

HEALTH CARE REFORM ACT – PUBLIC GOODS POOL

Instructions: Complete form to reflect any changes made to Federal Employee Identification Number (FEIN), name, address and/or contact. To verify what our records currently reflect under your FEIN, name and address, please visit our website at: www.health.state.ny.us/nysdoh/hcra/elector.htm

Is your name and/or FEIN change the result of a merger/acquisition? YES NO

If yes, please fill out form DOH-4406 (Merger-Acquisition) and mail with this form to address below.

Please check applicable box: Payor TPA ASO

CURRENT INFORMATION:

FEIN #: _____

NAME: _____

ADDRESS: _____

CONTACT: _____

NEW FEIN #: _____

NEW NAME: _____

NEW ADDRESS: _____

NEW CONTACT: _____

COMMENTS: _____

SIGNATURE: _____

TITLE: _____

PHONE #: _____

E-MAIL ADDRESS: _____

DATE: _____

Please mail completed form to:
Mr. Jerome Alaimo, Pool Administrator
Office of Pool Administration
Excellus BlueCross BlueShield, Central New York Region
P.O. Box 4757
Syracuse, New York 13221-4757