BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.

Secure File Transfer Information

In order to update your Secure File Transfer request, please answer the following questions to ensure your request is being handled appropriately. When completed, please return these forms by e-mail to mymoneybcbsvt.contributions@HelloFurther.com or fax to 1-866-231-0214. Once the connection is set up, you will receive an email with the connection ID and site instructions from **managed.file.transfer@esecuretransfer.com**

Group Name: **Group #:**

Location:

Contact Name (person assigned to upload the files):

Contact E-mail address:

Choose for which product this Secure File Transfer Agreement is being requested:

- ☐ **Flexible Savings Account / Health Reimbursement Arrangement (FSA / HRA)**
- ☐ **Health Savings Account (HSA) / VEBA** (must have ACH set up for contributions)

1. Choose for which option(s) below the Secure File Transfer Agreement is being requested:
   - ☐ **Enrollment Files**
   - ☐ **Payroll Files**
2. Indicate the name of who should receive the Posted File Confirmations for **FSA / HRA**:

   Name: **Email Address:**

   Name: **Email Address:**
3. Indicate the name of who should receive the Posted File Confirmations for **HSA / VEBA**:

   Name: **Email Address:**

   Name: **Email Address:**
4. **Indicate the name of who should receive the Posted Enrollment File:**

   Confirmations:

   Name: **Email Address:**

   Name: **Email Address:**

Further (SFTS) Secure File Transfer System Agreement

I,_____(please print **group name** and **group number** in block letters), agree to the following:

The user id that Further assigns to the SFTS external users allows the user to access Further systems for the purpose of transferring files securely. As used herein, Confidential Health Information means any information, **including demographic information**, collected from an individual that has been received or created by Further and relates to the past, present or future physical or mental health or condition of an individual, the provisions of health care to an individual, or the past, present or future payment for the provision of health care to an individual and identifies the individual or with respect to which there is a reasonable basis to believe that the information can be used to identify the individual. Proprietary Information means all information in any form which relates to the business, expertise and/ or operations of Further, including, without limitation, information in any form generally understood to be trade secret, proprietary or confidential and/or that is related to products and services, commercial and financial information, system functionality charts and descriptions, program code logic, trade secret information, and information about health care providers, customers and/or business partners.

The User ID and password will be sent to the named delegate upon completion of the agreement.

1. The delegate agrees to maintain adequate security procedures to prevent unauthorized access to Data, Security Access codes, Source Documents or Further systems.
2. The delegate agrees to immediately notify Further of any unauthorized attempt to obtain access to or otherwise tamper with Data, Data Transmission, Security, Source Documents or Further.
3. The delegate agrees to comply with all application Privacy Statutes and Regulations and Health care industry customs concerning treatment of Confidential Health Information.
4. The delegate agrees to safeguard Proprietary Information against unauthorized disclosure and use.
5. The delegate agrees to protect and maintain the confidentiality of Security Access Codes issued to the delegate by Further.
6. The delegate agrees to limit disclosure of the Security Access Code to authorized personnel on a need-to-know basis.
7. The delegate agrees to employ the security measures necessary to protect and Data Transmissions between Further and the delegate, including authentication, encryption and password use.
8. The delegate agrees they will not copy, reverse engineer, disclose, publish, alter or use data, data Transmissions for any purpose other than specifically authorized.

Please sign and return:

Delegate Signature_____Date_____

(Internal Use Only)

Completed Connection ID	Initials