**TLC Subdivision Form** – used to create subdivisions for a group that has separate employers – each with a separate FEIN

Current Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current DHRM Number: Agy\_\_\_\_\_\_\_Grp\_\_\_\_\_\_\_Sub\_\_\_\_\_\_\_

1. **Enter subdivision’s Name and Tax Identification Number (FEIN).**

|  |  |  |  |
| --- | --- | --- | --- |
| Subdivision Name: |  | FEIN: |  |

1. **Enter subdivision’s Mailing Address.** 🞏Same as current group

|  |  |  |  |
| --- | --- | --- | --- |
| Street or P O Box: |  | Suite: |  |
| City: |  | State: |  | Zip+4: |  |

1. **Enter subdivision’s Shipping Address (physical location).**  🞏Same as current group

|  |  |  |  |
| --- | --- | --- | --- |
| Street or P O Box: |  | Suite: |  |
| City: |  | State: |  | Zip+4: |  |

1. **Enter subdivision’s Benefits Administrator’s information.** 🞏Same as current group

This is the person who handles eligibility and enrollment, and has primary access to HuRMan.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name:: |  | Middle Initial: |  | Last Name: | Suffix: |  |  |
| Title: |  |  |  |  | Nickname: |  |  |
| Phone: | ( ) -  | Ext: |  | Fax: | ( ) -  |  |  |
| Email: |  |  |  |  | ID or SSN: |  |  |

1. **Enter subdivision’s Benefits Executive’s information.** 🞏Same as current group

This is the person who authorizes the renewal.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name:: |  | Middle Initial: |  | Last Name: | Suffix: |  |  |
| Title: |  |  |  |  | Nickname: |  |  |
| Phone: | ( ) -  | Ext: |  | Fax: | ( ) -  |  |  |
| Email: |  |  |  |  | ID or SSN: |  |  |

1. **Enter subdivision’s Billing Administrator’s information.** 🞏Same as current group

This is the person who receives and handles inquiries about billing.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name:: |  | Middle Initial: |  | Last Name: | Suffix: |  |  |
| Title: |  |  |  |  | Nickname: |  |  |
| Phone: | ( ) -  | Ext: |  | Fax: | ( ) -  |  |  |
| Email: |  |  |  |  | ID or SSN: |  |  |

1. **Enter subdivision’s Billing Executive’s information.** 🞏Same as current group

This is the person who authorizes premium payments.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name:: |  | Middle Initial: |  | Last Name: | Suffix: |  |  |
| Title: |  |  |  |  | Nickname: |  |  |
| Phone: | ( ) -  | Ext: |  | Fax: | ( ) -  |  |  |
| Email: |  |  |  |  | ID or SSN: |  |  |

1. **Employer Certification.**

I certify that the information on this form is complete and accurate to the best of my knowledge. 🞏Yes 🞏No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  |  |  |  | Date Signed: |  |
| Printed Name: |  |  |  | Phone: | ( ) - | Ext: |  |
| Title: |  |  |  |  | Date sent to DHRM: |  |

Send authorized form by: Email: TLC@dhrm.virginia.gov, Fax: (804) 786-1708, or Mail: DHRM-TLC, 101 N 14th St Fl 13, Richmond, VA 23219

**Group Participants To Be Moved To Newly-Created Subdivision(s):**

Please use the BES-Enrollment-Report posted to your Hurman account, to identify participant’s information.

|  |  |  |  |
| --- | --- | --- | --- |
| Participant’s Full Name | Participant’s BES ID | Participant’s Old Agy/Grp/Sub | Participant’s New Subdivision FEIN |
| Sample, Test A. | 9999999 | 047/999/000 | 99-9999999 |
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**Employer Certification.**

I certify that the information on this form is complete and accurate to the best of my knowledge. 🞏Yes 🞏No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  |  |  |  | Date Signed: |  |
| Printed Name: |  |  |  | Phone: | ( ) - | Ext: |  |

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