

Health Benefits Administrator and Plan Sponsor Designation



Use this form to update your group's Health Benefits Administrator (HBA) contact information or to designate additional group representatives to whom MVP Health Care® can disclose enrollment and eligibility information. MVP can only share enrollment and eligibility information with the person on file with MVP as the HBA, or other authorized group designee(s), or with a broker designated by a *Broker of Record Letter*.

Section 1: Group Information *(please print)*

Group Name	Group No.
Primary Contact Name	Primary Contact Phone No. ()

Section 2: Updated Health Benefits Administrator (HBA) Information

Are you replacing an *existing* HBA? Yes No If Yes, provide the *existing* HBA name: _____

Complete this section with the updated HBA information.

HBA Name	HBA Phone No. ()		
Street Address	City	State	Zip Code
HBA Email			

Section 3: Group Designee(s) Information

Complete this section to **add** or **remove** those from your company who are, or are not, authorized to receive enrollment and eligibility information from MVP.

The Plan Sponsor *(Name of Company/Organization)* _____

hereby designates the following employee(s) of the Plan Sponsor to, or not to as indicated below, receive enrollment and eligibility information on behalf of the Plan Sponsor.

<input type="checkbox"/> Add	Name	Title
<input type="checkbox"/> Remove	Phone No. ()	Email
<input type="checkbox"/> Add	Name	Title
<input type="checkbox"/> Remove	Phone No. ()	Email
<input type="checkbox"/> Add	Name	Title
<input type="checkbox"/> Remove	Phone No. ()	Email

Corporate Officer Name _____ Title _____

Corporate Officer Signature _____ Date _____

Please return completed forms:

By email to the MVP Group Personal Service Team at GPST@mvphealthcare.com or by fax to **518-386-7885**.

Please allow 5-7 business days for your request to be processed. Once processed, you will receive a username and password to access your account at mvphealthcare.com.