

**HEALTH CARE REFORM ACT – PUBLIC GOODS POOL
DOH-4406 INSTRUCTIONS**

Name of Acquiring Company/ Federal ID Number: Enter legal name of acquiring company and their federal employer identification number (FEIN). If the name and FEIN of the health plan is different than that of the Company, enter the name and FEIN of the health plan.

Name of Acquired Company/ Federal ID Number: Enter legal name of company being acquired and their FEIN. If the name and FEIN of the health plan is different than that of the Company, enter the name and FEIN of the health plan.

Effective Date of Merger/Acquisition: Enter effective date merger/acquisition occurred.

Did Health Plan Terminate the Effective Date of the Merger? Check yes or no. If the health plan terminated on a date other than the effective date of the merger/acquisition, enter such date (i.e., merger/acquisition occurred June 2003 but the self-funded plan terminated December 31, 2003).

Who is Responsible For Any Outstanding Health Plan Obligations That May Exist up to the Date the Health Plan Terminated? Enter name of company liable for outstanding health plan obligations.

Who will be Paying Run-out Claims for this plan? Enter name of company, not TPA/ASO, responsible for paying run-out claims incurred prior to the merger/acquisition date of the acquired company. Enter date all NY claims were adjudicated.

Is the Acquiring Company a Participant as an Elector in the NYS Public Goods Pool? Check the appropriate box, yes or no, to indicate if the acquiring company is an elector in the Public Goods Pool. If the “No” box is checked, indicate whether the company would like to become an elector. To become an elector, forms DOH-4399 (Payor Election Application) and DOH-4264 (Electronic Filing User ID Application) must be completed. These forms can be found at www.health.state.ny.us/nysdoh/hcra/forms.htm.

Comments: Enter any additional comments that would be informational regarding the merger/acquisition. For example, if this was the result of purchase of assets only, please comment and include what happened to the employees of the acquired company.

Signature Section: An authorized individual from the company must sign and date form.

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1. Name of acquiring company: _____
2. Federal ID Number: _____
3. Name of acquired company: _____
4. Federal ID Number: _____
5. Effective date of merger/acquisition: _____
6. Did health plan terminate the effective date of the merger? Yes No
 - 6a. If not, enter date health plan terminated: _____
7. Who is responsible for any outstanding health plan obligations that may exist up to the date the health plan terminated?

8. Who will be paying run-out claims for this plan? _____
 - 8a. Enter date all New York claims were adjudicated: _____
9. Is the acquiring company a participant as an elector in the NYS Public Goods Pool? Yes No
 - 9a. If not, would the company like to become a participant in the Public Goods Pool? Yes No

COMMENTS: _____

Signed: _____ Date: _____
Print Name: _____ Phone: _____
Title: _____

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