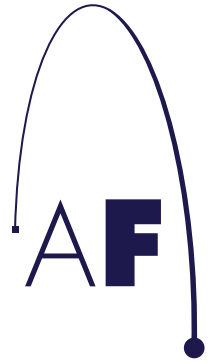




HEALTH INFORMATION PRIVACY & PROTECTION FORM



Requestor (Broker, Agent, Third Party): _____

Company/Plan Sponsor (e.g. "ABC Employer Group"): _____

Name of Plan (HRA, FSA, etc.): _____ Relationship of Requestor to Plan Sponsor: _____

Data and/or Information Requested:

- Single Participant Transaction Statement (Name: _____)
- Group Transaction Statement
- Single Participant Account Balance Information (Name: _____)
- Group Account Balance/Usage Information
- Single Participant Enrollment Information (Name: _____)
- Group Enrollment Census Information
- Group Card Generation Report
- Other: _____

Is this a one-time request or a recurring request? (NOTE: Checking "Recurring Request" will keep the request active for the entire plan year) One-Time Request Recurring Request

How will the data be used? _____

Will the data be disclosed to anyone beyond yourself, whether inside or outside of your organization? Yes No

If "Yes," to whom and why? _____

How will you dispose of the data after using it for the purposes listed above? _____

Requestor Certification

I am the above-named requestor of the above-described data and/or information. I certify that the above answers are true and correct. I certify that I or my organization, as applicable, have/has executed a HIPAA-compliant Business Associate Agreement with the Plan Administrator for the plan through which this data and/or information is derived and that such agreement authorizes the disclosure of this data and/or information to me. I acknowledge that the Plan Administrator has the right to ensure that this data and/or information is used and disclosed only in accordance with such agreement and in accordance with my answers to the questions in this document.

Requestor Signature: _____ Date: _____

Plan Administrator Certification

I am the Plan Administrator and authorize the disclosure of the above-requested data and/or information to Requestor for the purposes stated above. I certify that the plan has executed a HIPAA-compliant Business Associate Agreement with Requestor. I further certify that I have reviewed and approve of the answers to the above questions provided by Requestor and that the aforementioned Business Associate Agreement authorizes the release of the above-requested data and/or information by AmeriFlex to Requestor.

Plan Administrator Signature: _____ Date: _____