

ATTACHMENT 6

**EXEMPLAR PLAN SPONSOR CERTIFICATION
OF AMENDMENT TO PLAN DOCUMENTS**

{PLAN SPONSOR NAME}

{DATE}

{COMPANY NAME}

{COMPANY ADDRESS}

Re: Certification of Group Health Plan Document Amendment

Dear {COMPANY}:

{PLAN SPONSOR'S NAME} ("Plan Sponsor") is the sponsor of {GROUP HEALTH PLAN'S NAME} ("Group Health Plan"). Plan Sponsor performs plan administration functions for Group Health Plan and needs access to the Group Health Plan participants' protected health information to carry out those plan administration functions.

Plan Sponsor hereby certifies that the plan document of Group Health Plan has been amended effective {DATE} to comply with the requirements of 45 Code of Federal Regulations § 164.504(f)(2). The amendment provides the required assurance that Plan Sponsor will appropriately safeguard and limit the use and disclosure of the Group Health Plan participants' protected health information that Plan Sponsor may receive from Group Health Plan or you to perform the plan administration functions.

Accordingly, please provide Plan Sponsor the minimum necessary protected health information of Group Health Plan participants for Plan Sponsor to perform the following plan administration functions:

Sincerely,
{PLAN SPONSOR NAME}

By: _____

Its: _____