



**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