



Authorization for Release of Your Information

If you'd like to use Gravie's* products and services, we need your permission to use and share your Protected Health Information (PHI) as described below. If you have any questions about this authorization, please contact us at 1-800-501-2920 or help@gravie.com.

If you prefer, this form can be completed online by signing up or logging into your account at www.gravie.com.

By signing below, you acknowledge that you have read all parts of this authorization, understand them, and agree to them. If you don't want Gravie to use or share your information as described, don't sign below. In this case you won't be able to use Gravie's products and services. You could still enroll in coverage on your own through a state or federal health insurance exchange, directly through insurance company or through another health insurance broker.

Here's what you accept when you agree to this authorization:

To keep you informed about Gravie's products and services, you allow us to use the information you provide to contact you by phone, email, or other means. To do this, we may share this information with certain third parties, such as marketing communication vendors to facilitate our communications. If, after receiving communications from Gravie, you decide to use Gravie's products and services, Gravie may receive direct or indirect payment. Don't worry; we'll never sell your information for marketing purposes, and you will always have the right to opt-out of receiving communications from us.

In addition, you allow Gravie to use and share with its business partners the registration information you provide (such as your name and email address) as well as enrollment and payment information. This information will be used to coordinate payments, provide services, and enable administrative functions related to the products and services you choose (like health insurance, dental insurance, etc.). Business partners include:

- Your employer
- Financial companies and accounting vendors, as well as other vendors that provide technical services to or infrastructure for Gravie's financial systems
- Referral partners (like health insurance brokers)
- Vendors and service providers we work with to make products and services available (like dental insurance companies)

Gravie will never share information related to your healthcare treatment or claims unless you allow us to with a separate authorization.

By signing below, you understand that:

- You have a right to keep a copy of this notice after you sign it. If you'd like to receive a signed copy of the authorization, you may request one by contacting us at help@gravie.com or 1-800-501-2920.

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- Gravie will not share your information with anyone except those you allow us to share it with under this authorization or those subject to a federal privacy law called “HIPAA.” It’s possible, but unlikely, that those we share your information with might also share it.

Examples include:

- for judicial and administrative proceedings or as required by law
- for administrative functions
- because of a separate authorization

In these cases, your information won’t be protected by HIPAA (although it may be protected by other privacy laws). This authorization goes into effect on the date you sign the authorization. Unless the state you live in provides for a shorter timeframe, this authorization will remain in effect for the payment, provision of services, and administrative purposes outlined above as long as you continue to use Gravie’s products and services. You can choose to revoke the authorization sooner in writing. It will remain in effect for marketing purposes unless you revoke it in writing. You may send a revocation request by mail to the address below or by email to help@gravie.com.

Gravie
Attn: Member Services Department
10 NE 2nd Street, Suite 300
Minneapolis MN 55413

A revocation does not affect information that has already been released under this authorization. Please call us with any questions at 1-800-501-2920.

If you are the personal representative or parent of the person whose information will be released, please contact us directly at 1-800-501-2920 or at help@gravie.com so we can help facilitate this authorization. Additional documentation may be required in order to verify your relationship to the registrant.

*Gravie includes both Gravie, Inc., Gravie Agency LLC, and Gravie Administrative Services LLC, and is also referred to as “we,” “us,” or “our.”

Printed Name of Member _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

Signature of Member _____ Date _____