BlueCross BlueShield of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

HRA TRANSFER OF ADMINISTRATION ADDENDUM

Group Information

Group Name: _____

Current plan year start date: _____ End Date: _____

Health Plan: _____ Health Plan Effective Date: _____

Will BCBSVT be taking over administrative services upon renewal or in the middle of the plan year?
Please complete Takeover at renewal date section or Takeover at mid-year section:

Takeover at New Plan Year

Please select the administrator that will be processing the runout claims for the previous plan year.

☐ The prior administrator. Continue to Prior Administrator Information Section.

☐ BCBSVT:

Runout Period ☐ Yes ☐ No. Months: _____

*Rollover ☐ Yes ☐ No.

*If Rollover was applicable, please ensure the ending balances transferred to BCBSVT includes the final rollover balances.

Please note: There will be a blackout period between when the data is received and when Further will begin to process claims.

Takeover at Mid-year

What is the last date the prior administrator will process claims? _____

What is the date that the enrollment data and balances will be submitted to BCBSVT? _____

BCBSVT will begin processing claims on: _____

Please note: There will be a blackout period between when the data is received and when Further will begin to process claims. The plan will be set up according to the plan design guide submitted to BCBSVT.

Prior Administrator Information

Please provide us with the prior administrator's name, address and phone number below:

Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: ( ) _____

This information will only be used to provide information to your employees.

Group Signature

Group Contact's Signature

Group Administration Specialist

Date

Special Notes:

Questions? Call Group Leader Services at 1-866-999-2605.

Send via secured email only:
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