

(800) 635-3089 • Fax: (406) 449-7440 • www.mmiaEB.net

Good Afternoon,

Attached is the Health Questionnaire that is needed in order to provide accurate rates to your group.

First, the information requested is fully compliant with the requirements under the Health Insurance Portability and Accountability Act (HIPAA) which ensures confidentiality of personal health information. At no time can this information be shared with the City or Town. We tell you this to allay any fears that your employees may have in completing the form.

Second, this form must be filled out in its entirety. This includes height, weight, names of drugs, surgeries, etc. Without those details we are not able to provide accurate rates and will have to assume the lack of information indicates higher risk.

- 1. Make a copy of the questionnaire for each employee.
- 2. Provide each employee with the questionnaire and a non-windowed envelope. You can write their names on the outside in order to keep track of who turns in their information.
- 3. Give a reasonable timeframe to get that information back. We would recommend handing it out on Monday and having it due on that Friday. Medical records are not needed.
- 4. Each employee completes their questionnaire and signs it. Their covered spouse or dependents over 18 must also sign it. (If there is an issue getting the signature of an out-of-town student, for instance, just indicate the reason.)
- 5. They fold it in thirds, place it in the envelope, seal it and then turn it in to you.
- 6. You collect all envelopes and enclose them in a larger manila envelope.

Feel free to copy these instructions to hand out with the health questionnaire. This process ensures compliance with HIPAA and protects your liability along the way.

If you have any questions concerning the questionnaire or the underwriting process please contact us at 1-800-635- 3089.

Thank you,

MMIA Employee Benefits