

RDS Program Plan Sponsor Reopening Data Collection Form

Plan Sponsor Name	Sample Client
Main Contact Name / Telephone	

Authorized Representative Information

Name	
Email Address	
Telephone Number	

Account Manager Information (If Not RDS Services. Changing Account Manager to RDS Services is recommended)

Name	
Email Address	
Telephone Number	

**We encourage all clients to assign an RDS team member as the Account Manager. This allows RDS Services, LLC to more effectively manage the RDS Program Reopenings, and ensures the ability to effectively communicate with RDS on your behalf.*

Plan Year Cycle

Start month/day:	
End month/day:	

Payment Frequency

Monthly/Quarterly/Annual/Interim Annual?	Monthly
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Reconciliation Data

	Completion Date	# of Members	Total Subsidy Received	Mid-Year Plan Change?
2011 Reconciliation				
2012 Reconciliation				
2013 Reconciliation				
2014 Reconciliation				

Benefit Information (duplicate this page as needed)

Rx Vendor Carrier/TPA/PBM				
Contact Name				
Contact Phone Number & Email				
	2011	2012	2013	2014**
Retiree Policy / Group Number(s)				
UBOI Associated with above #s*				
# of Members				

*If more than one UBOI with this vendor, associate appropriate UBOI with corresponding Group/Suffix Number(s).

Medical Carrier/TPA	n/a – medical benefits managed by State plan
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Data Warehouse managing eligibility	
Contact Name	
Contact Phone Number & Email	

Please Also Provide the Following for Each Applicable Plan Year

- 1) Actuarial Attestation Documents and/or
- 2) Retiree Benefit Summaries – Rx and Medical
- 3) All Retiree Policy / Group Numbers – Rx and Medical