

TUFTS Health Plan

Agent Documentation

Please complete this form in order for Tufts Health Plan to disclose the following information to the agent named below: (1) Protected Health Information (PHI), as defined in 45 C.F.R. 164.501, for the purpose of determining if an individual has enrolled in or has disenrolled from the plan offered to the group referenced below by Tufts Health Plan; and/or (2) Summary health information, as defined in 45 C.F.R. 164.504, for the purpose of obtaining premium bids or modifying, amending or terminating the group health plan.

Name of Group: _____

Group Number: _____

Tufts Health Plan
Account Manager: _____

Name of Agent
(should be business
name unless there is
only an individual name
available): _____

Agent's
Phone Number: _____

I _____ hereby represent and warrant the following: (1) The Agent named above is acting in the legal capacity of an agent of the above referenced group; (2) as the group's agent, the Agent named above is entitled to receive the information permitted to be disclosed by this instrument; and (3) I am authorized to sign this representation on behalf of the group named above.

Signature

Title

Date

Once this documentation is signed and completed, please contact your Tufts Health Plan sales or account representative. Your sales or account representative will then tell you his/her fax number so you can fax this completed form to his/her attention.