

# Appendix B

## Vendor Selection Form

(Please complete a separate form for each plan or FEHB Sub-Code)

Plan Name:

FEHB Sub-Code:

Please mark all boxes below that apply:

- Health Plan will conduct the CAHPS® 2.0H Adult Commercial Survey
- Health Plan will conduct the CAHPS® 2.0H Child Commercial Survey
- Health Plan will conduct the CAHPS® 2.0H Child w/Chronic Conditions Survey
- Health Plan has fewer than 500 FEHB Subscribers/Contracts and will not be conducting CAHPS® Surveys in 2002

Name of NCQA Certified Vendor that will be conducting the survey (s) \_\_\_\_\_

Vendor Contact Information ( Address, E-Mail and Telephone Number):

Health Plan Contact, Address, E-Mail and Telephone Number:

Plan Contact & Address for Invoice (if different from above):

Please e-mail or fax the completed form to:

Ralph Pierce  
email address: rpierce@opm.gov  
Fax #: (202) 606-0036

**(Please complete and return the form by December 21, 2001)**