AUTHORIZATION FORM
FOR PART II OF DATA REQUEST PURSUANT TO
2015 VIRGINIA ACTS OF ASSEMBLY CHAPTER 665 ITEM 82.H.

Complete the information below for Aon Consulting on behalf of the Commonwealth of Virginia to obtain claims and enrollment information directly from your insurance carrier/broker or consultant.

The 2015 Virginia Acts of Assembly Chapter 665 Item 82.H directs the Department of Human Resource Management (DHRM) to conduct a review of the public health plans in the Commonwealth. DHRM has engaged Aon Consulting to assist in the data collection process and to conduct the required actuarial analysis. DHRM and Aon Consulting recognize that the data request is substantial and could require accessing several sources for the necessary information. If you would like Aon Consulting to work directly with your insurance carriers/brokers/consultants to obtain census, paid claims, and enrollment information on your behalf, please complete the information below. Aon Consulting will not charge you a fee for this service.

I authorize Aon Consulting to seek the appropriate claim and enrollment information from my insurance carrier/TPA/broker or consultant, for the health, dental and vision programs offered to the employees of

_____

(name of local government, school division or other political subdivision).

Insurance Carrier/Broker or Consultant:

Name: _____

Contact Number: _____

Email: _____

_____ _____

Signature of Authorized Representative Date

_____

Print Name of Authorized Representative