



**AUTHORIZATION FOR EMPLOYEE(S)
TO ACCESS PROTECTED HEALTH INFORMATION (“PHI”)**

The Plan Sponsor of the _____ hereby authorizes the following employees of Plan Sponsor to access Protected Health Information (“PHI”) with respect to the self-funded employee welfare and prescription benefit plan(s) Plan for which Meritain Health, Inc. and Scrip World, LLC provide the administration services as set forth respectively under the Agreements (“the Plan”).

Employees(s) of Plan Sponsor (Please provide names, titles, and identifiers of the employee(s)/associate(s) that may have access:

Name	Title / Email Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<u>Mark Gastineau (Protect Plans Manager)</u>	<u>mgastineau@insurgencybenefits.com</u>
<u>Scott Geske (Protect Plans Manager)</u>	<u>scott_geske@hotmail.com (Insurgency)</u>

Please add additional lines if necessary.

Plan Sponsor has trained (and will continue to train) the above referenced employees on the proper uses and disclosures of Protected Health Information.

This authorization is effective until later revised or revoked in writing by the Plan Sponsor.

Signature of Plan Sponsor: _____

Printed Name and Title: _____

Date: _____