



CareFirst BlueChoice, Inc.  
840 First Street, NE  
Washington, DC 20065

## Virginia Code Section 38.2-3407.12(B)

We currently offer our employees/members another group health benefit plan or a self-insured or self-funded health benefit plan which allows the enrollees to access care from their provider of choice whether or not the provider is a member of the health maintenance organization's panel.

**NOTE:** This form should be signed by an officer of the Group or the Group Administrator.

_____	_____
<b>Name of Group</b>	<b>Group Number</b>
_____	_____
<b>Signature and Title</b>	<b>Date</b>

**Please return this form to:**

CareFirst BlueChoice, Inc.  
840 First Street, NE  
Washington, DC 20065  
Attention: Account Implementation Department  
Mailstop 31