



PROOF OF SERVICE
ARBITRATION OF HEALTH INSURANCE DISPUTES BETWEEN INDIVIDUALS AND CARRIERS
18 Del. Admin. Code §1315

I certify that on the ____ day of _____, 20____, in addition to the filing provided to the Insurance Commissioner, I served a copy of the

***** **Initial Petition for Arbitration** (*with supporting documents*)

Response to the Petition for Arbitration (*with supporting documents*)

Other/Supplemental exhibits (Please briefly describe). *Supplemental submissions must be related to the original filing.*

to the following recipient(s) **Certified U.S. Postage with return receipt requested** :

Recipient 1:

Name: _____

Address: _____

Postal Tracking No. _____

Recipient 2:

Name: _____

Address: _____

Postal Tracking No. _____

Recipient 3:

Name: _____

Address: _____

Postal Tracking No. _____

Name of person making this certification:

Print name: _____

Address: _____

Signature: _____

*****Save all proofs of mailing and return receipt(s) for verification*****