

Agent Documentation



Please complete this form in order for Tufts Health Plan to disclose the following information to the agent named below or to remove the agent named below from receipt of the following information: (1) Protected Health Information (PHI), as defined in 45 CFR § 160.103, 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 CFR § 164.504, for the purpose of obtaining premium bids or modifying, amending or terminating the group health plan.

If your intent is to replace one agent with another, please note that you must complete separate forms for each transaction. If we do not receive a form removing an agent, we will continue to provide PHI to agents previously listed on all other documentation provided to Tufts Health Plan.

Please check () below whether you are:

- adding the following agent, or
- deleting the following agent.

Name of Group: _____

Group Number: _____

Tufts Health Plan
Account Manager: _____

Name of Agent
(please use business name when applicable): _____

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

Date

Title

Fax or mail your signed and completed form to your Tufts Health Plan sales or account representative.