

## Summary of Benefits and Coverage (SBC) Acceptance of SIHO Services Form

The Summary of Benefits and Coverage (SBC) requirement, established as part of the Patient Protection and Affordable Care Act (PPACA), is set to take effect on September 23, 2012. The purpose of the SBC and the Uniform Glossary of Terms is to provide a clear, consistent and comparable summary to consumers about their health plan benefits and coverage. SBCs will provide a comparison method between plans to allow individuals to select the coverage that meets their current needs. The Uniform Glossary of Terms was also created to define key insurance terms in order to help individuals gain a greater level of knowledge about their coverage options.

Please check below which services you would like for SIHO Insurance Services to help with in ensuring that all necessary recipients receive the SBC(s):

\_\_\_\_ We would like SIHO to prepare a PDF of all our plans and we will distribute them ourselves. Distribution methods include mailing, e-mail (must follow safe harbor requirements), posting to a common area, in-hand delivery, or posting to an Internet/Intranet site. SIHO will prepare the PDF free of charge.

\_\_\_\_ We would like SIHO to prepare a PDF of all our plans and mail to all necessary recipients. We will provide SIHO with the names and mailing addresses of all people that should receive SBCs outside of the people currently on the plan. SIHO will charge for this option to cover all fees associated with the printing, preparation and mailing.

\_\_\_\_ We would like SIHO to prepare a PDF of all our plans and print and stuff the packets, but we will mail or distribute the SBC(s) ourselves.

\_\_\_\_ We decline all services related to the SBC with SIHO. We will make sure that the SBC is prepared and distributed to all necessary recipients.

I understand our role, as the employer, and SIHO's role in the selection of services above. I authorize SIHO to charge for the selection made above and the associated fee below.

TOTAL FEE PER DISTRIBUTION/MAILING: \$\_\_\_\_\_

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Authorized Person Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Person Signature