

**Oral Health for Overall Health Medical Condition****Data Transfer Authorization Form**Group Name: CITY OF OCALA

Florida Combined Life Insurance Company, Inc. ("FCL") offers the Oral Health for Overall Health Program (the "Program") to individuals covered under the Group Health Plan enrolled in eligible FCL PPO Dental plans who have been diagnosed with certain qualifying medical conditions ("Eligible Members"). This Program provides additional clinically significant dental benefits to Eligible Members. Program services are covered at 100% (in-network) with no out-of-pocket expenses or waiting periods. Program services do not count toward the annual maximum.

Automatic enrollment of Eligible Members is not a requirement for participation in the Program. However, by executing this Data Transfer Authorization Form ("Authorization") Eligible Members of the Group will receive the benefit of automatic enrollment into the Program.

1. **Authorization** – I, Christopher Watt, Chief of Staff, on behalf of CITY OF OCALA (the "Group"), hereby authorize Blue Cross and Blue Shield of Florida, Inc. dba Florida Blue ("Florida Blue") to disclose Protected Health Information ("PHI"), described in the Appendix below, to FCL to enable automatic enrollment into the Program of Eligible Members. The Group represents and warrants to Florida Blue that Florida Blue is authorized under the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164 as amended ("HIPAA") and other applicable law to disclose PHI as described in this authorization.
2. **Term and Termination** – This authorization for release of information is effective as of the effective date ("Effective Date") and shall remain in full force and effect until terminated by either party in writing.
3. **Eligibility**: Eligible Members of the Program currently includes those individuals covered under the Group Health Plan enrolled in eligible FCL PPO Dental plans who have been diagnosed with one or more qualifying conditions as set forth in the Appendix below. The Group acknowledges and agrees that new qualifying conditions may be added from time to time, and no additional authorization will be required for purposes of enrollment.
4. **Enrollment Cost**: There is no cost to the Group, employer or Eligible Members to enroll. In addition, there is no additional cost to the Group for authorizing automatic enrollment.
5. **Benefits** - The Group understands that this signed authorization is required for automatic enrollment of Eligible Members into the Program.

CITY OF OCALA **Representative Name:** Christopher Watt

(Print)

CITY OF OCALA **Representative Signature:** 

DocuSigned by:

RC80B9F07388433

CITY OF OCALA **Representative Title:** Chief of Staff

**Effective Date:** 7/22/2025

Approved as to form and legality:

Signed by:

William E. Sexton, Esq.

William E. Sexton, Esq.

City Attorney

## Appendix

The Program currently includes diagnoses of Chronic Obstructive Pulmonary Disease; Coronary Artery Disease; Diabetes; End-Stage Renal Disease; Metabolic Syndrome; Oral, Head, and Neck Cancers; Pregnancy; Sjögren's Syndrome, and Stroke. New conditions may be added from time to time. For more information, please visit <https://floridabluedental.com/members/oral-health-for-overall-health/>.

Protected Health Information for automatic enrollment includes the following:

- Subscriber ID (member number)
- Dependent Number
- Subscriber Name
- Member Name
- Member Relationship Code
- Member Date of Birth
- Member Gender
- Qualifying Condition
- Condition Effective Date
- ASO Indicator
- Group Identifier
- Consumer ID

## Certificate Of Completion

Envelope Id: 66C2E67D-10D0-4DA6-AE7F-C84F86C2BE61

Status: Completed

Subject: SIGNATURE: Oral Health for Overall Health Program Agreement - Florida Combined Life Ins. Co., Inc.

Source Envelope:

Document Pages: 2

Signatures: 2

Envelope Originator:

Certificate Pages: 5

Initials: 0

April Adolf

AutoNav: Enabled

110 SE Watula Avenue

Envelopeld Stamping: Enabled

City Hall, Third Floor

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Ocala, FL 34471

aadolf@ocalafl.gov

IP Address: 216.255.240.104

## Record Tracking

Status: Original

Holder: April Adolf

Location: DocuSign

7/14/2025 7:37:14 PM

aadolf@ocalafl.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: City of Ocala - Procurement & Contracting

Location: Docusign

## Signer Events

William E. Sexton, Esq.

wsexton@ocalafl.gov

City Attorney

Security Level: Email, Account Authentication  
(None)

## Signature

Signed by:  
  
4A55AB8A8ED04F3...

Signature Adoption: Pre-selected Style  
Using IP Address: 216.255.240.104

## Timestamp

Sent: 7/14/2025 8:06:55 PM

Viewed: 7/22/2025 2:42:05 PM

Signed: 7/22/2025 2:42:14 PM

## Electronic Record and Signature Disclosure:

Accepted: 9/15/2023 9:02:35 AM

ID: 313dc6f2-e1d0-44c3-8305-6c087d6cdf0b

Christopher Watt

cwatt@ocalafl.org

Chief of Staff

Security Level: Email, Account Authentication  
(None)

DocuSigned by:  
  
8C80B9F07388433...

Signature Adoption: Pre-selected Style  
Using IP Address: 216.255.240.104

Sent: 7/22/2025 2:42:15 PM

Viewed: 7/22/2025 3:05:05 PM

Signed: 7/22/2025 3:05:26 PM

## Electronic Record and Signature Disclosure:

Accepted: 7/22/2025 3:05:05 PM

ID: e50756b8-a793-4ebc-a9d0-0c6401309743

## In Person Signer Events

## Signature

## Timestamp

## Editor Delivery Events

## Status

## Timestamp

## Agent Delivery Events

## Status

## Timestamp

## Intermediary Delivery Events

## Status

## Timestamp

## Certified Delivery Events

## Status

## Timestamp

## Carbon Copy Events

## Status

## Timestamp

## Witness Events

## Signature

## Timestamp

## Notary Events

## Signature

## Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/14/2025 8:06:55 PM
Certified Delivered	Security Checked	7/22/2025 3:05:05 PM
Signing Complete	Security Checked	7/22/2025 3:05:26 PM
Completed	Security Checked	7/22/2025 3:05:26 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, City of Ocala - Procurement & Contracting (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact City of Ocala - Procurement & Contracting:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [contracts@ocalafl.org](mailto:contracts@ocalafl.org)

### **To advise City of Ocala - Procurement & Contracting of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [contracts@ocalafl.org](mailto:contracts@ocalafl.org) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### **To request paper copies from City of Ocala - Procurement & Contracting**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [contracts@ocalafl.org](mailto:contracts@ocalafl.org) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### **To withdraw your consent with City of Ocala - Procurement & Contracting**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [contracts@ocalafl.org](mailto:contracts@ocalafl.org) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify City of Ocala - Procurement & Contracting as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by City of Ocala - Procurement & Contracting during the course of your relationship with City of Ocala - Procurement & Contracting.