Important request to all participants in the _____ group employee medical benefits plan

Until recently the Centers for Medicare and Medicaid Services (CMS) received information on your other health care coverage through a Data Match program or Voluntary Data Sharing Agreement that allowed insurers, third-party administrators and plan administrators to provide eligibility data to them. Beginning January 1, 2009, the Federal Government has made this program mandatory.

Coordination of an employer group health plan with Medicare depends upon a number of factors, and Medicare takes into consider individuals who are still actively at work. This exchange will reduce coordination of benefit errors and provide a more comprehensive, efficient and timely process to pay your claims.

What that means is that by _____ (no later than **February 26, 2009**), we must have your eligibility data, including Social Security numbers (SSNs) on you and your dependents to CMS.

Please fill out the form below and return it to:

Please be assured that this data exchange will be done with every possible security protection in place. In compliance with the Health Insurance Portability and Accountability Act (HIPAA), we will not discuss any aspect of your personal health information (PHI) with anyone other than you or authorized designees.

The collection and use of SSNs is limited by Federal and state law and regulations. When an SSN is used for personal health information, HIPAA privacy rules dictate who can collect the information, how it will be used and with whom it will be shared. These rules are strict and protective of personal health information. Within these rules, collection of SSNs for coordinating benefits with Medicare is considered a required, legitimate and necessary use of the SSN under Federal law.

Additionally, some state laws restrict when SSNs can be used although they do not preempt the Federal laws or HIPAA privacy rules.

If you have questions or concerns, please contact _____ at _____**or**

by email at _____

Thank you for your prompt attention to this request.

Name (List you and your covered dependents)	**Relationship (Self/Spouse/Child)**	**Social Security Number**