

Date

Employer Info
Name
Address

RE: Group# - Group ID. Group Name

Dear Employer Contact:

Blue Cross and Blue Shield of North Carolina (BCBSNC) has asked The Rawlings Company to assist us in gathering information mandated by the federal government under The Medicare, Medicaid and SCHIP Extension Act of 2007 (the "Act"). The Act and subsequent regulations require that all group health plans collect and report to the federal government specific employer group information on a quarterly basis. Please complete all questions on the reverse side of this letter. Even if your coverage has ended or your Plan is no longer administered by BCBSNC, you still need to submit the information for the period of time your group was insured or your Plan was administered by BCBSNC.

If you have any questions, or need assistance in completing the questionnaire, please call a Rawlings Customer Service Representative at **1-888-367-2580**, Monday through Friday, 8:30 am to 5:00 pm (E.S.T.).

For further information on the Act and federally mandated reporting requirements, please visit the Centers for Medicare and Medicaid Services website at <http://www.cms.hhs.gov/MandatoryInsRep/>.

Thank you for your assistance and timely response to The Rawlings Company.

Sincerely,



Dan Atherton
Director of Group Membership
Blue Cross Blue Shield of North Carolina