

# TRANSMITTAL FORM

To Be Completed by the Child Health Plus (CHPlus) Health Plan			
<b>Health Plan Name:</b>		<b>Health Plan Contact Person</b>	
<b>Address:</b>		Print Name: _____	
		Signature: _____	
<b>Phone Number:</b>		<b>Form Transmittal Date:</b>	
		<b>Transmittal Form Sent To:</b>	
Name in Section A	Status <small>(Check If Rec'd)</small>	Name in Section A	Status <small>(Check If Rec'd)</small>
1.	<input type="checkbox"/>	21.	<input type="checkbox"/>
2.	<input type="checkbox"/>	22.	<input type="checkbox"/>
3.	<input type="checkbox"/>	23.	<input type="checkbox"/>
4.	<input type="checkbox"/>	24.	<input type="checkbox"/>
5.	<input type="checkbox"/>	25.	<input type="checkbox"/>
6.	<input type="checkbox"/>	26.	<input type="checkbox"/>
7.	<input type="checkbox"/>	27.	<input type="checkbox"/>
8.	<input type="checkbox"/>	28.	<input type="checkbox"/>
9.	<input type="checkbox"/>	29.	<input type="checkbox"/>
10.	<input type="checkbox"/>	30.	<input type="checkbox"/>
11.	<input type="checkbox"/>	31.	<input type="checkbox"/>
12.	<input type="checkbox"/>	32.	<input type="checkbox"/>
13.	<input type="checkbox"/>	33.	<input type="checkbox"/>
14.	<input type="checkbox"/>	34.	<input type="checkbox"/>
15.	<input type="checkbox"/>	35.	<input type="checkbox"/>
16.	<input type="checkbox"/>	36.	<input type="checkbox"/>
17.	<input type="checkbox"/>	37.	<input type="checkbox"/>
18.	<input type="checkbox"/>	38.	<input type="checkbox"/>
19.	<input type="checkbox"/>	39.	<input type="checkbox"/>
20.	<input type="checkbox"/>	40.	<input type="checkbox"/>