



Checklist and Instructions for Completing Harvard Pilgrim Health Care Broker Agreement and Business Associate Agreement

Broker Agreement, Page One

- Identify the name of the broker, or the contracting party entering into the Agreement with HPHC.
 - If you are an individual broker, **you** are the "Broker" under the Agreement.
 - If you are represent a brokerage **firm**, you should name the firm or company as the "Broker" and the Agreement should be signed by a representative with authority to bind your firm or company.
- Please utilize the date of which you are signing the Agreement.

Broker Agreement, Page Six

- Identify the name of your company. If you are an individual broker, your name may be the name of your company.
- A signature is required by a representative with the authority to bind your firm or company.
- Provide your demographic information and License Number.

Business Associate Agreement, Page One

- Identify the name of the broker, or the contracting party entering into the Agreement with HPHC.
 - If you are an individual broker, **you** are the "Broker" under the Agreement.
 - If you are represent a brokerage **firm**, you should name the firm or company as the "Broker" and the Agreement should be signed by a representative with authority to bind your firm or company.
- Please utilize the date of which you are signing the Agreement.

Business Associate Agreement, Page Two

- Identify the name of the Business Associate for your group.
 - If you are an individual broker, **you** will be the Associate unless you have delegated this responsibility to another.
 - If you represent a brokerage **firm**, identify the Associate in your firm responsible for privacy matters.

Business Associate Agreement, Page Fourteen

- Agreement should be signed by a representative with authority to bind your firm or company.
- Print the person's name below the signature, along with title and date.
- Please utilize the date of which you are signing the Agreement.