

**HEALTH CARE REFORM ACT – PUBLIC GOODS POOL  
DOH-4411 INSTRUCTIONS**

Must be completed by TPA/ASO for electing clients, which are being deleted from the original election submission filed.

**Note:** This form is to be utilized only by a TPA/ASO and acts as an addendum to their originally filed election application in the case where electing clients are no longer represented. This form is not intended to remove certified electors from the elector list.

The form is to be completed as follows:

**TPA/ASO Name:** Enter name of TPA/ASO.

**TPA/ASO FEIN:** Enter FEIN of TPA/ASO.

**Contact Person:** Enter name of person responsible for providing the Department or providers related information regarding the elections of a TPA's/ASO's represented funds.

**Phone #:** Enter phone number of the contact person.

**Deletions:** List each organization and a contact email address that is being deleted from your original election submission with their FEIN, termination date and contracted claims run-out date. The termination date is the date the payor is no longer your client.

**Please mail completed form to:**  
Mr. Jerome Alaimo, Pool Administrator  
Office of Pool Administration  
Excellus BlueCross BlueShield, Central New York Region  
P.O. Box 4757  
Syracuse, New York 13221-4757

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**TPA/ASO Name:** \_\_\_\_\_ **TPA/ASO FEIN:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**DELETIONS:**

List those organizations you represent, and are **deleting** from the original election submission. Attach additional sheets if necessary.

ORGANIZATION NAME (Legal Name) & ORGANIZATION CONTACT (Email Address)	ORGANIZATION FEIN	TERMINATION DATE	CONTRACTED CLAIMS RUN-OUT DATE

By signature below, the TPA/ASO on behalf of the self-insured clients listed above, certifies that the original election certification is amended to reflect the terminated funds listed above.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_