Vendor Designation Form

Purpose – Point32Health* and its affiliates (collectively, "Point32Health") enter into agreements with entities, e.g., employer groups, unions, trusts, etc. (each a "Plan Sponsor"), to provide or administer their group health benefit plan (each a "Group Health Plan"). This form authorizes Point32Health to disclose a Group Health Plan's information, including member protected health information, to a vendor (e.g., broker or other third party) working on the Group Health Plan's behalf. Point32Health will not release any protected health information to the vendor until this form is completed. **All fields are required. Incomplete or incorrect forms will be returned for completion.**

Account Name (Group Health Plan)		**Corp ID / C#**	

Vendor Information – Group Health Plan hereby authorizes Point32Health to disclose its information to the following vendor ("Vendor") and for Vendor to act on its behalf for purposes related to the administration of the Group Health Plan:

Company Name	
Street Address	
City, State, Zip Code	
Role	☐ Broker/Consultant ☐ Third-party administrator ☐ HRA/FSA/HSA vendor ☐ COBRA administrator ☐ Other *(please specify)*: Click or tap here to enter text.
Additional Authorizations	☐ Online broker portal access (including enrollment and reporting) ☐ Online billing access (for Brokers only)

Terms of this Authorization

1. Group Health Plan and Vendor shall comply with all applicable state and federal regulatory and statutory requirements, including HIPAA, related to the protection of the disclosed information, including the execution of business associate contracts when required by HIPAA.
2. Group Health Plan acknowledges and agrees that, consistent with HIPAA requirements, Point32Health will provide Vendor with the minimum amount of information necessary for the intended business purpose, as reasonably determined by Point32Health.
3. If the requested disclosure includes more than summary or enrollment information, Group Health Plan's Plan Sponsor agrees to sign a *Plan Sponsor Certification* before Point32Health will disclose such information.
4. Group Health Plan acknowledges that Point32Health will not disclose identifiable claims information to an HSA vendor without authorization from the Group Health Plan's individual members.
5. Group Health Plan will notify Point32Health immediately, in writing, of a revocation to this Authorization. Point32Health may continue to provide information to Vendor if it is not informed in writing of such revocation.

Signature

I have read and understand the terms of this Authorization and I hereby authorize the disclosure of Group Health Plan's information in the manner described above. I represent that the signature below is my own and that I am legally authorized to sign this document on behalf of Group Health Plan.

Authorized Signature _____ **Date** _____

Printed Name _____ **Title** _____

Email Address _____ **Phone Number** _____

*For purposes of this Vendor Designation Form, Point32Health includes Harvard Pilgrim Health Care, Inc., Harvard Pilgrim Health Care of New England, Inc., HPHC Insurance Company, Inc., Harvard Pilgrim Group Health Plan, Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Tufts Insurance Company, Total Health Plan, Inc., Tufts Benefit Administrators, Inc., CarePartners of Connecticut, Inc., and Point32Health Services, Inc., and all of their present and future affiliates.