

Plan Sponsor Certification to All Savers for Release of Information

WHEREAS, the Plan Sponsor is sponsor of its Group Medical Plan (the "Plan"), and has engaged All Savers Insurance Company and its affiliates ("All Savers") for preliminary underwriting purposes seeking a quote related to the contract of health insurance administration and/or coverage; and

WHEREAS, the Plan is a "group health plan" for purposes of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations thereunder and Plan Sponsor is acting as a "covered entity" as defined by HIPAA; and

WHEREAS, the Plan Sponsor will provide the personal information concerning their plan participants and/or their dependents that is contained on any applications that such plan participants may have completed within the last 90 days, and has received authorization from plan participants to do so; and

WHEREAS, the Plan Sponsor understands that the purpose of the disclosure and use of this information is to allow All Savers to make decisions regarding eligibility, underwriting, premium risk rating, and for general preliminary underwriting purposes; and

WHEREAS, this information is to be disclosed by the Plan Sponsor for specific health care operations for underwriting related to a contract of health insurance administration and/or coverage and any information provided will not be used or further disclosed other than as permitted or required by law or as permitted in the plan documents; and

WHEREAS, All Savers reserves the right to change the schedule of premiums applicable to the employer group based on updated, revised or additional information provided in the All Savers applications, which will be completed prior to the final premium risk rating decision.

NOW THEREFORE BE IT RESOLVED, that the Plan hereby certifies to All Savers that either:

_____ The disclosure of the requested information is to be made solely by the Agent or Broker of Record for the Plan. The Plan represents that such Agent or Broker is authorized to provide this information and can certify that the Plan Sponsor has in place appropriate policies and procedures necessary to demonstrate compliance with applicable privacy requirement.

OR

_____ The Plan Sponsor certifies that the plan documents include specific provisions to restrict the use or disclosure of PHI and to ensure adequate procedural safeguards and accounting mechanisms for such uses or disclosures, in accordance with the HIPAA privacy regulation, permitting the release of PHI by the Plan Sponsor.

PLAN SPONSOR

AGENT OR BROKER OF RECORD

By _____
Authorized Signature

By _____
Authorized Signature

Name

Name

Title

Title

Date

Date

