



Regulations Mailing List Request Form

The California Health Benefit Exchange maintains a mailing list pursuant to Section 14911 of the Government Code. This mailing list is comprised of parties that have expressed interest in receiving public notices of proposed regulations administered by this Department.

If you are interested in being added to this distribution list, please fill out the information below and return, via e-mail, to regulations@covered.ca.gov.

Name:

Title:

Organization:

Address:

City, State, Zip:

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If you would like to be removed from this list, please provide the information below:

Name:

Title:

Organization:

Address:

City, State, Zip:

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