

Third Party Administrator Federally-Facilitated Exchange User Fee Adjustment Notice of Intent Disclosure Form

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1285**. The time required to complete this information collection is estimated to average 30 minutes per response. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Instructions:

This form must be submitted by the all third party administrators and pharmacy benefit managers that intend for a participating issuer in the Federally-facilitated Exchange to seek an adjustment in the Federally-facilitated Exchange user fee with respect to the third party administrator for payment of contraceptive services as specified in 26 CFR 54.9815-2713A(b)(2)(ii) or 29 CFR 2590.715-2713A(b)(2)(ii). Applicable third party administrators and pharmacy benefit managers must complete all sections of this form. Please provide the names and contact information for at least two people who may serve as contacts for HHS.

Third party administrators and pharmacy benefit managers must submit this form to HHS by November 14, 2014 for the 2014 benefit year.

Submit the completed form to: FFMUserFeeAdjustments@cms.hhs.gov

Name of Third Party Administrator: [Click here to enter text](#)

Date: [Click here to enter text](#)

Primary Contact Information

Name: [Click here to enter text](#)

Designation: [Click here to enter text](#)

Mailing Address: [Click here to enter text](#)

Phone: [Click here to enter text](#)

E-mail: [Click here to enter text](#)

Secondary Contact Information

Name: [Click here to enter text](#)

Designation: [Click here to enter text](#)

Mailing Address: [Click here to enter text](#)

Phone: [Click here to enter text](#)

E-mail: [Click here to enter text](#)

Please indicate that you intend to arrange for a participating issuer to seek a Federally-facilitated Exchange user fee adjustment on your behalf:

☐ Yes

Expected number of participants and beneficiaries: [Click here to enter text](#)

Official authorized to sign this disclosure:

Name and Designation: [Click here to enter text](#)

Signature: [Click here to enter text](#)

[Typed signatures are permitted]