



**CHEMUNG COUNTY  
POLICY & MANDATORY NOTICE ACKNOWLEDGMENT  
ALL EMPLOYEES ELIGIBLE FOR HEALTH INSURANCE**

I have been furnished with a copy of the following Chemung County Policies & Mandatory Notices:

- **Summary of Benefits and Coverage (SBC)**  
The SBCs were prepared by Excellus as required by the Affordable Care Act.
- **Glossary of Health Insurance and Medical Terms**  
The Glossary was created by Excellus to assist with many commonly used terms and definitions.
- **HIPAA – Chemung County Notice of Health Information Practices**  
By Signing, I acknowledge receipt of this notice.
- **Chemung County Subscriber Responsibility**  
By signing I acknowledge receipt, and have reviewed the Subscriber Responsibility rules. I also acknowledge that my subscriber responsibilities may change from time to time, and that I have an obligation to follow through with these responsibilities. I hereby certify that all information provided is accurate and complete. I understand my responsibilities to notify the Chemung County Insurance Department with any changes to my eligibility information. If at any time any of my dependents or I become ineligible for health insurance under this plan, it is understood that failure to report this information within 30 days can result in having to reimburse the County for any costs incurred including premiums for coverage or claims paid.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

PLEASE KEEP THE POLICIES AND NOTICES FOR YOUR RECORDS

RETURN ACKNOWLEDGMENT FORM TO:  
Chemung County Insurance Department  
PO Box 588  
Elmira, NY 14902-0588