

Schedule C-2 (f.k.a. Exhibit 3)
to EXHIBIT C
HIPAA BUSINESS ASSOCIATE AGREEMENT ADDENDUM
DISCLOSURE OF PROTECTED HEALTH INFORMATION
FOR PLAN ADMINISTRATION

The Plan must promptly notify Business Associate in writing if any of the information contained in this Schedule C-2 changes.

PART 1

Name(s) and Title(s) of Employer representatives (i.e., employees of Employer) authorized by the Employer to request and receive Summary Health Information from Business Associate to perform Plan administrative functions:

<u>Mickey Hudson, Adm of Risk Mgmt- PAEC</u>	Doug Powell-Jackson Risk Manager
<u>Frances Rogers, Program Assistant, RM</u>	Beverly Jackson, Benefits Coordinator
<u>Veronica Smith, Program Assistant, RM</u>	Danielle Baker, Jackson Insurance Assistant
<u>Ellen Folsom, Finance Director</u>	Hunter Nolen, Superintendent of Schools
	Laura Kent, Deputy Superintendent

PART 2

Identify the name(s), title(s) and company name(s) of any individual(s) from other Business Associates of the Plan that Employer, on behalf of the Plan, hereby authorizes to request and receive Protected Health Information:

Company Name	Type of Service Performed (Example: stop-loss carrier, reinsurer, agent, broker)	Name of Individual Performing Service	Title of Individual Performing Service
Gallagher Benefit Services, Inc.	Agent//Reporting	Ann Edenfield	Area Vice President
Gallagher Benefit	Agent/Reporting	Jim Perry	Underwriting Consultant
Gallagher Benefit	Agent/Reporting	Tricia Tilley	Client Manager
Symetra	Reinsurance	Eric Hicks	Regional Group Mgr.

Employer acknowledges and agrees that, for purposes of these types of disclosures to third parties, Business Associate may require the Business Associate of the Plan to enter into a confidentiality and indemnification agreement with Business Associate in a form acceptable by Business Associate. Business Associate may require the Employer and/or the Plan to be a party to this agreement.

PART 3

The Employer, on behalf of the Plan, affirms that all authorization forms that may be required from the Plan's Members authorizing the use and/or release of protected or other confidential personal health information by Business Associate or its Designated Agent in order to perform its obligations under the Agreement have been obtained.

Employer Legal Name: Jackson County School Board Group number 78088

Signature Superintendent of Schools
Title

Hunter Nolen
Name (Printed) _____ Date _____