

IMPORTANT: EMPLOYEE/MEMBER CONSENT

On my behalf and on behalf of my spouse and/or dependent(s), I hereby authorized any physician, hospital, provider, insurer, ConnectiCare, Inc., (CCI) or a CCI affiliated, or other organization or person having records, data or information concerning health history or medical insurance for me or my family member(s), including but not limited to information concerning mental health, alcohol/substance abuse or HIV or AIDS-related conditions, to transfer to any person or company such records, data or information as may be required for the purpose of providing treatment, paying claims, and performing other operations to administer my Benefit Plan. I understand that CCI's privacy notice contains a more complete description of the purposes for which information about me and my dependent(s) may be used or disclosed and that I have a right to review the privacy notice prior to signing this consent. I understand that CCI may change such notice at any time but will provide me a copy of any amended notice. I understand that I have a right to request restrictions on how information about me and my dependent(s) may be used or disclosed to carry out the plan administration purposes and that CCI is not required to agree to the requested restrictions. I understand that this authorization is valid for the term of my and my dependents' coverage under the Plan. I understand that I can revoke this authorization (but will be terminated from the Plan) at any time by giving written notice to CCI as long as CCI or others have not taken action relying on this authorization. I understand that the pink copy attached is my copy of this authorization. I authorize payroll deduction, if any, for the coverage I have elected.

INSTRUCTIONS: DID YOU REMEMBER TO ...

- Print clearly, complete all sections and sign at the bottom of page 1?**
- Select your primary care physician and include the 8-digit Provider ID number?**
(Can be found in Provider Directory or on Web site)
- Attach a copy of your Medicare Card if you are Medicare-eligible?**