ENROLLEE COMPLAINT FORM

<table>
<thead>
<tr>
<th>ENROLLEE INFORMATION</th>
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<tbody>
<tr>
<td>Name</td>
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<td>Please Print or Type</td>
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<tr>
<td>Address</td>
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<tr>
<td>City</td>
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<tr>
<td>Phone: Day (<em><strong>) Evening (</strong></em>) E-mail Address:</td>
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EXPLAIN YOUR COMPLAINT IN DETAIL (Use additional pages if necessary):

_____________________________________________________________________________________
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SIGNATURE

I affirm that the information contained in this complaint is true and accurate, and that any documents attached are true and accurate copies of the originals.

Signature ___________________________ Date ___________________________

Please complete and sign this form and mail or hand-deliver the form to:

CurrentCare
Rhode Island Quality Institute
50 Holden Street, Suite 300
Providence, RI 02980

CurrentCare Enrollee Complaints Form v.2.2014