

MARTIN O'MALLEY  
Governor

ANTHONY G. BROWN  
Lt. Governor



BETH SAMMIS  
Acting Commissioner

KAREN STAKEM HORNIG  
Deputy Commissioner

JOY HATCHETTE  
Associate Commissioner  
Consumer Education and Advocacy

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***Thank you for taking the time to complete this survey. In order to make certain that we fully inform Marylanders about the changes that will take place regarding their health insurance as a result of the Patient Protection and Affordable Health Care Act (Health Care Reform law), we want to find out from you what issues concern you the most and how we can provide the information to you.***

***Beth Sammis  
Acting Insurance Commissioner***

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1. Please indicate your age group:

- Under 26
- 26 – 40
- 41 – 65
- Over 65

2. Where do you live?

- |  |   |
|--|---|
| <input type="checkbox"/> Allegany County     | <input type="checkbox"/> Harford County         |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Howard County          |
| <input type="checkbox"/> Baltimore City      | <input type="checkbox"/> Kent County            |
| <input type="checkbox"/> Baltimore County    | <input type="checkbox"/> Montgomery County      |
| <input type="checkbox"/> Calvert County      | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Caroline County     | <input type="checkbox"/> Queen Anne's County    |
| <input type="checkbox"/> Carroll County      | <input type="checkbox"/> Saint Mary's County    |
| <input type="checkbox"/> Cecil County        | <input type="checkbox"/> Somerset County        |
| <input type="checkbox"/> Charles County      | <input type="checkbox"/> Talbot County          |
| <input type="checkbox"/> Dorchester County   | <input type="checkbox"/> Washington County      |
| <input type="checkbox"/> Frederick County    | <input type="checkbox"/> Wicomico County        |
| <input type="checkbox"/> Garrett County      | <input type="checkbox"/> Worcester County       |

**(OVER)**

3. What are your primary areas of concern/interest?

- Coverage for Children (under age 19)
- Coverage for Young Adults
- Coverage for Families
- Coverage for Seniors
- Coverage for the employees of small businesses
- Other (*please specify*) \_\_\_\_\_

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4. Do you have specific questions you would like answered?

- Yes       No

If yes, please indicate. \_\_\_\_\_

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5. How would you like to obtain this information? (*Check all that apply*)

- |  |  |
|--|--|
| <input type="checkbox"/> MIA website           | <input type="checkbox"/> Direct mail                           |
| <input type="checkbox"/> Internet              | <input type="checkbox"/> Outreach Event                        |
| <input type="checkbox"/> Radio                 | <input type="checkbox"/> Fair                                  |
| <input type="checkbox"/> Television            | <input type="checkbox"/> Community Event                       |
| <input type="checkbox"/> Network               | <input type="checkbox"/> Trade Show                            |
| <input type="checkbox"/> Public Access         | <input type="checkbox"/> Presentation                          |
| <input type="checkbox"/> Newspaper             | <input type="checkbox"/> Town Hall Meeting                     |
| <input type="checkbox"/> Daily Newspaper       | <input type="checkbox"/> Community Association Meeting         |
| <input type="checkbox"/> Community/Local Paper | <input type="checkbox"/> Other ( <i>please specify</i> ) _____ |
| <input type="checkbox"/> Health Care Provider  | _____  |
| <input type="checkbox"/> Insurance Company     |  |
| <input type="checkbox"/> Insurance Agent       |  |

6. Any other comments: \_\_\_\_\_

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