



State Corporation Commission
Bureau of Insurance – External Review
P.O. Box 1157
Richmond, VA 23218
Phone: 1-877-310-6560 Fax: (804) 371-9915
Email: externalreview@scc.virginia.gov

Self-Insured Plan Opt-In to Virginia External Review Process

Notification for Plan Year _____, 20__ to _____, 20__

Please complete and mail or fax this form to the above address before any request for external review is submitted.

1. Name of Plan: _____

2. Plan Administrator or Contact Person for Plan: _____

3. Address: _____

City, State, Zip: _____

4. Phone: () _____ Fax: () _____ Email: _____

5. Name of Third-Party Administrator (if any): _____

6. TPA Address: _____

City, State, Zip: _____

7. Phone: () _____ Fax: () _____ Email: _____

8. Check which entity will be the contact for all correspondence:

Plan Administrator

Third-Party Administrator

CERTIFICATION:

_____ (the Plan) wishes to opt-in to the Virginia external review process in Virginia, and agrees that the Plan will abide by all statutes, regulations and procedures relating to external review. Plan materials and appropriate denial notices shall contain all necessary information regarding the Virginia external review process.

Signature and Title

Date