CHILD AND FAMILY CONNECTIONS
ACKNOWLEDGEMENT TO DECLINE EXEMPTION

This form is to acknowledge a parent who declines the exemption to use of private insurance plans that have an automatically withdrawing Tax Savings Accounts (Health Savings Account, Medical Savings Account, etc.) attached to the health insurance plan **OR** an Individually-Purchased/Non-Group plans.

Child Information:
Name:
Date of Birth:
EI Number:
CFC Number:

Plan Holder Information (family member who owns the plan):
Name:
Check One: ☐ Tax Savings Plan ☐ Individually-Purchased/Non-Group Plan
Tax Savings Plan Information (name of company):
Tax Savings Plan Group/ID Number:

By signing below, I acknowledge that I provided Early Intervention (EI) information about my automatically-withdrawing tax savings account **OR** my individually-purchased/non-group plan and that I understand EI has/will exempt the use of my private health insurance to ensure my tax savings account, OR my individually-purchased/non-group plan, is not utilized for payment of EI services. I DO NOT wish to receive this exemption.

I DO wish to have EI submit claims to my private health insurance and I understand that the claims may be paid out of my tax savings account at the rates according to my tax savings plan **OR** paid out of my individually-purchased/non-group plan. I acknowledge that EI services billed to my health insurance may use the balance of my tax savings account **OR** that my individually-purchased/non-group plan has options for additional costs to me or even canceling my plan if used.

I understand I may revoke this acknowledgement at any time and that any services billed to my tax savings account plan **OR** my individually-purchased/non-group plan prior to my revocation cannot be rescinded. I agree to inform my Service Coordinator of my intention to revoke my acknowledgement so that services may be properly billed to the appropriate source.

Plan Holder Signature: _____ Date: _____

Service Coordinator Signature: _____ Date: _____

IMPORTANT: This transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the Bureau of Early Intervention at 217/782-1981 to arrange the return or destruction of the information and all copies.