



**BlueCross BlueShield  
of Nebraska**

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**Certification of Non-Applicability of the  
Health Insurance Portability and Accountability Act (HIPAA)**

Name of Applicant \_\_\_\_\_

Social Security Number of Applicant \_\_\_\_\_

I certify that employer contribution to the above applicant's health insurance policy does not violate the Health Insurance Portability and Accountability Act of 1996 (HIPAA) because:

**Check (✓)applicable box:**

- This is the only employee for whom I am contributing to insurance coverage.
- This policy is being purchased to cover a business owner only and is not part of an employee benefit plan.
- The premiums being debited from the business account are being totally reimbursed by means of payroll deduction.

I certify the truthfulness of the above statement. I understand that fines and penalties may be imposed upon an employer and an insurer for violation of HIPAA provisions relating to creditable coverage, nondiscrimination, and limitations on pre-existing conditions. I agree to hold Blue Cross and Blue Shield of Nebraska harmless from any fines or liability if the above certifications are incorrect.

Name and Address of Business Entity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature & Title