

Group Name: _____

PRIVACY COMMITTEE

Privacy Officer:

Privacy Committee Members:

Signature

Date

Please list the name of your Privacy Officer and Privacy Committee Members above. Your Privacy Committee should consist of people you would like to authorize us to release pertinent information to regarding your Plan (i.e. Claims information, Accounting information, etc.)

Please sign and return this form to our office. If any questions, please give me a call at 855-563-9396. Thank you.

Tyler Reeves