BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.

REQUEST FOR GROUP PLAN ROSTER CORRECTION

Please use this form to request correction to your group enrollment that should have occurred previously. We need this form by law.

Federal law prohibits a rescission of coverage, except in cases of fraud or intentional misrepresentation of material fact. A rescission is any retroactive termination of coverage, unless such cancellation is attributed to failure to pay for such coverage. Blue Cross and Blue Shield of Vermont expressly reserves the right to determine whether rescission is allowed under the facts of any specific case. This form shall not be used to request a rescission. If a group wants to rescind a policy, such decision must be processed through BCBSVT Legal.

A rescission does not include a retroactive cancellation that is attributed to a failure to timely pay for such coverage. CMS guidance indicates that if an employee has paid nothing for the coverage (such as after termination of employment), an enrollment roster correction will not be considered a rescission and is permitted. We must have a record of the failure to pay.

Please sign below to attest that the following named employee has paid nothing for the coverage, through payroll withholding or otherwise, after the termination date listed below.

By signing, you also attest that the following employee received all required notices. This includes any continuation of coverage notices, such as those required under COBRA or Vermont continuation coverage.

Employee Name: _____ Member ID#:_____

Date of Employment Termination: _____

GROUP NAME:

By: _____

Name (print):

Title:

Date:

CF: