

**HIPAA PLAN SPONSOR ELECTION  
FOR FULLY INSURED HEALTH PLAN SPONSORS  
WHO DO NOT ELECT TO RECEIVE PHI**

**If you sponsor a fully insured group health plan and elect not to receive Protected Health Information (PHI), you must complete this form. If you want to receive PHI, then you must complete the Plan Sponsor Certification form for Fully Insured Health Plan Sponsors That Elect To Receive PHI.**

As the Plan Sponsor of a fully insured group health plan, you must choose whether or not you want to receive PHI, as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations, with respect to your employees and their dependents covered under the group health plan that you sponsor.

You have elected not to receive PHI. You may still receive summary health information, de-identified health information, and enrollment and disenrollment information as those terms are defined in HIPAA and for the purposes described in HIPAA.

Please check below:

**The Plan Sponsor does not want to receive any PHI.** Summary health information, de-identified health information, and enrollment and disenrollment information may be provided, in accordance with HIPAA, to the Authorized Representative(s) listed on the following page.

PLAN SPONSOR NAME: \_\_\_\_\_ GROUP ID NUMBER: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**AUTHORIZED REPRESENTATIVES**

You must identify the individuals, including any agent, broker or agency, who are authorized to receive Limited (LMTD) plan access, which includes summary health information, de-identified health information, and enrollment and disenrollment information on behalf of the Plan for the purposes of Plan administrative functions. **ONLY THOSE WRITTEN IN THIS BOX WILL BE AUTHORIZED.** Please provide the first name, last name, title, and any agency name.

If there is a change to this list of Authorized Representatives, please contact us.

Name†	Title	Agency Name, if applicable

†If additional appointments for Authorized Representatives are needed and you run out of space on this form, please request the List of Authorized Representatives Form.