PLAN SPONSOR DISCLOSURE DESIGNEE FORM
ENROLLMENT OR SUMMARY HEALTH INFORMATION

PLEASE PRINT

SECTION A: Plan Sponsor Submitting Designation:

Group Name: _____Group Number: _____

Address:_____

Telephone:_____E-mail:_____

SECTION B: Designated Employee(s) or Class(es) of Employees (i.e., Group Administrator, HR Rep, Billing, etc)

Employee Name or Class Title: _____

Address: _____

Telephone: _____E-mail: _____

This is permission to disclose:
- ☐ Enrollment Information (information about who is enrolled in plan)
- ☐ Summary Health Information (summary of claims history, etc.)

SECTION C: Other Designated Persons (Agents, Brokers, Subcontractors):

Entity Name: _____Person's Name or Title: _____

Address: _____

Telephone: _____E-mail: _____

This is permission to disclose:
- ☐ Enrollment Information (information about who is enrolled in plan)
- ☐ Summary Health Information (summary of claims history, etc.)

Plan Sponsor (1) authorizes the above-named individuals (or entities) to access the information identified above, (2) requests "summary health information" (if applicable) to evaluate the plan or obtain bids for alternative coverage, and (3) acknowledges that it is not entitled to more detailed protected health information unless otherwise agreed to by Delta Dental of Virginia by acceptance of a completed HIPAA For 14(b). Plan Sponsor agrees to promptly notify Delta Dental of Virginia of any change to the above-named individuals' (or entities') authorization to receive the information identified above and to indemnify Delta Dental of Virginia for any adverse consequences of its failure to provide such notice.

SIGNATURE OF PLAN SPONSOR'S AUTHORIZED REPRESENTATIVE

Signature: _____ Date: _____

Print name: _____ Title: _____

RETURN COMPLETED FORM TO: Delta Dental of Virginia, Attention: Corporate Compliance, 4818 Starkey Road, Roanoke, VA 24018 Telephone: (540) 989-8000, Toll-free: (800) 237-6060, Fax: (540) 491-9710.

Purpose: This form is to be completed by the Plan Sponsor's authorized representative (as identified in our records) to permit disclosure of enrollment information, summary health information, or both to specified individuals or entities.