

Business Associates Agreement

I am an officer or authorized person of _____

and authorize _____

to access _____

information related to the enrollment and disenrollment, or summary health information (non-identifying information) as it relates to the insurance coverage underwritten by Avesis a Guardian Company. To effectively manage access we require your company to inform us as soon as possible should there be a change of broker or other reason to modify account access.

Group Name _____ Broker Name _____

Signature _____ Signature _____

