

Client Contact Change Form

The Contact Change Form documents the designation and/or removal of authorized representatives for a Aptia client and must be signed by either an individual at the client who holds a Primary or Contact Changes Owner access type or a representative from the client's consulting firm. This form authorizes the release of Protected Health Information (PHI) to the HIPAA contact designated accordingly below. Please return the completed form for processing.

* = Required fields. These fields must be completed to avoid potential delays in processing.

Step 1: Client Information

*Aptia Client Name

*Tax ID Number or Client GPID

Step 2: Remove Contact

Note: You may skip to Step 3 if you are not removing a contact from your account.

I want to remove a contact from my account.

Please provide the contact information for the contact you would like to remove and indicate a replacement contact in the add/update section (if applicable). Then proceed to the Authorization. **Note:** If a replacement is not illustrated, Aptia will default the role to existing Primary Contact.

*Name (First and Last)

*Email Address

Step 3: Add/Update Contact

I want to add or update an existing contact.

Please provide the contact information for the contact you would like to add or update. If you have more than one contact to provide, you can provide a separate contact list. In this case, please ensure the contact list includes names, email addresses, titles and phone numbers.

*Name (First and Last)

*Title

*Email Address

*Phone Number

Client Contact Change Form, continued

Step 4: Contact Access Type

What roles should the added/updated contact have upon completion?

Check all that apply. If no boxes are checked, the contact will be defaulted to a General Authorized Contact. Where the access type may not include viewing or discussing PHI, an additional check box is listed to designate the contact as a HIPAA contact.

General roles General Authorized Contact – Aptia is approved to answer questions from this role. File Contact – Manages file processing and correcting file discrepancies/errors. If a file vendor is utilized, indicate that contact here and include any parties that would need visibility to the errors in general.		Contact Change Owner – Contact who has the ability to add, remove and/or edit company contacts.
COBRA COBRA Primary Contact – Day to day administration contact, including all aspects related to COBRA or Special Plan Members/Direct Billing products. Includes the ability to add, remove and/or edit company contacts. COBRA Renewal Contact – Contact responsible for employer’s COBRA or Special Plan Members/Direct Bill plan renewal completion.		COBRA Plan Administration Access – Contact who is able to update participant information, review reporting and upload and review files (if applicable). COBRA Remit ACH Contact – Contact who receives notification of the monthly deposit of COBRA and/or Direct Bill premiums and if applicable notice of any deductions due to adjustments and/or the use of employer subsidies. Responsible for reconciling funds received from Aptia with invoices received from carriers.
Benefits Benefits Primary Contact – Day-to-day administration contact, including all aspects related to your plan(s). Includes the ability to add, remove and/or edit company contacts. Benefits Renewal Contact – Contact responsible for employer’s benefits plan renewal completion. Non-Discrimination Testing Contact – Contact who has access to complete Non-Discrimination Testing.		Benefits Plan Administration Access – Contact who is able to update participant information, review reporting and upload and review files (if applicable). Bank Reconciliation Contact – Contact responsible for ensuring successful bank debits and credits. Also responsible for reconciling client bank account with Aptia reporting. Contact receives information for both benefits and/or COBRA transactions, not including administrative fee invoices. HIPAA Contact Yes No If neither is designated, no PHI access will be defaulted

Step 5: Authorization

This change is accepted and agreed to by the parties as of the date indicated below. The client named above warrants that, to the extent required by law, it has obtained or will obtain, pursuant to 45 CFR § 164.508 of HIPAA, proper, written authorization from all individuals authorizing the disclosure of Plan Data by Aptia to the contact named above. The signing party agrees that typed signatures have the same legal effect as wet signatures and that its typed signature is the legal equivalent of its wet signature on this agreement. By signing below, the client acknowledges that it has read, understands and agrees to all of the terms and conditions herein contained.

*Primary Contact, Contact Changes Owner and/ or Consultant Authorized Representative Name and Title (please print)

*Authorized Representative Signature

*Date