

# GROUP PLAN ROSTER CORRECTION FORM



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 Blue Cross and Shield of Vermont Legal.

A rescission does not include a retroactive cancellation that is attributed to a failure to timely pay for such coverage. Centers for Medicare & Medicaid Services (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.

### Section 1: EMPLOYEE INFORMATION

Employee Name:

Member ID:

Termination of Employment Date:

Requested Termination Date:

### Section 2: GROUP INFORMATION

Group Name:

Group Number:

Group Administrator Name (print):

Title:

### Section 3: SIGNATURE

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

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.

**SIGN HERE**

► Signature \_\_\_\_\_ Date \_\_\_\_\_ ◀

### Submit one of three ways:

Email:  
[asinbox@bcbsvt.com](mailto:asinbox@bcbsvt.com)

Fax:  
(802) 371-3329

Mail:  
Blue Cross Blue Shield of Vermont  
P.O. Box 186  
Montpelier, VT 05601-0186