

**DESIGNATION OF REPRESENTATIVE – APPENDIX B**

**Section 1.**

The person or persons listed below provide administrative services to the Health Plan and are authorized to receive Protected Health Information from on behalf of the Health Plan:

<u>Name</u>	<u>Title</u>	<u>E-mail</u>	<u>Limitations</u>
Carl Calcara	Assistant Superintendent of Human Resources	carl.calcara@raytownschools.org	None
Susann Bronson	Payroll/Benefits Supervisor	susann.bronson@raytownschools.org	Non
Jacqueline Vernon	Director of Business Operations	jacqueline.vernon@raytownschools.org	Non
Michelle Conn	Sr. Account Manager	mconn@cbiz.com	None
Dave Johnson	Sr. Account Executive		None

**Section 2.**

The person or persons listed below are representatives of the Plan Sponsor of the Health Plan and are authorized to receive summary health information or enrollment/disenrollment information:

<u>Name</u>	<u>Title</u>	<u>E-mail</u>	<u>Limitations</u>
Same as listed in Section 1. Above			

Name of Group/Plan: Raytown Quality Schools

Approved By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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