

NEW CASE DOCUMENT (NCD)

NCD completed by: Ethan Moseley	Date:
Sales Account Representative: Reno Altschul	
Account Implementation Representative: Ethan Moseley	

AUTHORIZATION - CLAIMS PAYMENT AGREEMENT

This Agreement is made and entered into by Lexington Fayette Urban County Government (the "Client") and Humana Insurance Company ("Humana") effective 01/01/2014 with respect to the LFUCG Healthcare Plan ("Plan").

The Client and Humana agree as follows:

- (a) The **New Case Document** will be used by Humana to draft the Summary Plan Description and Summary of Benefits and Coverage Document, if applicable, for the Plan and to administer benefits under the Plan during the period prior to the delivery of a final Summary Plan Description and Summary of Benefits and Coverage Document, if applicable. Lack of sign-off and finalization of the SPD(s) may impact benefit quoting and the internal claim appeals and external review process. This includes possible delays in sending out appeals/reviews, which may cause timelines set forth in federal regulations to be missed.
- (b) The Client will provide written notice to Humana of any change to the New Case Document, at least 30 days prior to the effective date of the change.
- (c) If any changes to the **New Case Document** are necessary, Humana will document the changes in a revised New Case Document as well as an amended Summary Plan Description and Summary of Benefits and Coverage Document, if applicable.
- (d) If any changes to the New Case Document require Humana to reprocess claims or change the build, Humana may charge an additional administrative fee. Humana will obtain Client's consent prior to commencing with the reprocessing of claims or changing the build.
- (e) If the Client has not executed and returned this Agreement to Humana within 14 days of receipt, or communicated its revisions, the Client is hereby deemed to accept the Agreement and New Case Document in the form attached.

The Client and Humana have caused this agreement to be executed by their respective officers or representatives as duly authorized.

Lexington Fayette Urban County Government

By: _____

Date: _____

HUMANA INSURANCE COMPANY

By: Khalid Nazir

Khalid Nazir
Vice President