

MHBE FY23 EXHIBIT G - Partnership Letter of Intent

ATTACHMENT B – PARTNERSHIP OF ENTITIES – LETTER OF INTENT

As a condition of applying to be, or continuing as, a Connector Entity that is composed of a partnership of entities as provided in Md. Code Ann., Ins. § 31-101(k), individuals authorized to represent each of the Partner Entities and the Prime Entity/Applicant (“Prime Entity”) must sign this form. The form must list all the organizations in the partnership, and it must be signed by the Prime Entity and each partner (“Partner Entity”).

The Connector Entity’s Prime Entity/Applicant is:

The partnership is composed of the Prime Entity and the following Partner Entities:

In the event the Prime Entity is a grant awardee pursuant to the Connector Entity Grant Solicitation, the undersigned, in its capacity as partner to and with the Prime Entity/Applicant, attests to the following:

- The undersigned Partner Entity agrees to be bound by the terms and conditions of the Connector Entity Grant Agreement between

[Prime Entity] and the Maryland Health Benefit Exchange (MHBE), as if it were the Prime Entity;
- The undersigned Partner Entity acknowledges and agrees that all partners, including the Prime Entity, shall be liable jointly and severally liable for the obligations of, and actions taken by, the partnership within the scope of the MHBE Connector Entity program;
- The undersigned Partner Entity agrees that it shall be subject to regulatory oversight by the Maryland Insurance Administration (MIA) and specifically to the enforcement powers of the Commissioner of Insurance, as if it were the Prime Entity;
- The undersigned Partner Entity acknowledges and agrees that the Commissioner of Insurance may examine or review, at the Commissioner’s discretion, the accounts, records, documents and transactions that relate to

the partnership and to the Partner Entity's insurance affair. The Partner Entity agrees that it shall produce and make freely available to the Commissioner its accounts, records, documents and transactions that relate to the partnership and to the Partner Entity's insurance affairs;

- The undersigned Partner Entity acknowledges and agrees that it shall be subject to the same terms and conditions as the Prime Entity and shall be subject to oversight by the MHBE as well as the MIA;
- The undersigned Partner Entity agrees to abide by the Prime Entity's procedures for monitoring partner quality performance;
- The undersigned Partner Entity agrees to comply with the Prime Entity's compliance efforts as well as adhere to/with any and all relevant laws and regulations; and
- The undersigned Partner Entity has read and understood the program components set forth in the MHBE Request for Grant Applications: Connector Entity Program Grants FY 2023, Solicitation No. 22-01, issued on or about March 8, 2022.

Partner Organization Name: _____

PRINT Name of Partner Organization Authorized Representative and Affiant

Signature: _____ Date: _____

Prime Entity Name: _____

PRINT Name of Prime Entity Authorized Representative and Affiant

Signature: _____ Date: _____