Health Benefits Administrator and Plan Sponsor Designation

Instructions for Completing this Form

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

Submit this completed form via email to your MVP Account Manager. Please allow 5–7 business days for your request to be processed. Once processed, you will receive a username and password to access your online account at **mvphealthcare.com**.

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** *Existing HBA Name:* ☐ **No**

HBA Name

HBA Email

Street Address | City | State | Zip Code | Phone No.

Section 3: Group Designee(s) Information

Complete this section to *add* or *remove* individual(s) 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.**

☐ **Add** ☐ **Remove**

Employee Name | Title

Phone No. | Email

☐ **Add** ☐ **Remove**

Employee Name | Title

Phone No. | Email

☐ **Add** ☐ **Remove**

Employee Name | Title

Phone No. | Email

Section 4: Authorization

Corporate Officer *Name* | *Title*

Corporate Officer *Signature* | *Date*