

## PLAN SPONSOR'S CERTIFICATION

*Plan Sponsor must complete this form to certify that Group Health Plan documents have been amended to comply with HIPAA. No Protected Health Information will be released until Significa Insurance Group, Inc. receives a valid Plan Sponsor Certification form. This completed form should be forwarded to Significa Insurance Group, Inc.'s Privacy & Security Office. Contact your legal counsel should you require further clarification of the HIPAA regulations and how they affect your Group Health Plan.*

### Certification of Group Health Plan Document Amendment

**Group Name:** \_\_\_\_\_

**Group Number(s):** \_\_\_\_\_

**Group Health Plan:** \_\_\_\_\_

**Plan Sponsor:** \_\_\_\_\_

Plan Sponsor is the sponsor of the above Group Health Plan. Plan Sponsor performs plan administration functions for the Group Health Plan and needs access to the Group Health Plan participants' Protected Health Information to carry out those plan administration functions.

Plan Sponsor hereby certifies that the plan document of Group Health Plan has been amended effective \_\_\_\_\_ to comply with the requirements of 45 Code of Federal Regulations § 164.504(f)(2). The amendment provides the required assurance that Plan Sponsor will appropriately safeguard and limit the use and disclosure of the Group Health Plan participants' Protected Health Information that Plan Sponsor may receive from the Group Health Plan or Significa Insurance Group, Inc. to perform the plan administration functions.

Please provide Plan Sponsor with the minimum necessary Protected Health Information of Group Health Plan participants for Plan Sponsor to perform the following plan administration functions:

\_\_\_\_\_  
\_\_\_\_\_

The following employees or classes of employees or other workforce members are authorized to receive Protected Health Information to perform the plan administration functions outlined above. Protected Health Information may only be released to individuals who are identified on this list. This list of employees replaces any list of authorized employees previously provided to Significa Insurance Group, Inc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BROKERS / THIRD PARTY ADMINISTRATORS:** The following Brokers and/or Third Party Administrators are entitled to request and receive Protected Health Information directly from Significa Insurance Group, Inc. to perform the plan administration functions outlined above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above lists include all employees, classes of employees, other workforce members, Brokers, or Third Party Administrators who may receive Plan participants' Protected Health Information relating to payment under, health care operations of, or other matters pertaining to the plan in the ordinary course of business. Protected Health Information may only be released to individuals who are identified on the above lists.

Plan Sponsor understands that this Certification is subject to the approval of Significa Insurance Group, Inc.'s Privacy & Security Office before any Plan participant's Protected Health Information may be disclosed.

Completed by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

**Please return documentation to the following address:**

**Attention: Privacy & Security Office**

**Significa Insurance Group, Inc.**

**19 N. Main Street**

**Wilkes-Barre, PA 18711**