texicare

SELF SERVICE WEBSITE ACCOUNT AUTHORIZATION

Please complete this form to allow one or more Representatives of the Employer to access the self-service website maintained byTexicare on behalf of the Plan (Plan Website).
For assistance contact Client Services at 833-257-7002.

Plan Sponsor (Employer name) | Group Benefit Plan / Type of Plan | Case #

EMPLOYER HEREBY AUTHORIZES the following Representative(s) to access the Plan Website, as described below (provide SSN & DOB only if individual is not currently enrolled in the Plan):

Representative Name	Email	Title	SSN	DOB
Representative Name	Email	Title	SSN	DOB

ACCESS RIGHTS: Subject to the restriction below and the Health Insurance Portability and Accountability Act of 1996 (as amended) (HIPAA), Representative is granted full proxy access and viewing rights to:

- Plan aggregate data and summary health information on the Plan Website, for purposes of evaluating Plan provisions, performance, design changes, contribution rates, stop-loss coverage, loss ratios, benefit utilization and other aggregate or summary Plan characteristics; and
- Plan Sponsor documentation, data and information on the Plan Website, including but not limited to, Employer application, Plan Participant enrollment data (including gender, date of birth, dependent enrollment and benefit amounts), and contribution and premium billings and payments.

RESTRICTION: HIPAA precludes representative **from** accessing the personal health information (PHI) of any Plan Participant, as that term is defined under HIPAA, except to the extent the PHI is already contained in employment records (separately maintained by Employer), or the Plan Participant has authorized Employer to access the PHI (pursuant to a HIPAA compliant written authorization).

EMPLOYER ACKNOWLEDGEMENT: By executing this Authorization, Employer acknowledges and agrees that each Representative will:

- Have full access to view the Plan Website documentation, data and information as described above;
- Be required to establish a Plan Website account, with separate username and password;
- Safeguard all Plan Website account information, including the Representative's user name and password, to prevent unauthorized access;
- Be authorized to continue to access the Plan Website, as described above, until Employer revokes this Authorization in writing, or one (1) year following termination of the Plan, whichever occurs first; and
- Fully comply with all HIPAA privacy and security rules while accessing the Plan Website, including the safeguarding of all Plan Participant PHI.

Employer further acknowledges and agrees that:

- Texicare or Employer may revoke this Authorization in writing, at any time and without advance notice;
- Any such revocation will not be effective to the extent that Texicare or Employer has irrevocably relied upon this Authorization;
- Employer is solely responsible for, and shall indemnify, hold harmless and defend Texicare against, any claim or liability arising from a Representative accessing the Plan Website; and
- The individual signing below has the authority to execute this Authorization on behalf of the Employer.

Signature:

Print Name: | Title: | Date:

Return Form to Texicare
By Mail: P.O. Box 2918; Shawnee Mission, KS 66201-1318
By Email: clientservices@texicare.com