

Attachment 2

Survey Participation Form

(Please complete a separate form for each plan or FEHB Sub-Code)

Plan Name: _____

FEHB Sub-Code: _____

Please check the appropriate box(es) below:

- Health Plan will conduct the CAHPS® 4.0H Adult Commercial Survey
- Health Plan will conduct the CAHPS® 4.0H Child Questionnaire (With CCC Measure)
- Health Plan will conduct the CAHPS® 4.0H Child Questionnaire (Without CCC Measure))
- Health Plan has fewer than 500 FEHB Subscribers/Contracts and will not conduct CAHPS® Surveys in 2009 for any reasons

Name of NCQA Certified Survey Vendor that will be conducting the survey (s)

Survey Vendor Contact Information (Name, Address, E-Mail and Telephone Number):

Health Plan Contact: Name, Address, E-Mail and Telephone Number:

Plan Contact & Address for Invoice (if different from above):

Please e-mail or fax the completed form by **February 1, 2009** to:

Angela M. Calarco email address: angela.calarco@opm.gov

Fax #: (202) 606-0633

(Please complete and return the form by February 1, 2009)