

NOTICE OF MPN PLAN MODIFICATION

Name of MPN Applicant _____

MPN Applicant's Taxpayer Identification Number _____

Name of MPN (if applicable) _____

Date of initial application approval and MPN approval number _____

Dates of prior plan modifications approvals _____

Address _____

Phone _____ **E-mail** _____

Contact person _____

Name of entity, administrator, insurance holding company, or other third-party who prepared MPN Application on behalf of MPN applicant (if applicable):

Signature of authorized individual: "I, the undersigned officer or employee of the MPN applicant, have read and signed this notice and know the contents thereof, and verify that, to the best of my knowledge and ability, the information included in this notice is true and correct."

Name of Authorized Individual Title Phone/Email

Signature of Authorized Individual Date Signed

Please give a short summary of the proposed modifications in the space provided below and place a check mark against the box that reflects the proposed modification. Please explain whether the modification will adversely affect the ability of the MPN to meet the regulatory and statutory MPN requirements.

