



Participation Agreement

I understand and agree to the following requirements for membership under Federal-HIPUtah, a program operated by the Utah Insurance Department and the Utah Comprehensive Health Insurance Pool (HIPUtah):

1. I understand and agree to the benefits and the managed care delivery system explained to me by the HIPUtah Representative.
2. I understand and agree that it is in my best interest to select a participating provider to help coordinate my care.
3. I understand and agree to follow the Care Management Program administered by SelectHealth. This plan is designed to help ensure the services I receive are medically necessary, appropriate and consistent with current medical practice. The Plan has three methods of reviewing the healthcare I receive: Prenotification; Precertification Requirements; and Case Management. I understand it is my responsibility to acquire prenotification or precertification before receiving certain services as outlined in my Federal-HIPUtah Enrollee Agreement. I also agree that the HIPUtah Administrator, SelectHealth, is not liable for the acts or omissions of any provider providing care to Federal-HIPUtah Enrollees, including participating providers.
4. I understand that use of an emergency room is for life-threatening emergencies only and that SelectHealth reserves the right to review all emergency claims to determine whether such claims satisfy the requirement for Emergency Services/Emergency Care as defined in the Federal-HIPUtah Enrollee Agreement.
5. Pursuant to the Authorization for Use and Disclosure of Protected Health Information ("PHI"), I authorize any source, including but not limited to health-care providers, insurers, risk pools of other states, and current and former employers, to release to the HIPUtah Administrator, SelectHealth, any requested information, including but not limited to medical insurance, medical records, risk pool coverage, and employment records. If I choose not to sign this authorization, SelectHealth, on behalf of Federal-HIPUtah, will be unable to enroll me in the Federal-HIPUtah health plan or to pay claims that were incurred while I had insurance coverage with Federal-HIPUtah.
6. I understand and agree that SelectHealth acts only as the HIPUtah Administrator and shall have no liability to make claims payments under Federal-HIPUtah except as funds are provided for that purpose by the Department of Health and Human Services.
7. I certify that I am not currently covered by any other health insurance or health coverage including but not limited to Medicaid. I agree to immediately inform the HIPUtah Administrator, SelectHealth, in writing should I become covered. I further certify that I will immediately notify the HIPUtah Administrator if my (or that of my family member) employment status changes during the course of my enrollment with Federal-HIPUtah.
8. Pursuant to the Health Insurance Portability and Accountability Act ("HIPAA"), I certify that I have received notice of Federal-HIPUtah's Privacy Practices.
9. It is my responsibility to review the Federal-HIPUtah Enrollee Agreement before seeking services. If there is a specific question on coverage, please contact the HIPUtah administrator, SelectHealth.

(See Reverse For Signatures)

ENROLLEE SIGNATURE**Enrollee Signature** _____ **Date** _____**Enrollee's Printed Name** _____ **Enrollee's ID Number** _____**RESPONSIBLE PARTY SIGNATURE (IF APPLICABLE)****Check One:**

- Parent
- Legal Guardian
- Spouse
- Responsible Party (Please Specify) _____

If the enrollee whose signature appears above lacks the legal capacity to contract due to age or disability, or if the enrollee for whom enrollment is sought is incapable of executing the Participation Agreement, the undersigned parent, legal guardian, spouse or other responsible party agrees he or she has read and understands the above requirements and provisions and will ensure compliance with them with regard to this enrollee.

Responsible Party Signature _____ **Date** _____**Enrollee on Whose Behalf Executing** _____**Enrollee's ID Number** _____