

**HEALTH CARE REFORM ACT - PUBLIC GOODS POOL
MONTHLY REPORTING OPTION**

As an electing payor, you have been deemed eligible to be an annual Public Goods Pool filer for the upcoming reporting period of January 1 through December 31. However, you have the option to become a monthly Public Goods Pool filer.

If you choose to file monthly Public Goods Pool reports for the upcoming calendar year, you must complete this form and return it to the Office of Pool Administration by December 31. If you do not submit this change in filing status, your filing status will remain as annual.

Please forward a copy of this information to your Third Party Administrator(s) or Administrative Service Organization(s).

FEDERAL EMPLOYER
IDENTIFICATION # (FEIN): _____

PAYOR NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE #: _____

EMAIL ADDRESS: _____

By signature below, the aforementioned payor elects to file **monthly** reports and make public goods surcharge and assessment payments directly to the Office of Pool Administration for all its coverages for which it assumes risk for the payment of medical claims, pursuant to Sections 2807-j and 2807-t of the Public Health Law.

Signature _____ **Date** _____
Chief Financial Officer

If you have any questions, please call the Office of Pool Administration at (315) 671-3800. This information should be mailed, via express or regular mail, to the appropriate address listed below:

Express Mail:
Mr. Jerome Alaimo, Pool
Administrator
Office of Pool Administration
333 Butternut Drive
Syracuse, New York 13214-1803

Regular Mail:
Mr. Jerome Alaimo, Pool
Administrator
Office of Pool Administration
P.O. Box 4757
Syracuse, New York 13221-4757