



Business Associates Agreement

I am an officer or authorized person of City of Grand Rapids

and authorize A.T. Group, LLC

to access City of Grand Rapids

information related to the enrollment and disenrollment, or summary health information (non-identifying information) as it relates to the insurance coverage underwritten by Avesis.

To effectively manage access we require your company to inform us as soon as possible should there be a change of broker or other reason to modify account access.

Group Name City of Grand Rapids Broker Name A.T. Group, LLC

Signature _____ Signature 

