MEDICAL IDENTITY FRAUD ALLIANCE

MEDICAL IDENTITY FRAUD ALLIANCE MEMBERSHIP APPLICATION AND AGREEMENT

In consideration of the right to be identified and acknowledged as a member of the Medical Identity Fraud Alliance (MIFA), and to receive the benefits of membership, _____ (the "Member") agrees to the terms and conditions set forth below.

Membership in MIFA is available to the following entities:

1. **Health Plans** (includes health insurers, managed care organizations, self-insured/self-administered organizations, third-party administrators and other, similar organizations)
2. **Health Care Providers** (includes organizations that furnish, or are paid for health care related services in the normal course of business)
3. **Health Care Support Services Providers** (which includes "Business Associates" and organizations that are primarily involved in providing support services to Health Plans or Health Care Providers)
4. **Technology Service Providers** (includes organizations that provide technology or services that assist organizations in maintaining the privacy and security of information and mitigating the impact of disclosures of information)
5. **Professional Services Providers** (includes individuals and organizations that provide professional services such as consulting or legal)

Member Company Information

LINE OF BUSINESS (Check all that apply):

☐ Health Plan
☐ Health Care Provider
☐ Other:
☐ Healthcare Support Services Provider
☐ Technology Service Provider
☐ Professional Service Firm

TAX STATUS (Check one):

☐ For-Profit/Publicly Traded
☐ For-Profit/Privately Held
☐ Not-for-Profit

Organization Name

Parent Company (if subsidiary)

Address

City, State, Zip

Phone Fax

Website

Primary Contact (MIFA Council Representative)

Primary Contact

Title

Department

Address

City, State, Zip

Phone Fax

Email

PLEASE DESCRIBE YOUR SERVICES

GEOGRAPHIC PRESENCE (Please list the states and/or countries in which you currently operate)

REASONS FOR JOINING (Check all that apply):

- ☐ Benchmarking
- ☐ Development of Best Practices
- ☐ Consumer Education and Awareness
- ☐ Industry Education and Awareness
- ☐ Other:
- ☐ Public Policy
- ☐ Research
- ☐ Technology Development
- ☐ Organizational and Thought Leadership
- ☐ Improved Brand Visibility

MEMBERSHIP DUES

Annual dues are based on the Member's market capital (if publicly traded) or net revenue (if privately held). The Member acknowledges that a minimum of 10% of its Membership dues (the percentage to be determined annually by the MIFA Board of Directors) may be used to fund the operations of the MIFA Institute for consumer education and engagement.

Market Capital or Net Revenue (check one)	Annual Dues
☐ $50B+	$10,000
☐ $10B - $49.9B	$7,500
☐ $500M - $9.99B	$5,000
☐ Under $500M	$2,500

PRESERVATION OF COMPETITION

- Membership in MIFA will not be used for any anti-competitive purpose.
- Members will abide by MIFA's Antitrust Policy.
- All MIFA activities will follow the agenda established by the MIFA management.
- No cost, price or confidential contract or service level agreement information will be disclosed or discussed during MIFA activities.

USE OF INFORMATION

- MIFA provides a unique opportunity for industry organizations, service providers, government agencies, law enforcement and associations to meet and collaborate to address issues relative to medical identity fraud including regulatory compliance, security, fraud and risk management.
- Membership in MIFA will not be used for any direct sales and marketing.
- All public announcements regarding MIFA discussions and activities must be approved in advance by MIFA management, after consultation with the participants. Information provided during MIFA activities will be considered non-confidential unless identified as confidential at the time of disclosure.
- Each Member of MIFA agrees to maintain in confidence information identified as confidential at the time of disclosure with at least the same degree of care that the Member uses to protect its own confidential information of a like type and in no event less than reasonable care. This obligation will not, however, apply to information that is in the public domain, is previously known to or independently generated by the recipient, or is received by recipient from a third-party without breach of any obligation owing to the disclosing party.
- Each Member is solely responsible for the information it provides during its participation in MIFA activities. MIFA and its management make no representations or warranties as to the accuracy of any information exchanged during MIFA activities.

PUBLICATION OF PROCEEDINGS

MIFA reserves the right to publish all documents generated by MIFA, and all records of proceedings of MIFA, and may publish any non-confidential information from such proceedings in its discretion.

GENERAL

These terms and conditions will be governed by the laws of the District of Columbia as a contract made and performed in the District. The exclusive jurisdiction for any dispute hereunder will be in the federal or state courts of the District of Columbia. These terms and conditions may be revised by the Alliance's management, but only prospectively. Alliance members will always have the option of withdrawing before any changes take effect.

Annual membership will be effective upon date of execution of this Agreement.

SIGNATURE

I understand that by providing my company's mailing address, email address, and telephone and fax numbers, we consent to receive communications sent by or on behalf of the MIFA or the MIFA Institute by email, regular mail, or telephone.

Company Representative Signature | Date

Print Name

Title

Billing Contact Name | Billing Contact Phone Number

Billing Contact Email

MIFA Representative Signature | Date

Print Name

Title

Please return your application to Ann Patterson, VP & Program Director, Ann@MedIDFraud.org. You will receive a counter-signed copy of this agreement.

MIFA AND MIFA INSTITUTE LOGO AND COMPANY NAME RELEASE FORM

Members and Strategic Partners of the Medical Identity Fraud Alliance (MIFA) are asked to approve the use of their organization's name and logo in the MIFA, and MIFA Institute promotional and other materials related to the organizations.

Please read, modify as appropriate (you may attach modifications such as corporate branding guidelines), and sign below. Return the signed form to Ann Patterson, Ann@MedIDFraud.org.

Please provide two logo files, one gif file sized to 176 × 84 and another in eps file format. Email these files to Ann@MedIDFraud.org.

_____ hereby grants to MIFA and the MIFA Institute the non-exclusive right, but not the obligation to use and include all or part of the organization's name, trademark(s) and/or logo(s) of the Organization listed below, limited to the following materials and conditions:

1. Banner on the following websites with the Organization's name and logo appearing as a member or strategic partnering organization: MIFA and MIFA Institute website pages http://www.medidfraud.org and/or http://www.mifainstitute.org.
2. MIFA marketing documents, where the Organization's name and/or logo would appear within either the "Members" or "Strategic Partners" category.
3. Press releases are subject to the approval of your Organization prior to any such release. Any other use of your Organization's name, logo, domain names/URLs, symbols, or other reference to the Organization shall be subject to prior written consent by you. MIFA will at all times observe and comply with all specified requirements of the Organization and applicable law with reference to the proper use of the Licensed Marks.
4. MIFA agrees that, (i) the Organization's Licensed Marks are owned solely and exclusively by Organization or its affiliate, (ii) except as set forth in this Agreement, MIFA has no rights, title or interest in or to any of the Licensed Marks, (iii) all use of the Licensed Marks by MIFA shall inure to the benefit of the Organization.

Signature of Authorized Organization Representative	Date
Print Name	Title
Organization	