OFFICE OF THE
COMMISSIONER

STATE OF DELAWARE
DEPARTMENT OF INSURANCE

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** :

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