

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.

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

Section 4: Authorization

Corporate Officer Name	Title
Corporate Officer Signature	Date