

Large Group HMO Attestation

For New York State Rate Region Reconfiguration



If you have questions about the Rate Region Realignment, call your MVP Sales Representative or **1-800-TALK-MVP** (1-800-825-5687).
Return the completed Attestation to your Broker or MVP Account Representative.

Section 1: Group Information

(Please print)

Company Name		Group No.		Renewal Date	
Street Address		City		State	Zip Code
County		Phone No. ()		Fax No. ()	
Health Benefits Administrator (HBA) Name			HBA Title		
HBA Email		HBA Phone No. ()		HBA Fax No. ()	

Additional Office Locations

If there are more than three additional locations, attach a separate page.

Street Address		City	State	Zip Code	County
Contact Email		Phone No. ()		Fax No. ()	
Street Address		City	State	Zip Code	County
Contact Email		Phone No. ()		Fax No. ()	
Street Address		City	State	Zip Code	County
Contact Email		Phone No. ()		Fax No. ()	

Section 2: Broker Information

Broker Name		Firm Name			
Broker Street Address		City	State	Zip Code	County
Broker Email		Phone No. ()		Fax No. ()	

Section 3: Authorization

Is the information provided in this Attestation furnished by a Broker on behalf of the Group? Yes No

By including my signature below, I attest that the information provided in this Attestation is true to the best of my knowledge.

Signature

Name (print)

Signature Date