insuringsmiles.com
PO Box 659 Evansville, IN 47704-0659
800-727-1444 Fax: 812-424-2096

Employer Group Communications & Access

Group Name:	**Group Number(s):**

This form is required to be completed at the time of execution of a Master Group Policy (MGP) or Admin.Services Only (ASO) Agreement and must be updated during Policy Renewal or upon any changes in employer contacts responsible for plan administration functions. By signing this form, the undersigned certifies that the entity named above is the Plan Sponsor of the Dental and/or Vision Plan(s) being provided by Health Resources, Inc. (HRI).

As part of the administration of the Plan, the Plan Sponsor is granting access to Plan participants' Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy laws. Selecting 'Y' in the Portal field authorizes electronic online access via www.insuringsmiles.com, while selecting 'N' excludes online access. One option must be selected for each contact.

By completing this form, the Plan Sponsor acknowledges its obligations to maintain the confidentiality and security of PHI, and to comply with all applicable federal and state regulations governing the use and disclosure of such information.

The individuals listed in the below shaded section are hereby certified by the Plan Sponsor and are mandatory for all Groups. If the same individual is designated to fulfill both roles, all fields must be duplicated accordingly. **Note:** Completion of all fields in this section is required for all Groups without exception.

Group Invoicing Contact		Portal Y	Portal N	Group Benefits Administrator		Portal Y	Portal N
Name				Name			
		Select 1				Select 1	
Phone				Phone			
e-mail				e-mail			

ALL fields in this section must be fully completed for each individual listed.

Other Contacts Section							
Type:		Portal Y	Portal N	Type:		Portal Y	Portal N
Name				Name			
		Select 1				Select 1	
Phone				Phone			
e-mail				e-mail			

Additional Information regarding Group Communications and Access

The Plan Sponsor is aware that the plan document has been amended to comply with the requirements of 45 CFR § 164.504(f)(2) (HIPAA Administration Simplification). The amendment provides the required assurance that the Plan Sponsor will appropriately safeguard and limit the use and disclosure of the plan participants' Protected Health Information that the Plan Sponsor may receive from Health Resources, Inc.

Signature Required by an authorized signatory of the Plan Sponsor.

X	**Printed Name:** **Date:**

To perform necessary plan administrative functions, including adds, terms, and billing maintenance, please create an online account at www.insuringsmiles.com by selecting "Sign Up Now!".