

DOH-4459 INSTRUCTIONS

This form is to be completed by an authorized individual of a payor's company who is choosing to use the end of the month covered lives enrollment option.

IMPORTANT: This information is only effective for one calendar year. Each year thereafter a new form must be completed and filed with the Office of Pool Administration by December 31 of the previous year to be effective for the following calendar year.

Effective Date: Enter the calendar year (ie. 2009, 2010, etc.) for the time this enrollment option will be effective.

Federal Employer Identification: Enter Federal Employer Identification Number used by the Payor.

Payor Name: Enter name of Payor.

Address: Enter address of Payor.

Contact Person (Print): Please clearly print the name of the authorized person who is signing this form.

Signature: The authorized individual from the payor's company must sign this form.

Title: The title of authorized individual.

Phone: Enter phone number of the contact person.

E-Mail Address: Clearly print the e-mail address of the contact person.

Date: Date this form was signed.

PUBLIC GOODS POOL – END OF MONTH COVERED LIVES ENROLLMENT OPTION FOR PAYORS

Pursuant to Section 2807-t(4)(f) of the Public Health Law (PHL), effective January 1, 2009, electing third party payors who file monthly Public Goods Pool Reports will have the option to establish covered lives enrollment obligations on membership during all or any portion of the month or, through the number of applicable units enrolled as of the last day of each month. Payors choosing to use the last day of the month option must file this form with the Department of Health by December 31 of the preceding year to become effective for the upcoming calendar year. This form, once processed, becomes effective January 1 and will remain in effect for one calendar year.

Payors choosing the option to establish covered lives enrollment at the end of month, are still required to reconcile the actual enrollment by using the prior period adjustment line in subsequent Public Goods Pool Reports.

Payors who do not want to use this option, do not file this form. Your enrollment obligation will continue to be based on membership during all or any part of the month.

This form is to reflect the option to report the number of individuals and family units enrolled as of the last day of each month. I understand this election remains in effect for one calendar year and a new form must be filed with the Department of Health each calendar year hereafter.

Note: This application must be postmarked no later than December 31.

Effective Date: January 1, _____ through December 31, _____

Federal Employee Identification Number: _____

Payor Name: _____

Address: _____

Contact Name: (Print) _____

Signature: _____

Title: _____

Phone: _____

E-Mail Address: _____

Date: _____

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