



To: Plan Sponsor, _____ (Employer Name Required)

From: Allegiance Benefit Plan Management, Inc.

Date: _____

Re: Website Password Agreement

Allegiance Benefit Plan Management, Inc. (“Allegiance”) provides a website to its customers for access to plan information which includes Protected Health Information (PHI) as that term is defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Access to PHI via the website is limited to the person to whom the PHI belongs by use of a unique personal password mailed to that person’s know address.

Plan Sponsor has requested Allegiance issue passwords to persons requesting them via the Allegiance website. Plan Sponsor and Allegiance agree to the following:

The person requesting a password will certify their identity by using unique identifiers.

Allegiance will use all reasonable safeguards within its current capacity to protect the security of the password. It is understood and agreed by Plan Sponsor that Allegiance will not be responsible or liable as the Business Associate of Plan Sponsor for any fraud or identity misrepresentation which causes a password to be issued to the incorrect person.

By: _____

Printed Name: _____

Title _____