



Dear Agents,

Capital Health Plan is excited to inform you about a resource now available to you, our agent partners, through *CHPConnect*.

With *CHPConnect* for Brokers, you now have the ability to download your client annual renewals, submit new group proposal requests, download CHP forms and documents, view member eligibility, client premium billing statements, submit secure online transactions and much more!

To register:

1. Access our website: www.capitalhealth.com
2. Click “**Agents**”
3. Click “**Agent Tools**”
4. Click “**CHPConnect**”
5. Click the “**Broker**” link found under *New Users*
6. Follow registration prompts
7. Sign & return this CHP User Agreement agent@chp.org

Please contact our office at (850) 523-7333 if you need any assistance registering for *CHPConnect*.

Please note, it is necessary for you to register for *CHPConnect* in order to receive your client renewals and commission statements.

Thank you for your continuous support of Capital Health plan. We look forward to seeing you on *CHPConnect*!

Sincerely,

Stacey Hammond
Account Executive
Capital Health Plan, Sales
(850) 523-7477

CHPConnect

Broker/ Agent and Agency Agreement

Read these terms carefully. Use of the Site is subject to the terms and conditions set forth herein including certain restrictions on the use of the Service provided through the Site. If you do not agree to these terms and conditions, you may not access or otherwise use the Service and the Site. You will not be allowed access to the Site until Capital Health Plan receives this document. To agree to these terms and conditions, please print them out, sign the acknowledgement on the last page, insert the date and return it to:

**Capital Health Plan
CHPConnect Administrator
PO Box 15349
Tallahassee, Florida 32317**

1. **Introduction.** The Capital Health Plan/HealthTrio Internet website (the “Site”) provides the means for electronic transmission and retrieval of information (the “Service”) between you (“User”), as a Broker/Agent facilitating healthcare services to eligible Employer Groups or as an authorized representative of an already participating Employer Group, and CHP (“Capital Health Plan”). As part of the Service, User will have the ability to transmit messages, files, data regarding User, data regarding employer group contracts and/or members enrolled with CHP and other information or to engage in any other form of communication with Capital Health Plan through the Site. User will also have the means to retrieve certain information from certain CHP databases, including but not limited to information necessary to reconcile your monthly commission statement, group renewal rates, new group rate quotes, quarterly table rates, employer group census, etc. The owner of the Site, HealthTrio, Inc. (“HealthTrio”), has established information and uses collection policies that are set forth in the Privacy Policy shown on the Site. Any third party content or information available on or through the Site is provided “as is” and its use is at User’s sole risk.

2. **User’s Obligations.** User agrees as follows:

- (i) User agrees that he/she is an authorized representative of the Employer Group and/or Broker/ Agency User is applying for CHPConnect access and takes full responsibility for the terms & conditions of this Agreement.
- (ii) User will not disclose his/her password that allows access to the Site and the System to any third party, co-worker, employer or otherwise. User, and any Employer Group and/or Agency for whom User is an authorized representative, will be responsible for all activity or transactions through the Site that are attributable to User’s password.
- (iii) User will ensure that any data, text or information that User provides, accesses, or retrieves from Capital Health Plan databases will be used solely in furtherance of the relationship that User and/or the Employer Group and/or Agency for whom User is an authorized representative has with Capital Health Plan.
- (iv) User will use best efforts to ensure that any data, text or information, including without limitation, enrollment, payment, billing records, rates, or any Protected Health Information that User provides to, accesses or retrieves from CHP databases will be maintained in confidence and not disclosed to any other party.
- (v) User will adhere to the rules set forth in the Capital Health Plan Underwriters Guidelines, Employer Group Contract consisting of, but not limited to, the Master Policy, the Member Handbook, the Group Application, the Individual Application for Group Insurance/ Membership, and any attachments, amendments or endorsements to the Member Handbook or the Master Policy.
- (vi) User agrees to submit accurate and complete enrollment, employer group contract renewal, new group rate requests, alternate rate requests, etc. on a timely basis through the Site. User is responsible for collecting and maintaining original forms and documents, including but not limited to, the CHP Employer Applications, new group rate request, medical questionnaires, enrollment applications, change forms, and supporting Member eligibility documentation, etc. and agrees to make any of the above records relevant to eligibility or coverage status of any individual or employer group available to CHP for inspection and copying upon reasonable notice.
- (vii) For Broker FTA logins, a login accessing commission schedules, the User agrees to view and/or submit information only pertaining to the reconciliation of the Broker/Agency commissions, commission statements, or any other requisite necessary for the purpose to conduct business on behalf of the Broker/Agency in respect to the payment or transference of commission payments.
- (viii) User acknowledges that all right, title and interest in and to the Protected Health Information, the Service, the Site, and the URL associated therewith, including all present and future rights in and to

CHPConnect

Broker/ Agent and Agency Agreement

intellectual property and other proprietary rights of any type are and will continue to be the sole and exclusive property of HealthTrio or Capital Health Plan.

3. Termination. Capital Health Plan may immediately terminate this Agreement and the rights granted to User hereunder, with or without cause, at any time, without notice, and without penalty.

4. General Provisions. Any terms used in this Agreement, and not otherwise defined, will have the meaning used in the Capital Health Plan Notice of Confidentiality pursuant to which User has been given access to the Protected Health Information. This Agreement will not be assigned or otherwise transferred by User without Capital Health Plan's prior written consent. This Agreement contains the entire Agreement between the parties hereto with respect to the matters contained herein and supersedes all prior understandings, whether written or oral, if any, with respect thereto. If any term or provision of this Agreement will be invalid, illegal or unenforceable, the remainder of his Agreement will not be affected thereby. This Agreement may not be modified, terminated or amended nor any of its provisions waived except by a written instrument signed by the party to be charged. Sections 2, 3 and this Section 4 will survive any termination of this Agreement.

This Agreement shall be governed by and interpreted in accordance with Florida State laws.

I hereby acknowledge I have read the above terms and conditions and agree to be bound thereby as a condition of my access to and use of the Service and the Site.

Print User Name

(____)_____
Contact Phone

Agency Name: _____

Agency FEIN(s): _____

_____/_____
User Signature Date

Check (✓) the User Profile Required for this User

Broker Admin

Functions: Add Site Users; Access Group Renewals, Reports; Submit New Group Quote Request; Submit Group Renewal Contract; Access Quarter Rates; View Member Eligibility and Demographics; View Employer Monthly Billing Statement, etc.

Yes, I will need access to this Role. Below is a list of the appointed agent(s) with Capital Health Plan that I have permission by my employer to access.

- | | |
|-----------|-----------|
| 1). _____ | 5). _____ |
| 2). _____ | 6). _____ |
| 3). _____ | 7). _____ |
| 4). _____ | 8). _____ |

NOTE: While the User may also be the appointed Agent with Capital Health Plan, one User cannot give access to another User. Each User must read and sign their own individual User Agreement.

Broker FTA

Functions: View Commissions and Commission Statements

Yes, I will need access to the Broker FTA. I have permission from my employer for this Role and understand that I will only have access to commission statements assigned to the Agency with the name and address listed on this Agreement.

NOTE: You must register online prior to completing & submitting this Agreement. Agreements will be discarded after 30 days if the User has not registered online via www.capitalhealth.com. Incomplete Agreements will not be accepted. If you do not receive confirmation of your registration within 30 days of this Agreement, please contact the Capital Health Plan, Sales Department at 850-523-7333. Thank you.

Capital Health Plan is not responsible for unauthorized Users or User Access. By registering for CHPConnect you affirm entitlement to CHPConnect access and hold Capital Health Plan harmless of any errors or omissions made by you or on your behalf.

This is a reminder that you will be assigned the Administrative role in CHPConnect.

As the Account Administrator, you will have the responsibility of ensuring that your office staff understands the importance of maintaining the highest level of confidentiality and privacy. This includes accessing CHPConnect in a secure environment and handling the website information in the same confidential manner as a client's account record.

Each user should understand that passwords should never be shared and they should only access CHPConnect using their individually assigned log-in.

You also have authorization to revoke a user's access. **We require that access to CHPConnect be immediately revoked when an employee leaves your employment.** Untimely access deactivation and/or password sharing creates a breach of confidential information. In order to keep your liability risk and ours at minimum it is essential that you monitor the users and access.

Always Remember:

- 1. Each individual must have their own log-in.**
- 2. Passwords should never be shared.**
- 3. Users no longer in your employment should not have access.**
- 4. Any breach of confidentiality should be reported to Capital Health Plan immediately.**

If you have any questions or would like to discuss this further, please contact me at 850-523-7477 or by email, s Hammond2@chp.org.

Thank you,

Stacey Hammond

Capital Health Plan, Account Executive