold ourselves accountable to this commitment.

Race and/or Ethnicity (check all that apply)

American Indian or Alaska Native
Asian
Black or African American
Hispanic, Latino, or Spanish Origin
Middle Eastern or North African
Native Hawaiian or Other Pacific Islander
White
Other:______
Prefer not to disclose

Gender Identity (check all that apply)

□Man
□Woman
□Non-binary
□Agender/I don't identify with any gender
□Gender not listed, my gender is______
□Prefer not to disclose



Please Select Your Specialty Area: State Agency (i.e. Maryland Insurance Administration, Maryland Department of Health, etc.) Consumer Consumer Group □Employer □Insurer □Insurance Broker or Agent □Health Care Provider Licensed Producer / Advisor □ Managed Care Organization □Navigator or Other Consumer Assistance Worker □Non-Profit Health Service Plan Other Non-Profit / Community Organization □ Public Employee Unions □Public Health Research / Academic □ Third Party Administrator Other (Please Write In)

Statement of Interest

Please submit a written statement on your interest in joining the Maryland Health Benefit Exchange Standing Advisory Committee. Please include relevant background / experience / expertise that would make you a valuable contributing member of this committee.

Please submit completed applications **along with a resume or CV** to Amelia Marcus, Health Policy Analyst at <u>amelia.marcus@maryland.gov</u> by February 8, 2023, at 5pm.