



Greater Tompkins County Municipal Health Insurance Consortium

125 East Court Street • Ithaca, New York 14850 • (607)274-5590

www.healthconsortium.net • consortium@tompkins-co.org

"Individually and collectively we invest in realizing high quality, affordable, dependable health insurance."

Municipal Determination of Subscriber Online Enrollment Commitment (March 23, 2018)

The _____ (NAME OF MUNICIPALITY) hereby commits to making all enrollment changes, additions, and deletions online at Excellus Web portal. (must be signed by an officer of the municipality)

Signature: _____ Title: _____ Date: _____

***** Or *****

The _____ (NAME OF MUNICIPALITY) hereby requests the Greater Tompkins Municipal Health Insurance Consortium to make all enrollment changes, additions, and deletions online at Excellus Web portal.

Please provide all health insurance group numbers and name and contact information of the benefit manager who will be communicating with the Consortium.

Group numbers: _____, _____, _____

Municipal-Contact: Name: _____, Email: _____ Phone: _____

Municipal Authorization (must be signed by an officer of the municipality)

Our Municipal Corporation hereby grants the greater Tompkins County Municipal Health Insurance Consortium access to our Excellus web portal for all membership data for the group(s) specified above.

Signature: _____ Title: _____ Date: _____

There is no fee for this service. Upon signing the commitments made by the municipal partner and the Consortium are as follows

- A. Municipality remains the direct contact with the subscriber. The municipal partner is responsible for gathering all required information on the Excellus enrollment change form "SF FAP", ensuring its accuracy and completeness, and ensuring both the subscriber and the municipality have signed the Excellus enrollment change form" SF FAP". This **SF FAP form** will be entered by the Consortium to the Excellus portal for the municipality.
- B. For all new family plan enrollments, the municipal employer is responsible for verifying the eligibility of dependents via the **Consortium's Dependent Certification Process**. Then sign and send the **Dependent Eligibility Verification Form** to Consortium Enrollment along with form SF FAP.
- C. Send **SF FAP form** and **Dependent Eligibility Verification Form** to the Consortium via individual, secure web portal <http://lfweb.tompkins-co.org/Forms/TCHC> (temporary password will be sent) or fax: 607-274-5505. If electronic submission is not possible, you may use US Mail but recognize an additional time lag built into this process.
Address to: Greater Tompkins County Municipal Health Insurance Consortium
Attn: Enrollment, 125 East Court Street, Ithaca, New York 14850
- D. The Consortium online enrollment portal is separate for each municipal partner and HIPAA compliant. Paper records (fax and US Mail) will be digitized and retained for a period no less than required by the NYS Records and Retention Schedule.
- E. Once the enrollment application is received by the Consortium, the enrollment data will be submitted online within three (3) business days. Confirmation of enrollment will be confirmed by the Consortium within 3 days of entering the change in the Excellus enrollment software. Should Excellus software not accept the enrollment submission, notice of incomplete information will be sent to the municipal partner within three (3) business days.