

Employer Authorization

Employer Name ("Employer"):	Group ID:	Employer Business Phone:
Third Party Entity Name ("Third Party"): Ease	Third Party Business Phone/ Email Address: 702-800-2690	Effective Date:

Employer has selected the Third Party identified above to provide services in connection with the insurance coverage with The Lincoln National Life Insurance Company ("Lincoln"). Third Party services provided to the Employer may include, but are not limited to, the following: benefit administration, electronic enrollment, billing, premium remittance, or additional support for the Employer's benefit plans. In order to facilitate these services, Employer, as Lincoln's customer and on behalf of the employees ("Insureds"), authorizes and directs Lincoln to:

Exchange Insureds' non-public personal information, protected health information, or other confidential information of the insured ("Insured Information"), with the Third Party through verbal, written or electronic means;

Accept premium payments and member adjustments from the Third Party on behalf of the Employer.

Employer is responsible for the services provided by the Third Party. Employer further agrees to be responsible for the accuracy of the information provided by the Third Party to Lincoln. Any technology payment made by Lincoln directly to the Third Party is done on behalf of the Employer to support the use of technology. Employer will hold Lincoln harmless in the event of any claims, liability, and damages arising from the services the Third Party provides to the Employer.

Employer has been provided a copy of Lincoln's Privacy Practices Notices. Employer will communicate this information to the parties responsible for assuring compliance with these policies by both Employer and the Third Party.

If Insured Information is exchanged pursuant to this authorization, Employer will take reasonable steps to ensure that the Third Party: (i) takes precautions to protect the confidentiality of the Insured Information, in accordance with all federal and state laws; (ii) preserves privacy of the Insured Information in the handling, transmission, storage, use, and eventual destruction of data; and (iii) cooperates with Lincoln to establish a secure methodology to transmit Insured Information.

Employer may revoke or amend this Employer Authorization ("Authorization") at any time by providing written notice of revocation to Lincoln, Attn: Case Management, 8801 Indian Hills Drive, Omaha, NE 68114, except to the extent that Lincoln has previously taken action in reliance on the Authorization. Employer is also responsible for providing Lincoln with written notice of termination of the Third Party relationship and understands that Lincoln may require periodic validation from the Employer confirming that this Authorization remains in effect. This Authorization shall expire 24 months from the effective date indicated above.

The undersigned, as an authorized representative and designated contact for the Employer with the authority to name additional designated parties, hereby agrees with and consents to the terms and conditions set forth in this Authorization:

Signed: _____

Employer's Representative Name: _____

Title: _____

Date: _____

LCN-1882056-082817