

# Early Retiree Reinsurance Program

## Application Submission Dos and Don'ts

### Do:

- **Do** read the [Early Retiree Reinsurance Program \(ERRP\) Plan Sponsor Application Instructions](#).
- **Do** read the ERRP [Frequently Asked Questions](#).
- **Do** complete the official [Early Retiree Reinsurance Program Application](#), which was published on June 29, 2010. (Other versions will not be accepted).
- **Do** fill in every required field on the ERRP Application. (Incomplete Applications will not be accepted.)
- **Do** fill in and print a copy of the Attachment: Additional Benefit Options for each benefit option for which the Plan Sponsor will seek reimbursement.
- **Do** fill in the ERRP Application PDF and print it. We suggest you print a copy for your records.
- **Do** have your Authorized Representative sign the original Application. For more information about who can serve as the Authorized Representative please go to: [ERRP Frequently Asked Questions](#).
- **Do** attach additional pages, as necessary. Attachments must be typewritten, in 12 point font or larger, clear and dark enough for scanning, and on 8.5 inch x 11 inch paper.
- **Do** send the signed original ERRP Application and Attachments (if any) in hard copy to:

HHS ERRP Application Center  
4700 Corridor Place  
Suite D  
Beltsville, MD 20705

### Don't:

- **Don't** send the Application to any address other than the one listed in this document. ERRP applications will only be accepted at the address listed here.
- **Don't** use any other Application format other than the official [Early Retiree Reinsurance Program Application](#), which was published on June 29, 2010. Any draft or other version will not be accepted.
- **Don't** send a handwritten Application.
- **Don't** fill in the **Date of Birth** on the ERRP Application in Part I, Section B, Item 3 and Part I, Section C, Item 3. See the note that accompanies each of these items, on the application. That note indicates that after an application is approved, the Authorized Representative and Account Manager will each provide their Date of Birth securely to HHS when they are invited via email to register using the ERRP Secure Website. The ERRP Secure Website will allow participants to register and complete the tasks required to participate in ERRP, such as requesting reimbursement.
- **Don't** fill in the **Social Security Number** on the ERRP Application in Part I, Section B, Item 4 and Part I, Section C, Item 4. See the note that accompanies each of these items, on the application. That note indicates that after an application is approved, the Authorized Representative and Account Manager will each provide their Social Security Number securely to HHS when they are invited via email to register using the ERRP Secure Website. The ERRP Secure Website will allow participants to register and complete the tasks required to participate in ERRP, such as requesting reimbursement.