



Funding Account Renew As-Is Form

Use this form to renew your company's health reimbursement arrangement (HRA), flexible spending account (FSA), or health savings account (HSA) exactly as is. To determine if changes are needed, speak with your broker or CDPHP® representative. If you are making changes for plans renewing in 2021, you must complete a new agreement.

Company Name: _____

CDPHP Group Number: _____

I am not making any changes to my company's health funding account plan administered through Capital District Physicians' Healthcare Network, Inc. (CDPHN). Please renew the HRA and/or FSA and/or HSA as is.

- Check all that apply below, and complete any required information.
- You must also submit an Enrollment Roster and FSA Election Forms, if applicable.

Funding Account Type	Renew As Is	Medical Plan ID(s)	Additional Details
HRA	<input type="radio"/>	_____ _____	
Health FSA	<input type="radio"/>	_____ _____	<input type="radio"/> Change FSA maximum to statutory limit (\$2,750 indexed in 2021, subject to annual adjustments set by the IRS). Please complete the following payroll information for a health and/or dependent care FSA: First payroll date in plan year: _____ Payroll frequency: <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly <input type="radio"/> Other: _____
Dependent Care FSA	<input type="radio"/>	_____ _____	First payroll date in plan year: _____ Payroll frequency: <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly <input type="radio"/> Other: _____
HSA	<input type="radio"/>	_____ _____	Log in to your HSA custodian's employer portal to make any necessary changes to your employee funding/contributions. • BenefitWallet • HealthEquity
Healthy Direction	<input type="radio"/>	_____ _____	<input type="radio"/> Update healthy steps (<i>select all that apply</i>) <input type="radio"/> Visit primary care physician <input type="radio"/> Take the Personal Health Assessment (PHA) <input type="radio"/> Get a biometric screening <input type="radio"/> Go CDPHP Smoke-Free SM <input type="radio"/> Take a free CDPHP community wellness class <input type="radio"/> Get a flu shot <input type="radio"/> Participate in a Workplace Health wellness program <input type="radio"/> Employer Choice Option <hr/> Please note: By selecting this option, you are confirming that the employee is able to complete this activity.

Name: _____ Title: _____

Signature: _____ Date: _____

ATTACHMENT 1

Plan Sponsor HIPAA Certification

This certification must be completed in order for claims information from the fully-insured health plan to be released to the employer for purposes of substantiating claims under the HRA and/or FSA plans, and in order for Employer to access claims reports containing HIPAA Protected Health Information (PHI).

_____ (hereinafter "Plan Sponsor") is a plan sponsor of a group health plan (the "Plan") within the meaning of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regulations at 45 CFR § 160.103. Plan Sponsor hereby requests that Capital District Physicians' Health Plan, Inc. and/or its affiliates or designees, including but not limited to Capital District Physicians' Healthcare Network, Inc. ("CDPHN") and CDPHP Universal Benefits,® Inc., (collectively "CDPHP®"), provide protected health information ("PHI") to it and to other group health plans within the same Organized Health Care Arrangement (OHCA) for purposes of payment and health plan operations related to administration of the Plan. In order to receive or share such PHI, Plan Sponsor certifies to the following, as required by the HIPAA regulations at 45 CFR § 164.504(f):

Plan Sponsor hereby certifies that the Plan documents that govern the Plan have been amended to incorporate the following provisions, and the Plan Sponsor will:

- (a) not use or further disclose PHI other than as permitted or required by the Plan Documents or as required by law;
- (b) ensure that any agents, including subcontractors, to whom it provides PHI received by the Plan agree to the same restrictions and conditions that apply to the Plan Sponsor with respect to such information;
- (c) not use or disclose PHI for employment-related actions and decisions;
- (d) not use or disclose PHI in connection with any other benefit or employee benefit plan (except to the extent that Plan Sponsor is permitted to do so because the other employee benefit plan is part of an Organized Health Care Arrangement (OHCA) with the Plan, and the Plan Sponsor has taken all appropriate steps to create and disclose to participants the existence of the OHCA);
- (e) report to the Plan or its designee any uses or disclosures of PHI that Plan Sponsor becomes aware of and is inconsistent with the uses or disclosures provided for in this Certification;
- (f) make available the PHI available to an individual based on HIPAA's access requirements in accordance with 45 CFR §164.524;
- (g) make available the PHI for amendment and incorporate any PHI amendments based on HIPAA's amendment requirements in accordance with 45 CFR §164.526;
- (h) make available the information required to provide an accounting of disclosures in accordance with HIPAA's requirements in accordance with 45 CFR § 164.528;
- (i) make its internal practices, books, and records relating to the uses and disclosure of PHI received from CDPHP available to the U.S. Department of Health and Human Services for the purpose of determining compliance by the Plan with HIPAA;
- (j) ensure adequate separation between the Plan and the Plan Sponsor in accordance with HIPAA's "firewall" provisions by including the following in the Plan Documents: (1) describing in the Plan document those employees or classes of employees or other persons under control of the Plan Sponsor that will be given access to PHI, provided that any employee or person who receives PHI relating to payment under health care operations of or other matters pertaining to the Plan in the ordinary course of business must be included in such description; (2) restrict access to and use by such employees and other persons to the Plan administration functions that Plan Sponsor performs for the Plan; (3) provide an effective mechanism for resolving any issues of noncompliance with the Plan by persons described in "(1)" above; and (4) any other requirement under HIPAA to ensure adequate separation.
- (k) if feasible, return or destroy all PHI received from CDPHP that the Plan Sponsor maintains in any form and retain no copies of such PHI when no longer needed for the specified disclosure purpose. If return or destruction is not feasible, the Plan Sponsor will limit further uses and disclosures to those purposes that make the return or destruction infeasible.

The undersigned certifies that he or she has the authority to sign on behalf of the Plan Sponsor.

Signature: _____ Date: _____

Print name: _____ Print title: _____