

# University of Kentucky Medical Benefits Plan Notice of Privacy Practices

## Protecting Member's Personal and Health Information

The University of Kentucky Medical Benefits Plan (the Plan) understands the importance of keeping your personal and health information private. Personal health information (PHI) includes medical information; individually identifiable information, such as your name, address, telephone number or social security number; and monetary information related to medical services. The University of Kentucky Medical Benefits Plan is required by applicable federal and state laws to maintain the privacy of your personal and health information.

Our policy is to:

- protect your privacy by limiting who may see your PHI;
- limit how the Plan may use or disclose your PHI;
- inform you of our legal duties with respect to your PHI;
- explain our privacy policies; and
- strictly adhere to the policies currently in effect.

You have received this notice because you are covered by, or considering coverage with, the University of Kentucky Medical Benefits Plan. This notice documents the University of Kentucky Medical Benefits Plan's privacy practices, our legal duties, and your rights concerning your personal and health information. Federal law requires the University of Kentucky Medical Benefits Plan to follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 07/1/2019 and will remain in effect until it is replaced and you are provided notice of such changes.

The law also requires the University of Kentucky Medical Benefits Plan to provide you with this notice. The Plan reserves the right to change our privacy practices and the terms of this notice at any time, as allowed by applicable law, rules and regulations. The Plan reserves the right to make the changes in our privacy practices and the new terms of our notice effective for all personal and health information that the Plan maintains, including information that is created or received before the changes were made. When a significant change is made in our privacy practices, this notice will be changed and sent to our medical plan subscribers. For more information about our privacy practices, or for additional copies of this notice, please contact us at the number listed at the end of this notice.

## The University of Kentucky Medical Benefits Plan's Uses and Disclosures of Plan Member's Personal and Health Information

As a subscriber to the University of Kentucky Medical Benefits Plan, the Plan may use and disclose your personal and health information, without your consent/authorization, in the following ways:

**Treatment:** Your personal and health information may be disclosed to a doctor, a hospital or other entity which asks for it in order for you to receive medical treatment.

**Payment:** Your personal and health information may be used or disclosed to fund and pay claims for covered services provided to you by doctors, hospitals or other entities.

**Health Care Operations:** Your personal and health information may be used or disclosed to conduct the following activities:

- To determine premiums for the health plan.
- To conduct quality improvements, including outcome evaluation and development of clinical guidelines, population-based activities, care coordination, case management, or utilization management activities.
- To review the competence or qualifications of health care professionals, conducting training programs of non-healthcare professionals, accreditation, and certification, licensing or credentialing activities.
- For premium rating, ceding, securing or placing a contract for reinsurance of risk relating to claims for

- health care (including stop-loss insurance).
- To conduct or arrange for medical review, legal services and audit functions, including fraud and abuse detection, and compliance programs.
- For business planning, such as monitoring potential transplants and costs related, conducting high-cost and detailed claims analysis, cost-management and planning-related analysis, including formulary development and administration, or improvement of methods of payment or coverage policies.
- For business management activities, such as: customer service; resolution of internal grievances including eligibility and claims appeals; submission and collection of enrollment information and premiums (including COBRA) for medical, dental, vision, and the flexible spending account; and due diligence in connection with the sale or transfer of assets to a potential successor in interest, and for creating de-identified health information for fundraising and marketing for which an individual authorization is not required.

**Plan Sponsors:** Your personal and health information may be disclosed to the plan sponsor for plan administration activities. Please see your plan documents for a full explanation of the limited uses and disclosures that the plan sponsor may make of your personal and health information in providing plan administration functions for your group health plan.

**Underwriting:** Your personal and health information may be used for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. This personal and health information will not be used or further disclosed for any other purpose, except as required by law, unless you become a Plan member. At that time, the use and disclosure of your personal and health information will only be as described in this notice.

**Health & Wellness Information:** Your personal and health information may be used to contact you with information about health-related benefits and services, appointment reminders, or about treatment alternatives that may be of interest to you. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt-out of receiving further information by notifying us using the contact information listed at the end of this notice.

**Employee Relations:** Your personal and health information may be disclosed to the University of Kentucky's Employee Assistance Program (EAP), REFER.

**Work + Life Connections:** Services are confidential unless there is a threat to public health and safety (as described under this section of the document). Written authorization from the employee is required should the need arise to share information, as stated under "Authorizing Use and Disclosure of the University of Kentucky Medical Benefits Plan Member's Personal and Health Information."

**Family and Friends:** If you are unavailable to communicate, such as in a medical emergency or disaster relief, your personal and health information may be disclosed to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care.

**Research:** Your personal and health information may be used or disclosed for research purposes in limited circumstances.

**Death:** The personal and health information of a deceased person may be disclosed to a coroner, medical examiner or funeral director.

**Organ Donation:** Information may be used or shared for procurement, banking, or transplantation of organs, eyes, or tissue.

**Public Health and Safety:** Your personal and health information may be disclosed, to the extent necessary, to avert a serious and imminent threat to your health or safety or the health or safety of others. Your personal and health information may be disclosed to appropriate authorities if the Plan reasonably believes that you are a possible victim of abuse, neglect, domestic violence or other crimes.

**Required by Law:** Your personal and health information must be used or disclosed when required to do so by law. For example, your personal and health information must be disclosed to the U.S. Department of Health and Human Services upon request for purposes of determining whether the Plan is in compliance with federal privacy laws.

**Process and Proceedings:** Your personal and health information may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process.

**Law Enforcement:** Limited information may be disclosed to law enforcement officials concerning the personal and health information of a suspect, fugitive, material witness, crime victim or missing person. The personal and health information of an inmate or other person in lawful custody may be disclosed to a law enforcement official or correctional institution.

**Military and National Security:** The personal and health information of Armed Forces personnel, under certain circumstances, may be disclosed to military authorities. Personal and health information required for lawful intelligence, counterintelligence, and other national security activities may be disclosed to authorized federal officials.

### **Authorizing Use and Disclosure of the University of Kentucky Medical Benefits Plan Member's Personal and Health Information**

Written authorization will be requested from you whenever there is a need to use your personal and health information or to disclose it to anyone for any purpose or situation not included in this document. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. The Plan will not use or disclose your personal and health information for any reason except those described in this notice without your written authorization.

### **Individual Rights for All the University of Kentucky Medical Benefits Plan Members**

As a subscriber to the University of Kentucky Medical Benefits Plan, the following are your rights concerning your personal and health information:

**Access:** You have the right to review or obtain copies of your personal and health information, with certain exceptions. You may request copies in a format other than photocopies. You may submit this request in writing by obtaining a form from the third party administrator (TPA) using the contact information listed at the end of this notice. If you request copies, you may be charged a fee for each page, per hour for staff time to locate and copy your personal and health information, and postage.

**Disclosure Accounting:** You have the right to receive a list of instances in which the Plan or our subcontractors disclosed your personal and health information for purposes other than treatment, payment, health care operations and certain other activities. Effective 04/14/2003, the University of Kentucky Medical Benefits Plan began maintaining these types of disclosures for up to six (6) years. If you request this list more than once in a 12-month period, the Plan may charge you a reasonable, cost-based fee for responding to these additional requests. You may submit this request in writing by obtaining a form from the University of Kentucky Medical Benefits Plan using the contact information listed at the end of this notice.

**Restriction Requests:** You have the right to request additional restrictions be placed on our use or disclosure of your personal and health information. The Plan is not required to agree to these additional restrictions, but if agreed upon, the Plan will abide by our agreement (except in a need for your emergency treatment). You also have the right to agree to or terminate a previous submitted restriction. You may submit this request in writing by obtaining a form from the University of Kentucky Medical Benefits Plan using the contact information listed at the end of this notice.

**Alternate Communication:** You have the right to request that the Plan communicate with you in confidence about your personal and health information by alternative means or to an alternative location to avoid a life-threatening

situation. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence. The Plan will accommodate your request if it is reasonable and the request specifies the alternative means or location.

The Plan will continue to collect premiums and pay claims under your health plan. If such a request is urgent, the Plan will attempt to accommodate your request for alternative communications received verbally with the understanding that your request be followed in writing at a later date. Routine requests may be submitted in writing by obtaining a form from the University of Kentucky Medical Benefits Plan using the contact information listed at the end of this notice.

**Amendment:** You have the right to request that your personal and health information be amended. Your request must be in writing, and it must explain why the information should be amended. The Plan may deny your request if the Plan did not create the information you want amended, if the Plan does not maintain the information, or the information is accurate and complete. If your request is denied, the Plan will provide you a written explanation of the denial. If your request is accepted to amend the information, the Plan will make reasonable efforts to inform others of the amendment and to include the changes in any future disclosures of that information. You may submit this request in writing by obtaining a form from the University of Kentucky Medical Benefits Plan using the contact information listed at the end of this notice.

**Electronic Notice:** You have the right to receive this notice in written form upon request. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

## **Complaints**

If you are concerned that your privacy rights may have been violated or you disagree with a decision that is made about access to your personal and health information, you may file a complaint with us using the contact information listed at the end of this notice.

You also may submit a written complaint to the U.S. Department of Health and Human Services. The Plan will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

The Plan supports your right to protect the privacy of your personal and health information. The University will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

## **Contact the University of Kentucky Medical Benefits Plan Privacy Office**

If you would like to request a member's rights form, place an urgent request for alternate communications, or file a complaint regarding your privacy rights, you may telephone us at 1-859-257-9519, press "3" at the automated attendant. You will be asked to provide information including your member identification number located on your ID card and other elements to authenticate your identity. This information is necessary to process your request. If you want more information regarding our privacy practices, have questions or concerns regarding your privacy rights, or would like to request a member's rights form, you may contact us as follows:

- Email us at: [Benefits@email.uky.edu](mailto:Benefits@email.uky.edu)
- Mail us at: University of Kentucky Medical Benefits Plan, 115 Scovell Hall, Lexington, KY 40506-0064
- For general questions, you can telephone us at 859-257-9519, press "3" at the automated attendant, during normal business hours. After hours you may leave a message.

## **Third Party Administrators**

### Health Plans

Anthem Blue Cross and Blue Shield: 1-855-634-3383 (toll-free)

- UK HMO
- UK RHP
- UK PPO
- UK EPO
- UK Indemnity
- UK Saver High Deductible Health Plan

UnitedHealthcare: 1-844-488-3956 (toll-free)

- Medicare Advantage

### Pharmacy

Express Scripts: 1-877-242-1864 (toll-free)

### Dental

UK Dental: 859-323-8566

Delta Dental: 1-800-955-2030 (toll-free)

### Health Savings Accounts

Health Equity: 1-866-346-5800 (toll-free)

### Flexible Spending Accounts

ASI Flex: 1-800-659-3035 (toll-free)

Be sure to include your name, member identification number, and a daytime phone number where you can be reached.

It has always been the University of Kentucky Medical Benefits Plan's goal to ensure the protection and integrity of our members' personal and health information.

## Non-Discrimination Requirements of UK Health Plan

Discrimination is against the law and the University of Kentucky complies with applicable Federal civil rights laws and does not discriminate in its provision of services or benefits on the basis of race, color, national origin, age, disability, or sex. University of Kentucky does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

To ensure effective communication, free aids and services will be provided to people with disabilities such as a qualified sign language interpreter or written information in other formats (large print, audio, accessible electronic formats, other formats). Also, free language services will be provided to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, please contact Martha Alexander, Executive Director for Institutional Equity and Equal Opportunity.

If you believe the University of Kentucky has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Martha Alexander, 013 Main Building, Lexington, KY 40506-0032, Phone: 859-257-8927, Fax: 859-323-3739, Email: [Martha.Alexander@uky.edu](mailto:Martha.Alexander@uky.edu).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Martha Alexander is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW  
Room 509F, HHH Building Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

Please contact a benefits representative at 859-257-9519, and press option 3 if you have any questions.

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b> Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	<b>FLORIDA – Medicaid</b> Website: <a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b> The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	<b>GEORGIA – Medicaid</b> Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
<b>ARKANSAS – Medicaid</b> Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	<b>INDIANA – Medicaid</b> Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Phone: 1-800-257-8563

<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: <a href="https://dhcftp.nv.gov">https://dhcftp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cf">http://www.coverva.org/programs_premium_assistance.cf</a> m Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cf">http://www.coverva.org/programs_premium_assistance.cf</a> m CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.