

**HEALTH CARE REFORM ACT – PUBLIC GOODS POOL**

**Instructions:** Complete form to reflect any changes made to Federal Employee Identification Number (FEIN), name, address and/or contact. To verify what our records currently reflect under your FEIN, name and address, please visit our website at: [www.health.state.ny.us/nysdoh/hcra/elector.htm](http://www.health.state.ny.us/nysdoh/hcra/elector.htm)

Is your name and/or FEIN change the result of a merger/acquisition?  YES  NO

If yes, please fill out form DOH-4406 (Merger-Acquisition) and mail with this form to address below.

Please check applicable box:  Payor  TPA  ASO

**CURRENT INFORMATION:**

**FEIN #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_

**NEW FEIN #:** \_\_\_\_\_

**NEW NAME:** \_\_\_\_\_

**NEW ADDRESS:** \_\_\_\_\_

**NEW CONTACT:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**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