



# Miami Nation

P.O. Box 1326  
Miami, OK 74355  
Phone: 918.541.1300

## Consent and Release for Tribal Membership Documentation Health Limited HRA Plan Enrollment 2020-2021

Enrollment in the 2020-2021 Miami Nation Health Limited HRA Plan (the Plan) requires documentation to verify Miami Nation Tribal membership AND attainment of age 65, and/or permanent disability. By signing this form I, the undersigned, agree to the following:

I authorize the Miami Nation (the Nation) to grant Bay Bridge Administrators LLC access to documentation via the Nation's Membership/CDIB Department for the purpose of determining my eligibility to participate in the Plan. This information is limited to:

- full name
- mailing address, email address
- date of birth
- Tribal membership enrollment number
- copy of CDIB/Tribal Membership Card
- documentation of permanent disability, if applicable

I also understand and agree that:

- Bay Bridge Administrators LLC will have access to personal and sensitive information currently held by the Nation under its own laws and the policies and procedures of the Executive Branch.
- The information obtained by Bay Bridge Administrators LLC, through consultation with the Nation, will only be used to determine that I am a Tribal member of the Miami Nation who is eligible to receive benefits under the Plan.
- This Consent and Release is valid and in effect for the duration of my participation in the Plan.
- No additional personal information may be released to Bay Bridge Administrators LLC by the Nation without my express written consent.
- My signature on this form is required to received benefits under the Plan.

By signing this form, I am releasing the Nation and Bay Bridge Administrators LLC from any and all liability as a result of the disclosure of my personal information.

Print Name	Signature*	Date	Tribal Enrollment No.
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\*If you are completing the enrollment form on behalf of an individual who is permanently disabled or legally determined incompetent and unable to sign, please provide the following:

Print Name (Person Completing Form)	Signature	Date
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