

Dear :

Pursuant to Chapter 1215 of the Texas Insurance Code,

(“Plan Sponsor”) is requesting certain claim information as described in Texas Insurance Code § 1215.003 (“Claim Information”) from UnitedHealthcare, Inc. (“UHC”) be provided to it through its agent (“Agent”).

The Agent that the Plan Sponsor wishes to designate to receive the Claim Information on its behalf is:

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Plan Sponsor hereby requests that UHC provide the information described in Texas Insurance Code § 1215.003 to Agent.

UHC will be unable to provide the claim information requested without a HIPAA Certification by the Plan Sponsor. To that end, the Plan Sponsor makes the certification as required by Texas Insurance Code § 1215.003(e) by initialing and signing the Protected Health Information Certification attached as Exhibit A. The Plan Sponsor also hereby warrants and represents that the Agent is authorized by the Plan Sponsor to receive Claim Information and that the Agent has all necessary protections in place to safeguard and limit the use and disclosure of protected health information (“PHI”) that the Agent may receive from UHC.

Furthermore, Agent agrees that it will only use Claim Information for the purposes specified in Texas Insurance Code Chapter 1215.

Plan Sponsor acknowledges that UHC is providing the Claim Information, including PHI, in accordance with Texas Insurance Code Chapter 1215. Plan Sponsor is requesting that UHC provide the Claim Information to Agent and, therefore, will not hold UHC liable for any damages resulting from the release of Claim Information, whether to Agent or to Plan Sponsor.

Plan Sponsor agrees to indemnify and hold UHC harmless against any loss, damage, or expense, including reasonable attorneys' fees that UHC may incur or be required to pay as a result of any claim, demand, cause of action, lawsuit or proceeding arising out of or in any way connected with the release of Claim Information by UHC under the terms of this letter. Furthermore, the Plan Sponsor agrees to indemnify and hold UHC harmless against any penalty which is or may be imposed upon UHC by any law or regulation in connection with providing Claim Information under the terms of this letter, unless it is determined that the liability therefore was the direct consequence of the dishonest, fraudulent or criminal acts of UHC.

Plan Sponsor

Name:

Title:

Signature: _____

Date: _____

Agent

Name:

Title:

Signature: _____

Date: _____