

# LARGE GROUP EDI 834 SET-UP REQUEST FORM



Eligibility, or 834, Electronic Data Interchange (EDI) set-up requires 3-5 weeks to establish, test and implement. Please complete all fields below and return to your Broker/Client Relations Representative.

## Group Information

Group Name: \_\_\_\_\_

Group #: \_\_\_\_\_

## Broker Information

Broker Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

## EDI Vendor Information (if different than Agency listed above)

EDI Vendor Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_ Day(s) of Delivery: \_\_\_\_\_

Requested Frequency:                      Daily                      Weekly                      Bi-Weekly                      Monthly

Broker or Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Internal Use Only

Received Date: \_\_\_\_\_

Representative name: \_\_\_\_\_

## Group Plan Options

Medical Plan: \_\_\_\_\_

Rx Plan: \_\_\_\_\_

Medical Plan: \_\_\_\_\_

Rx Plan: \_\_\_\_\_

Medical Plan: \_\_\_\_\_

Rx Plan: \_\_\_\_\_

Medical Plan: \_\_\_\_\_

Rx Plan: \_\_\_\_\_

Medical Plan: \_\_\_\_\_

Rx Plan: \_\_\_\_\_