

CIGNA HEALTHCARE 2-50 HIPAA CERTIFICATION DECLARATION AGREEMENT

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that a proof of prior coverage certificate be issued to individuals, who for any reason, have lost their *medical* plan coverage and/or COBRA certificate. CIGNA HealthCare will generate individual proof of prior coverage certificates upon request for members and their dependents, if the employer has *not* declined to have CIGNA HealthCare administer these services. CIGNA HealthCare=s services are elective for each employer unless, prohibited by Legislative mandates.

1. Employer Name: _____

2. Contact Name: _____

Title: _____ Phone: _____

3. Employer Address: _____

City: _____ State: _____ ZIP: _____ - _____

4. Account Numbers: _____

Please state one of the following:

- We do not elect to use CIGNA HealthCare Certification services. We will have full responsibility to comply with the issuance of certifications of prior creditable coverage required by HIPAA.
- We want CIGNA HealthCare to perform Coverage Certification services. We acknowledge that CIGNA HealthCare=s ability to provide certification may be dependent on the quality of information provided by us. We understand that CIGNA HealthCare is responsible only for coverage periods administered by CIGNA HealthCare.

If you have elected CIGNA HealthCare to perform the services, please complete Box 5 to Box 7.

5. *START DATE:* For New Accounts, the start date will be upon effective date. For Existing Accounts, please indicate one of the following: At renewal ____/____/____ or As of ____/____/____

6. Type of Medical Coverage (Check all that apply):
X Commercial HMO

7. Type of Funding Arrangement (Check one box only):
X Insured

Signature _____

Date ____/____/____

Note: If an employer has chosen CIGNA HealthCare to perform HIPAA certification service, they will standardly receive a report whenever a group is moved or terminated within their account. This report may be used to track individual or family movement between plan offerings or to provide coverage information to a new administrator or carrier.
