

NOTICE OF RELIGIOUS OBJECTION

Date: 3/22/16

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: Fresh Unlimited Inc.
 Contact information: 837-498-4664
 Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Fresh Unlimited Inc.	Anthem	1-866-848-1056	☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:

 3/22/16
 Signature of authorized representative of eligible organization Date

Devon Beer

Typed name of authorized representative of eligible organization

****This form is being signed and submitted by Fresh Unlimited, Inc., d/b/a Freshway Foods and Freshway Logistics, Inc., who, along with their owners, have a religious objection to providing and paying for coverage of all contraceptive services required by the HHS mandate (1) under protest because the government is violating the Religious Freedom Restoration Act (RFRA) through the HHS mandate and accommodation and (2) pending the outcome of the decision by the Supreme Court of the United States in the following consolidated cases, which involve the HHS mandate and accommodation at issue here: Case Nos. 14-1418, 14-1453, 14-1505, 15-35, 15-105, 15-119, and 15-191.**

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Anna Steinbauer
VP of Administration
Dakota Tube Inc.
E-mail: anna.steinbauer@dakotatube.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Ms. Steinbauer,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

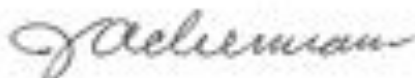
If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
<http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf>.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the

basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (i.e., whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf>.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

EBSA FORM 700— CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year

Name of the objecting organization	Dakota Tube Inc.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Anna Steinbauer VP of Administration / Co-owner
Mailing and email addresses and phone number for the individual listed above	anna.steinbauer@dakotatube.com 605-880-2156

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

Date

11-5-14

The organization or its plan using this form must provide a copy of this certification to the plan's health insurance issuer (for insured health plans) or a third party administrator (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a third party administrator for the plan that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that the eligible organization:

- (1) Will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) The obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

As an alternative to using this form, an eligible organization may provide notice to the Secretary of Health and Human Services that the eligible organization has a religious objection to providing coverage for all or a subset of contraceptive services, pursuant to 26 CFR 54.9815-2713A(b)(1)(ii)(B) and (c)(1)(ii), 29 CFR 2590.715-2713A(b)(1)(ii)(B) and (c)(1)(ii), and 45 CFR 147.131(c)(1)(ii). A model notice is available at: <http://www.cms.gov/cciio/resources/Regulations-and-Guidance/index.html#Prevention>.

This form or a notice to the Secretary is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1210-0150. An organization that seeks to be recognized as an eligible organization that qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing may complete this self-certification form, or provide notice to the Secretary of Health and Human Services, in order to obtain or retain the benefit of the exemption from covering certain contraceptive services. The self-certification form or notice to the Secretary of Health and Human Services must be maintained in a manner consistent with the record retention requirements under section 107 of the Employee Retirement Income Security Act of 1974, which generally requires records to be retained for six years. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, gather the necessary data, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0150.

EBSA FORM 700— CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	ILLINOIS BAPTIST CHILDREN'S HOME AND FAMILY SERVICES
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	DOUG DEVORE EXECUTIVE DIRECTOR
Mailing and email addresses and phone number for the individual listed above	949 COUNTY ROAD 1300 N CARMEL IL 62821 doug.devore@bchfsu.com 618/382-4164

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Doug Devore
Signature of the individual listed above

1/21/15
Date



Office of the President

September 10, 2014

Sylvia Mathews Burwell
Secretary of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H
Via email to marketreform@cms.hhs.gov

Re: Valley Forge Christian College Objection to Health Care Mandate

To the Secretary of Health and Human Services:

Valley Forge Christian College has a religious objection to providing coverage of a subset of contraceptive services required to be covered under PHS Action Section 2713, as adopted by the Affordable Care Act, and incorporated under ERISA section 715 and Code section 9815.

The services for which this organization objects are the following:

We are requesting relief, based on our sincerely held religious beliefs, from the regulations issued under the Patient Protection and Affordable Care Act (PPACA) that force employers to provide, directly or indirectly, insurance plans that include potentially life threatening drugs and devices, which harm or terminate a fertilized human egg (the "Mandate"); including but not limited to:

- Ulipristal (aka Ella)
- Levonorgestrel (aka Plan B, Plan B One-Step, Next Choice)
- Intrauterine Devices (of any type)
- Abortion services except to save the life of the mother

Service Provider Information

(a) Plan Name	(b) Service Provider Name	(c) Service Provider Contact Information	(d) Service Provider Category	(e) Plan type if applicable
Valley Forge Christian College	Aetna	Karla Hellings Senior Account Manager-Established Business SEPA 980 Jolly Road U11E Blue Bell, PA 19422 215-775-7815 HellingsKJ@aetna.com	Issuer	N/A
Valley Forge Christian College	PrimePay	Brad Ramer Product Specialist/Channel Manager, HR & Benefit Services 1487 Dunwoody Drive, West Chester, PA 19335 484.913.3535 bramer@primepay.com	TPA	N/A

Information being submitted is:

☒ Original Information ☐ Updated

Contact Information: Kindly direct all correspondence related to this matter to

Don Meyer, Ph.D.
President
VALLEY FORGE CHRISTIAN COLLEGE
1401 Charlestown Road
Phoenixville, PA 19460
610.917.1402 (O)

Eligible Organization: Nonprofit entity – Christian college

VALLEY FORGE CHRISTIAN COLLEGE

By 
Don Meyer, Ph.D.
President

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 779H



VIA OVERNIGHT MAIL& E-MAIL
RETURN RECEIPT REQUESTED

September 18, 2014

Karla Hellings
Senior Account Manager-Established Business SEPA
Aetna
980 Jolly Road U11E
Blue Bell, PA 19422
215-775-7815
HellingsKJ@aetna.com

Re: Valley Forge Christian College

Dear Ms. Hellings,

This is to inform you that the Department of Health and Human Services has received notice from Valley Forge Christian College that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Valley Forge Christian College has notified HHS of its religious objection to the coverage of the following contraceptive services that for its group health plan Valley Forge Christian College: drugs and devices which harm or terminate a fertilized human egg, including but not limited to

- Ulipristal (aka Ella)
- Levonorgestrel (aka Plan B, Plan B One-Step, Next Choice)
- Intrauterine Devices (of any type)
- Abortion services except to save the life of the mother

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "James Mayhew".

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group



Ph: 800-233-7309
Fax: 717-864-2307

December 29, 2014

Honorable Sylvia Burwell
Secretary, Health & Human Services
The U.S. Department of Health and Human Services
c/o Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
Room 739H
200 Independence Avenue, SW
Washington, DC 20201

Notification of Objection

Dear Ms. Burwell:

DAS Companies, Inc. is a closely-held corporation organized in Pennsylvania. The sole shareholder of the corporation is a (b)(6) and adheres to the tenets of his faith. As a closely-held family corporation with deep religious convictions and based on the United States Supreme Court's decision in Burwell v. Hobby Lobby Stores, Inc., 134 S. Ct. 2751 (U.S. 2014), DAS objects to providing coverage of all contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815.

DAS will continue to provide comprehensive health care plans for its employees. Based on its religious objections to the mandate to provide contraceptives, however, no form of contraceptives will be offered in the health care plans provided for its employees. The DAS health plan is the DAS Companies, Inc. PPO. It is administered by a Third Party Administrator: Highmark Blue Shield, 1800 Center Street, Camp Hill PA 17089.

Should you have any questions regarding this letter, please feel free to contact the undersigned.

Sincerely,

(b)(6)

Chief Financial Officer & Assistant Secretary

Corporate Office
724 Ligon Road
Palmers, PA 17059
www.dasinc.com

CERTIFICATION**(To be used for plan years beginning on or after January 1, 2014)**

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	CUMMINS-ALLISON CORP.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	JEFFREY G. KNOLL EXECUTIVE VICE PRESIDENT CORPORATE COUNSEL
Mailing and email addresses and phone number for the individual listed above	852 FEEHANVILLE DRIVE MT. PROSPECT, IL 60056 KNOLLJ@CUMMINSALLISON.COM 847-299-9559

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

9/2/2015

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitute notice to the third party administrator that:

- (1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CERTIFICATION**(To be used for plan years beginning on or after January 1, 2014)**

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization

CUMMINS ILLINOIS, INC.

Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization

ROBERT D. JORDAN
SECRETARY

Mailing and email addresses and phone number for the individual listed above

852 FEEHANVILLE DR.
MT. PROSPECT IL 60056
JORDAN@CUMMINSILLINOIS.COM
847-299-9550

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.



Signature of the individual listed above

9-8-2015

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

- (1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

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St. Raphael

Health, Dental and Vision Insurance

3501 South Lake Drive
PO Box 070912
Milwaukee, WI 53207-0912
Phone: (414) 769-3300
Fax: (414) 769-3408

November 23, 2015

To the Secretary of Health and Human Services:

Enclosed is a letter from an employer who has just become a participant in the St. Raphael Health Plan.

In accordance with Catholic teaching, this eligible non-profit organization has a sincerely-held religious objection to providing coverage of all contraceptive services. We have notified Third Party Administrators that this employer should be treated similarly to other employers in the St. Raphael Health Plan, per their notifications to you on April 2, 2015.

Thank you.

A handwritten signature in cursive script that reads "John J. Marek".

John J. Marek, on behalf of St. Raphael Health Plan
Archdiocese of Milwaukee – Sponsoring Employer,
Plan Administrator and Agent for Participating Employers

Date: 11/23/2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Seton Catholic Schools,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Seton Catholic Schools
Organization Name

 11/23/2015
Signature of authorized representative Date

DONALD DREES PRESIDENT
Print name of authorized representative Title



MOYERS MARTIN ^{LLP}
ATTORNEYS AND COUNSELORS AT LAW SINCE 1910

FROM THE DESK OF
TERRY M. KOLLMORGEN
TMK@MOYERSMARTIN.COM

December 23, 2014

SUBMITTED BY ELECTRONIC MAIL, CERTIFIED MAIL RETURN RECEIPT
REQUESTED AND FEDERAL EXPRESS

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Room 739H
Washington, DC 20201

Re: Supplement to Written Notice Pursuant to Interim Final Rule of Objections and Refusal
to include Abortifacients within in the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

The undersigned serves as General Counsel for Oral Roberts University ("ORU"). This letter constitutes ORU's supplement to its written notice ("Notice") dated November 18, 2014 of "opting out" of any obligation imposed by the Patient Protection and Affordable Care Act mandate, including any resulting rules or regulations ("Mandate"), to include Abortifacients, as identified in the Notice, within its group health plan ("Plan") on the grounds that such action substantially burdens ORU's sincerely held religious beliefs. This supplement to the Notice is in compliance with and in reliance on the August 27, 2014 Interim Final Rule entitled Coverage of Certain Preventive Services Under the Affordable Care Act ("Interim Final Rule"), including the description of the augmented accommodation set forth therein. 79 Fed. Reg. 51092.

Kollmorgen Letter to Secretary Perez and Mr. Mayhew
December 23, 2014
Page 2

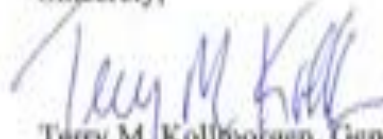
The information required by the Interim Final Rule contained in the Notice is supplemented as follows:

1. Effective January 1, 2015, the Plan will be self-funded.
2. The Plan's third party administrator is:

CommunityCare
218 W. 6th Street
Tulsa, Oklahoma 74119

All other terms and conditions of the Notice remain in full force and effect.

Sincerely,

A handwritten signature in blue ink, appearing to read "Terry M. Kollmorgen".

Terry M. Kollmorgen, General Counsel
Oral Roberts University

St. Raphael

Health, Dental and Vision Insurance

3501 South Lake Drive
PO Box 070912
Milwaukee, WI 53207-0912
Phone: (414) 769-3300
Fax: (414) 769-3408

VIA CERTIFIED MAIL AND EMAIL
RETURN RECEIPT REQUESTED

May 22, 2015

James Mayhew
Director, Division of Regulations and Policy, Oversight Group
Department of Health and Human Services
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Washington, DC 20201
Room 739H

Dear Mr. Mayhew,

We write on behalf of the St. Raphael Health Plan in response to your letter dated May 19, 2015 ("CMS Letter") regarding the notifications you received from the employers participating in the St. Raphael Health Plan that have sincerely-held religious objections to providing coverage for all contraceptive services. We appreciate your review and consideration of these notifications.

Based on the list of employers provided in the CMS Letter, we write to clarify that the following entities are exempt religious organizations. Please note that the parishes and religious orders noted below are exempt religious employers for which notifications were previously sent to the Department of Health and Human Services:

1. All Saints;
2. Good Shepherd (Shepherd of the Hills);
3. Immaculate Conception;
4. Mary Queen of Heaven;
5. Order of St. Camillus;
6. Our Lady of Divine Providence;
7. Sisters of Charity of St. Joan Antida;
8. St. Matthew; and
9. St. Thomas Aquinas.

In addition, St. Vincent de Paul, which is number 155 on the list of entities in the CMS Letter, is not an exempt religious organization, but rather an employer with a sincerely-held religious objection to providing coverage for all contraceptive services.

St. Raphael

James Mayhew
May 22, 2015
Page 2 of 2

As indicated in the CMS Letter, we confirm that all exempt religious employers choose to avail themselves of the accommodation, similar to the other notifying employers that have sincerely-held religious objections to covering all contraceptive services.

Accordingly, based on the timing of the upcoming plan year and the new plan design, we will send this letter, along with the CMS Letter, to the St. Raphael Health Plan's third-party administrators to notify them of the use of the accommodation by all of the notifying employers in the St. Raphael Health Plan. We ask the Centers for Medicare & Medicaid Services to work with the Department of Labor to notify the St. Raphael Health Plan's third-party administrators in accordance with the August 2014 final regulations as soon as possible since the new plan year begins on July 1, 2015.

Please let me know if you have any questions regarding this letter. We very much appreciate your time and efforts in this process.

Sincerely,



John J. Marek
on behalf of St. Raphael Health Plan;
Archdiocese of Milwaukee – Sponsoring Employer, Plan Administrator and
Agent for Participating Employers
414-769-3334
marekj@archmil.org

cc: David W. Eckhardt, Esq.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



October 14, 2015

UnitedHealthcare – Oxford
ebsa700certform@uhc.com

Re: Platinum Freedom Direct Plan, Carolyn's Place, Inc.

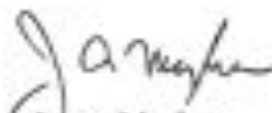
Dear UnitedHealthcare,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Carolyn's Place, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Carolyn's Place, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Platinum Freedom Direct: "all contraceptive benefits".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,


James Mayhew
Acting Director
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

March 03, 2016

Mary Hentosz
UPMC Health Plan
600 Grant Street
Pittsburgh, Pa. 15219

Re: Earth Sun Moon Trading Health Plan, Earth Sun Moon Trading Company, Inc.

Dear Ms. Hentosz,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Earth Sun Moon Trading Company, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Earth Sun Moon Trading Company, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Earth Sun Moon Trading Health Plan: "all contraceptive benefits".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Ackerman", is located below the word "Sincerely,".

Jacob Ackerman
Acting Director, Market-wide Regulation Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

October 14, 2014

Andrea Meehan
Sr. Account Executive
Sales
3031C Walton Road, Ste. 201
Plymouth Meeting, PA 19462
Andrea.Meehan@ibx.com

Re: PAISBOA Plan & Trust, Holy Ghost Preparatory School

Dear Ms. Meehan,

This is to inform you that the Department of Health and Human Services has received notice from Holy Ghost Preparatory School that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Holy Ghost Preparatory School has notified HHS of its religious objection to the coverage of all contraceptive services for its group health plan PAISBOA Plan & Trust.

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "James Mayhew", is located below the word "Sincerely,".

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 73911



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

October 17, 2014

Patricia Mayhall
United HealthCare
1110 Montlimar Drive
Suite 250
Mobile, AL 36609
Patricia_Mayhall@uhc.com

Re: Loyola University Core, Basic and Plus Plans (Policy Number 903297), Loyola University New Orleans

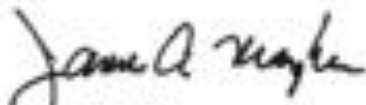
Dear Ms. Mayhall,

This is to inform you that the Department of Health and Human Services has received notice from Loyola University New Orleans that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Loyola University New Orleans has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plans Loyola University Core Plan (Policy Number 903297, Balanced - 40/1000/80% Plan 422 Modified), Loyola University Basic Plan (Policy Number 903297, Traditional with Deductible - 25/500/90% Plan 4Y4 Modified), and Loyola University Plus Plan (Policy Number 903297, Traditional with Deductible - 20/100% 3D1 Modified): all contraceptive benefits.

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "James Mayhew". The signature is fluid and cursive, with the first name "James" and last name "Mayhew" clearly distinguishable.

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 779H



VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

November 23, 2015

Lisa Williams
CIGNA HealthCare, Atlanta Select Sales Office
Two Securities Centre, Suite 200
3500 Piedmont RD N.E.
Atlanta, GA 30305

Re: Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan

Dear Ms. Williams,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Management, Analysis and Utilization, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Management, Analysis and Utilization, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan: "the provision of emergency contraception including, without limitation: Ella, Plan B, Plan B One Step, Next Choice, Next Choice One Dose, My Way, and Take Action".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jacob Ackerman".

Jacob Ackerman
Acting Director, Division of Market Regulation
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

March 19, 2015

Julie Tannebaum
Major Account Executive
Blue Cross and Blue Shield of Illinois
1020 31st Street, Downers Grove, IL 60515
Email: julie_tannebaum@bcbsil.com

Re: Olivet Health Plan, Olivet Nazarene University

Dear Ms. Tannebaum,

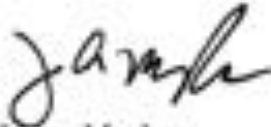
This is to inform you that the Department of Health and Human Services has received notice from Olivet Nazarene University that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Olivet Nazarene University has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan Olivet Health Plan:

- "The Health Plan will not provide, pay for, and/or facilitate access to abortion-inducing products, and related counseling. This includes the use of Yaz, EllaOne, and the Copper-T IUD when prescribed with a diagnosis of pregnancy."
- "The Health Plan will require a prior authorization for the dispensing of Yaz, EllaOne, and the Copper-T IUD. Coverage of these products will not be allowed until a doctor confirms the use of the medications for non-abortifacient purposes."
- "Plan B will be non-covered."

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "James Mayhew".

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

August 11, 2015

Alan Shulman
Vice President and Actuary
Commercial Travelers Mutual Insurance Company
70 Genesee Street
Utica, NY 13502
E-mail: ashulman@commercialtravelers.com

Re: Student Health Insurance for Oral Roberts University

Dear Mr. Shulman,

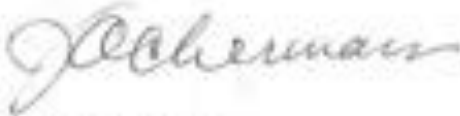
This is to inform you that the Department of Health and Human Services (HHS) has received notice from Oral Roberts University that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its student health insurance coverage (Plan Policy Number 2015i5a97, Plain Form Number NBH-280(2014OK)). Oral Roberts University has notified HHS of its religious objection to the coverage of the following contraceptive services for its student health insurance plan: "EC Plan B One-step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus."

As the issuer of health insurance coverage for the eligible organization's student health insurance plan, your organization is responsible for complying with Public Health Service Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for student enrollees and their covered dependents without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the student health insurance plan, or student enrollees or their covered dependents. You may not require any documentation or other information from the eligible organization.

Page 2 of 2

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "Ackerman". The signature is fluid and cursive, with the first letter being a large capital 'A'.

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 7391E



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

December 2, 2014

Attn: Marketing
CommunityCare HMO, Inc.
P.O. Box 3249
Tulsa, OK 74101-3249
employerconnection@ccok.com

Re: Oral Roberts University Group Benefits Plan

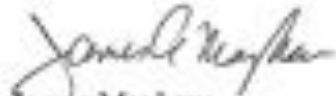
Dear CommunityCare HMO,

This is to inform you that the Department of Health and Human Services has received notice from Oral Roberts University that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Oral Roberts University has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan, Oral Roberts University Group Benefits Plan: "EC Plan B One-step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "James Mayhew". The signature is fluid and cursive, with the first name "James" and last name "Mayhew" clearly distinguishable.

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

May 15, 2015

Becky Kinnaman
InHealth Mutual
Account Manager
501 West Schrock Road, Suite 310
Westerville OH 43081
bkinnaman@inhealthohio.org

Re: Healthcare Plan, Society of the Precious Blood

Dear Ms. Kinnaman,

This is to inform you that the Department of Health and Human Services has received notice from Society of the Precious Blood that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Society of the Precious Blood has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s): all contraceptive benefits.

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'James Mayhew'.

James Mayhew
Director, Division of Regulations and Policy
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

June 2, 2015

Amy Klawitter
Director Account Management
UnitedHealthcare of WI, Employer & Individual
10701 W Research Drive
Milwaukee, WI 53226
E-mail: Amy_Klawitter@uhc.com

Re: St. Raphael Health Plan

Dear Ms. Klawitter,

This is to inform you that the Department of Health and Human Services has received notice from all employers participating in the St. Raphael Health Plan, a church plan, that they are either an exempt religious employer as defined in 45 CFR 147.131(a)¹ or an eligible organization as defined in 45 CFR 147.131(b) and that your organization is a third party administrator in a contractual relationship with the exempt or eligible organizations or their plan to provide administrative services to the plan.

The organizations participating in the St. Raphael Health Plan have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, St. Raphael Health Plan: all contraceptive benefits.

Church plans are exempt from ERISA pursuant to ERISA section 4(b)(2). As such, a third party administrator of a self-insured church plan cannot become the plan administrator by operation of 29 CFR 2510.3-16, although such a third party administrator may voluntarily provide or arrange separate payments for contraceptive services and seek reimbursement for associated expenses under the process set forth in 45 CFR 156.50. If your organization chooses to do so, you may:

(1) Provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries; or

¹ The employers who are exempt have indicated to CMS that they wish to avail themselves of the accommodation.

(2) Arrange for an issuer or other entity to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries.

The costs of providing or arranging such payments may be reimbursed through an adjustment to the Federally-facilitated Exchange (FFE) user fee for a participating issuer pursuant to 45 CFR 156.50(d).

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Samara Lorenz", with a stylized flourish at the end.

Samara Lorenz
Director, Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

June 2, 2015

Michael Hoffmann
Director, Consumer Programs, CVS/Caremark
CVS Health
9501 E. Shea Blvd.
Scottsdale, AZ 85260
E-mail: Michael.Hoffmann@CVSCaremark.com

Re: St. Raphael Health Plan

Dear Mr. Hoffmann,

This is to inform you that the Department of Health and Human Services has received notice from all employers participating in the St. Raphael Health Plan, a church plan, that they are either an exempt religious employer as defined in 45 CFR 147.131(a)¹ or an eligible organization as defined in 45 CFR 147.131(b) and that your organization is a third party administrator in a contractual relationship with the exempt or eligible organizations or their plan to provide administrative services to the plan.

The organizations participating in the St. Raphael Health Plan have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, St. Raphael Health Plan: all contraceptive benefits.

Church plans are exempt from ERISA pursuant to ERISA section 4(b)(2). As such, a third party administrator of a self-insured church plan cannot become the plan administrator by operation of 29 CFR 2510.3-16, although such a third party administrator may voluntarily provide or arrange separate payments for contraceptive services and seek reimbursement for associated expenses under the process set forth in 45 CFR 156.50. If your organization chooses to do so, you may:

(1) Provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries; or

¹ The employers who are exempt have indicated to CMS that they wish to avail themselves of the accommodation.

(2) Arrange for an issuer or other entity to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries.

The costs of providing or arranging such payments may be reimbursed through an adjustment to the Federally-facilitated Exchange (FFE) user fee for a participating issuer pursuant to 45 CFR 156.50(d).

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Samara Lorenz".

Samara Lorenz
Director, Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 779H



VIA OVERNIGHT MAIL& E-MAIL
RETURN RECEIPT REQUESTED

September 18, 2014

Karla Hellings
Senior Account Manager-Established Business SEPA
Aetna
980 Jolly Road U11E
Blue Bell, PA 19422
215-775-7815
HellingsKJ@aetna.com

Re: Valley Forge Christian College

Dear Ms. Hellings,

This is to inform you that the Department of Health and Human Services has received notice from Valley Forge Christian College that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Valley Forge Christian College has notified HHS of its religious objection to the coverage of the following contraceptive services that for its group health plan Valley Forge Christian College: drugs and devices which harm or terminate a fertilized human egg, including but not limited to

- Ulipristal (aka Ella)
- Levonorgestrel (aka Plan B, Plan B One-Step, Next Choice)
- Intrauterine Devices (of any type)
- Abortion services except to save the life of the mother

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "James Mayhew".

James Mayhew

Director, Division of Regulations and Policy

Acting Director, Division of Compliance and Enforcement

Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 759H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

October 2, 2015

Christina Salatrik,
Sales Manager
Blue Cross Blue Shield Michigan/Blue Care Network
600 E. Lafayette Blvd, Mail Code 519C
Detroit, MI 48226
E-mail: csalatrik@bcbsm.com

Re: W&P Management LLC Weingartz

Dear Ms. Salatrik,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Weingartz Supply Co., Inc. and W & P Management LLC that they are eligible organizations as defined in 45 CFR 147.131(b) and that your organization is the issuer of their group health insurance coverage. Weingartz Supply Co., Inc. and W & P Management LLC have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, W&P Management LLC Weingartz: all contraceptive benefits.

As the issuer of the eligible organizations' health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organizations, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organizations.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Ackerman", is positioned above the printed name of Jacob Ackerman.

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

April 21, 2015

David Wythe
Companion Life Insurance Company
7909 Parklane Road, Suite 200
Columbia, SC 29223
E-mail: david.wythe@companiongroup.com

Re: Wheaton College Student Health Insurance Plan (Policy #2014-S3-A27)

Dear Mr. Wythe,

This is to inform you that the Department of Health and Human Services has received notice from Wheaton College that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its student health insurance coverage. Wheaton College has notified HHS of its religious objection to the coverage of the following contraceptive services for its student health plan: "abortion-causing drugs, abortion procedures, and related services". It specifically identified Plan B, ella, and certain unspecified IUDs as drugs and devices to which it has religious objections. Wheaton College stated that it "has no religious objection to providing coverage for contraceptive drugs and devices that prevent conception (as opposed to interfering with the continued survival of a human embryo)".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read 'James Mayhew', is located below the word 'Sincerely,'.

James Mayhew
Director, Division of Regulations and Policy
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 7391



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

October 21, 2014

Michael Apolskis
Divisional Vice President
Regulatory Monitoring & Analysis
Health Care Service Corporation
300 E. Randolph Street, 28th Floor
Chicago, Illinois 60601
Email: Mike_Apolskis@hcsil.com

Re: Wheaton College group health plans issued by Blue Cross Blue Shield of Illinois

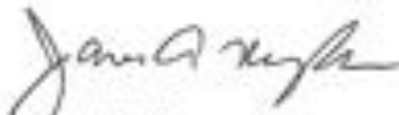
Dear Mr. Apolskis,

This is to inform you that the Department of Health and Human Services has received notice from Wheaton College that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Wheaton College has notified HHS of its religious objection to the coverage of the following contraceptive services for its two group health plans: abortion-causing drugs, abortion procedures, and related services. It specifically identifies Plan B, ella, and certain unspecified IUDs as drugs and devices to which it has religious objections. Note that it has no religious objection to providing coverage for contraceptive drugs and devices that prevent conception (as opposed to interfering with the continued survival of a human embryo).

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "James Mayhew". The signature is fluid and cursive, with the first name "James" being more prominent than the last name "Mayhew".

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group



Office of the President

September 10, 2014

Sylvia Mathews Burwell
Secretary of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H
Via email to marketreform@cms.hhs.gov

Re: Valley Forge Christian College Objection to Health Care Mandate

To the Secretary of Health and Human Services:

Valley Forge Christian College has a religious objection to providing coverage of a subset of contraceptive services required to be covered under PHS Action Section 2713, as adopted by the Affordable Care Act, and incorporated under ERISA section 715 and Code section 9815.

The services for which this organization objects are the following:

We are requesting relief, based on our sincerely held religious beliefs, from the regulations issued under the Patient Protection and Affordable Care Act (PPACA) that force employers to provide, directly or indirectly, insurance plans that include potentially life threatening drugs and devices, which harm or terminate a fertilized human egg (the "Mandate"); including but not limited to:

- Ulipristal (aka Ella)
- Levonorgestrel (aka Plan B, Plan B One-Step, Next Choice)
- Intrauterine Devices (of any type)
- Abortion services except to save the life of the mother

Service Provider Information

(a) Plan Name	(b) Service Provider Name	(c) Service Provider Contact Information	(d) Service Provider Category	(e) Plan type if applicable
Valley Forge Christian College	Aetna	Karla Hellings Senior Account Manager-Established Business SEPA 980 Jolly Road U11E Blue Bell, PA 19422 215-775-7815 HellingsKJ@aetna.com	Issuer	N/A
Valley Forge Christian College	PrimePay	Brad Ramer Product Specialist/Channel Manager, HR & Benefit Services 1487 Dunwoody Drive, West Chester, PA 19335 484.913.3535 bramer@primepay.com	TPA	N/A

Information being submitted is:

☒ Original Information ☐ Updated

Contact Information: Kindly direct all correspondence related to this matter to

Don Meyer, Ph.D.
President
VALLEY FORGE CHRISTIAN COLLEGE
1401 Charlestown Road
Phoenixville, PA 19460
610.917.1402 (O)

Eligible Organization: Nonprofit entity – Christian college

VALLEY FORGE CHRISTIAN COLLEGE

By 
Don Meyer, Ph.D.
President

MODEL NOTICE

Date: August 26, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:

Plan B, Ella, Mircena, and Copper IUD's

- (1) Name of eligible organization: CUMMINS-ALLISON CORP. and CUMMINS ILLINOIS, INC.
 Contact information: MICHAEL CYBULSKI, 815-759-3185
 Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

- (2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)	
<u>CUMMINS-ALLISON</u>	<u>BCBS of IL</u>	<u>JULIE KANDLER</u>	☐ Issuer or ☒ TPA	☐ Church plan	☐ Student plan
<u>CORP. WELFARE</u>		<u>212-652-3616</u>	☐ Issuer or ☐ TPA	☐ Church plan	☐ Student plan
<u>BENEFIT PLAN</u>			☐ Issuer or ☐ TPA	☐ Church plan	☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan	☐ Student plan

- (3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Michael R. Cybulski
 Signature of authorized representative of eligible organization

8-26-14
 Date

Director, Risk Management
 Typed name of authorized representative of eligible organization

MICHAEL | JAMES

SALES TAX SOLUTIONS, LLC.

MODEL NOTICE

Date: May 22, 2015

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Any and all abortifacients

*Michael James Sales Tax Solutions also requires the Department of Health and Human Services exclude our service provider from making abortifacients available free of charge to employees on our plan. We request this due to religious beliefs and the US Supreme Court decision in *BURWELL, SECRETARY OF HEALTH AND HUMAN SERVICES, ET AL. v. HOBBY LOBBY STORES, INC.*

(1) Name of eligible organization: Michael James Sales Tax Solutions, LLC.

Contact information: Michael Radvansky, 1100 Circle 75 Parkway, Suite 960 Atlanta, GA 30339 • 770-857-1010

Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization
a closely held for profit entity

(2) Service provider information

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan Type (if applicable)
Gold 531 \$60 \$2500 MPC, NP, HCA	Covenant Healthcare of GA	P.O. Box 71111 London, KY 40342	☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information. *If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:*
1/1/2015



Signature of authorized representative of eligible organization

5-22-2015

Date

Michael C. Radvansky

Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: October 3, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

All abortifacient coverages, such as, but not limited to, mifepristone and misoprostol after services

- (1) Name of eligible organization: Management Analysis and Utilization, Inc.
 Contact information: 501 Greene Street, Augusta, Georgia, 30901
 Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

- (2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
MAU/Client A - PPO	BC/BS of South Carolina	1-800-922-1185	☐ Issuer AND ☐ TPA	☐ Church plan ☐ Student plan ☒ N/A
MAU/Client B - PPO	BC/BS of South Carolina	1-800-922-1185	☐ Issuer AND ☐ TPA	☐ Church plan ☐ Student plan ☒ N/A
MAU/Corporate - PPO	CIGNA	866-494-2313	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan ☒ N/A
N/A	N/A	N/A	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

- (3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____


 Signature of authorized representative of eligible organization

10-3-14
 Date

Adam Hatcher, General Counsel

Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: March 7, 2016

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: Luurtsema SalesContact information: Dean Luurtsema, 6072 Center Industrial Drive, Jenison, MI 49428 (616-669-9301)Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
HMO HSA 80-3	Priority Health	1231 E. Beltline NE	☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
		Grand Rapids, MI 49524	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
		616-942-0954	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Dean Luurtsema
Signature of authorized representative of eligible organization

March 7, 2016
Date

Dean Luurtsema
Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: February 11, 2018

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: Earth Sun Moon Trading Company, Inc.

Contact information: Nick Grell - Director of Human Resources 724-455-1067, ext 324

Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Earth Sun Moon Trading Health Plan	UPMC Health Plan	Mary Hertosa	☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
		800 Grant Street	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
		Pittsburgh, Pa. 15219	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
	hertosa@upmc.edu	412-454-5204	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:


 Signature of authorized representative of eligible organization

February 11, 2018

Date

Nathan A. Depew

Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: March 23, 2016

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:* Abortion causing drugs, devices and sterilizations; patient education and counseling for all women with reproductive capacity.

(1) Name of eligible organization: Stephen W. Briscoe, Continuum Health Partnerships, Inc., Continuum Health Management, LLC, Mountain States Health Properties, LLC

Contact information: Steve Briscoe, P.O. Box 336250, Greeley, CO. 80633, steve.briscoe@continuumhealth.com

Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Continuum Health Management, LLC OAP Base Plan	CHLIC	Cigna Corporate Headquarters, 900 Cottage Grove Road, Bloomfield, CT 06002	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan
Continuum Health Management, LLC OAP Mid Plan	CHLIC	Cigna Corporate Headquarters, 900 Cottage Grove Road, Bloomfield, CT 06002	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan
Continuum Health Management, LLC OAP Choice Plan	CHLIC	Cigna Corporate Headquarters, 900 Cottage Grove Road, Bloomfield, CT 06002	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Stephen W. Briscoe, Continuum Health Partnerships, Inc., Continuum Health Management, LLC and Mountain States Health Properties, LLC (Continuum Health) are signing this Model Notice under protest. The Notice is signed under the threat of government imposed substantial fines, but the owner of Continuum Health and the company itself believe the federal government is not justified in requiring it.

The form initiates Continuum Health's participation in the provision of abortion causing drugs, devices, sterilization and patient education and counseling for all women with reproductive capacity in a manner that violates the sincerely held religious beliefs of its owner and the company. Neither Continuum Health nor its owner intended to waive the right to challenge this requirement in court, should they choose to do so.



Signature of authorized representative of eligible organization

MARCH 23, 2016

Date

Stephen W. Briscoe

Typed name of authorized representative of eligible organization

EBSA FORM 700

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

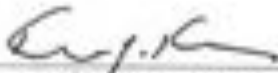
Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	TRINITY SCHOOLS, INC. DIB/A TRINITY SCHOOL AT RIVER RIDGE
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	KERRY J. KOLLER PRESIDENT
Mailing and email addresses and phone number for the individual listed above	107 SO. GREENLAWN AVE. SOUTH BEND, IN 46617 KJKOLLER@TRINITYSCHOOLS.ORG (574) 234-5088 EXT 113

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

DEC 11, 2014
Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

- (1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EBSA FORM 700

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	PEOPLE OF PRAISE MINNESOTA, INC.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	JOEL KIBLER PRESIDENT
Mailing and email addresses and phone number for the individual listed above	JOELKIBLER@GMAIL.COM 601 RIVER RIDGE PARKWAY EAGAN, MN 55121 (651) 789-2888

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

DEC 11, 2014
Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

- (1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is ~~0938-XXXX~~. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

MODEL NOTICE

Date: 9/18/14

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Emergency Contraceptives and IUDs

- (1) Name of eligible organization: Continuum
 Contact information: Doug Graham, President
 Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

- (2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)	
<u>Continuum Medical</u>	<u>ESC-A</u>	<u>Health Care Services</u>	<u>Deliverer or</u>	☐ Church plan	☐ Student plan
<u>Spina</u>	<u>CAECMARK</u>	<u>Health Care Services</u>	<u>Deliverer or</u>	☐ Church plan	☐ Student plan
		<u>CAECMARK</u>	<u>Deliverer or</u>	☐ Church plan	☐ Student plan
			<u>Deliverer or</u>	☐ Church plan	☐ Student plan
			<u>Deliverer or</u>	☐ Church plan	☐ Student plan

- (3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Signature of authorized representative of eligible organization

9/18/14
Date

Doug Graham
Typed name of authorized representative of eligible organization

ERISA FORM 700- CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Continuum
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Doug Graham, President
Mailing and email addresses and phone number for the individual listed above	5050 20th St E Ft. Worth 76124 doug@continuum.com

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

Date

09/18/14

EBSA FORM 700-- CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization:

CONTRACT PACKAGING, INC

Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization:

J KEITH KELLY, CEO

Mailing and email addresses and phone number for the individual listed above:

14481 LOCHRIDGE BLVD, COVINGTON, GA 30014

770-385-1187

keith@kellyreg.com

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.



Signature of the individual listed above

10/27/2014

Date

MODEL NOTICE

Date: **10/27/2014**

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:

Emergency contraception: (Plan B, Ella, and Next Choice

(1) Name of eligible organization: **CONTRACT PACKAGING, INC**

Contact information: **J KEITH KELLY**

14481 LOCHRIDGE BLVD, COVINGTON, GA 30014

770-385-1187

keith@kellyreg.com

Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

(2) Service provider information:

(a) Plan Name **OPEN ACCESS POINT OF SERVICE (GA6599M004)**

(b) Service provider name: **Blue Cross and Blue Shield of Georgia**

(c) Service Provider Contact: **Wayne M. Anderson | Account Manager - Large Group Sales**

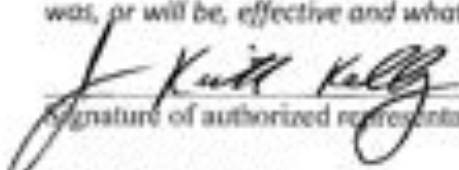
Blue Cross BlueShield of Georgia | 2260 Peachtree Road NE | Atlanta, GA 30328

✉ wayne.anderson@bscbsga.com | 📱 Mobile: 404-676-6895 | 📠 Fax: 877-606-3808

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____



Signature of authorized representative of eligible organization Date

J KEITH KELLY

Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: 12-22-15

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

- (1) Name of eligible organization: ST JOSEPH'S ABBEY (AKA: CISTERCIAN ABBEY OF SPENCER)
 Contact information: SEE BELOW
 Eligible organization is a: ☒ Non-profit entity; OR ☐ Other eligible organization

- (2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
ST JOSEPH'S ABBEY	TUFTS ASSOC HEALTH PLANS	800-208-9545	☒ Issuer or ☐ TPA	☒ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

- (3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Fr. Vincent Rogers
 Signature of authorized representative of eligible organization

12-22-15
 Date

FR. VINCENT ROGERS
 Typed name of authorized representative of eligible organization

167 N. SPENCER RD
SPENCER MA 01562
508.885.8700 x550

Vincent@spencerabbey.org
PROVIDER: TUFTS HEALTH PLANS (800.208.9545)
ASSOCIATED INC.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Anna Steinbauer
VP of Administration
Dakota Tube Inc.
E-mail: anna.steinbauer@dakotatube.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Ms. Steinbauer,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

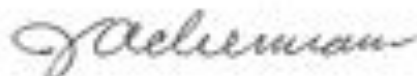
If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
<http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf>.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the

basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (i.e., whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf>.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

CERTIFICATION**(To be used for plan years beginning on or after January 1, 2014)**

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	CUMMINS-ALLISON CORP.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	JEFFREY G. KNOLL EXECUTIVE VICE PRESIDENT CORPORATE COUNSEL
Mailing and email addresses and phone number for the individual listed above	852 FEEHANVILLE DRIVE MT. PROSPECT, IL 60056 KNOLLJ@CUMMINSALLISON.COM 847-299-9559

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

9/2/2015

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

- (1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CERTIFICATION**(To be used for plan years beginning on or after January 1, 2014)**

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization

CUMMINS ILLINOIS, INC.

Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization

ROBERT D. JORDAN
SECRETARY

Mailing and email addresses and phone number for the individual listed above

852 FEEHANVILLE DR.
MT. PROSPECT IL 60056
JORDAN@CUMMINSILLINOIS.COM
847-299-9550

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.



Signature of the individual listed above

9-8-2015

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

- (1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Michael C. Radvansky
Michael James Sales Tax Solutions, LLC
1100 Circle 75 Parkway, Suite 960
Atlanta, GA 30339
E-mail: metheredge@mjsalestax.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Radvansky,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
<http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf>.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following

information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf>.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 779H



August 19, 2015

Adam Hatcher
General Counsel
Management Analysis and Utilization, Inc.
501 Greene Street
Augusta, Georgia 30901
E-mail: adam.hatcher@maui.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Hatcher,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

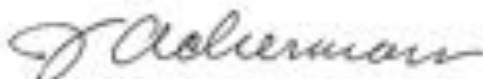
The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
<http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf>.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (i.e., whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf>.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Michael Muraski
President, Kent Manufacturing Company
2200 Oak Industrial Drive, NE
Grand Rapids, MI 49505
E-mail: mikem@kent-mfg.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Muraski,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

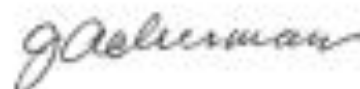
If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
<http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf>.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following

information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (i.e., whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf>.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Stephen T. Best
J.E. Dunn Construction Group, Inc.
1001 Locust Street
Kansas City, MO 64106
E-mail: steve.best@jedunn.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Best,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
<http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf>

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following

information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf>.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Anna Steinbauer
VP of Administration
Dakota Tube Inc.
E-mail: anna.steinbauer@dakotatube.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Ms. Steinbauer,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Michael A. Cybulski,
Director, Risk Management
Cummins-Allison Corp
852 Feehanville Drive
Mt. Prospect, IL 60056
E-mail: CybulskiM@cumminsallison.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Cybulski,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

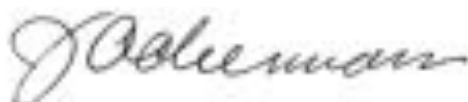
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Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 73901



August 19, 2015

J Keith Kelly
CEO, Contract Packaging, Inc.
14481 Lochridge Blvd.
Covington, GA 30014
E-mail: Keith@kellyreg.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Kelly,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Doug Graham,
President, Continuant Inc.
5050 20th St. E.
Fife, WA 98424
E-mail: dougg@continuant.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Graham,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

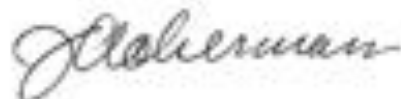
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Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Gregory Paul Conley
President
Carithers-Wallace-Courtenay, LLC
4343 Northeast Expressway
Atlanta, GA 30340
E-mail: paul.conley@c-w-c.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Conley,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Michael Worrell
Director, Human Resources
Bingaman and Son Lumber Inc.
PO Box 247
1195 Creek Mountain Rd
Kreamer, PA 17833
E-mail: mworrell@bingamanlumber.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Worrell,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

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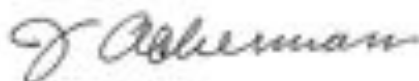
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Sincerely,



Jacob Ackerman
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Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
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Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Anna Steinbauer
VP of Administration
Dakota Tube Inc.
E-mail: anna.steinbauer@dakotatube.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Ms. Steinbauer,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

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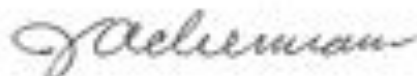
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Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

Date: 2.22.16

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

_____.

(1) Name of eligible organization: Miller Contracting Services Inc.Contact information: Sara Kathryn Miller 618.994.4616 miller@millercontracting.usEligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
"Miller Contracting Services Inc. Employee Health Benefit Plan"	"MedBen Benefits Administrators, Inc."	800.423.3151	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____.


2.22.16

Signature of authorized representative of eligible organization

Date

Sara Kathryn Miller

Typed name of authorized representative of eligible organization



MOYERS MARTIN ^{LLP}
ATTORNEYS AND COUNSELORS AT LAW SINCE 1910

FROM THE DESK OF
TERRY M. KOLLMORGEN
TMK@MOYERSMARTIN.COM

November 18, 2014

SUBMITTED BY ELECTRONIC MAIL, CERTIFIED MAIL RETURN RECEIPT
REQUESTED AND FEDERAL EXPRESS

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Room 73911
Washington, DC 20201

Re: Written Notice Pursuant to Interim Final Rule of Objections and Refusal to include
Abortifacients within in the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

The undersigned serves as General Counsel for Oral Roberts University ("ORU"). This letter constitutes ORU's written notice of "opting out" of any obligation imposed by the Patient Protection and Affordable Care Act mandate, including any resulting rules or regulations ("Mandate") to include Abortifacients, as identified below, within its group health plan ("Plan") on the grounds that such action substantially burdens ORU's sincerely held religious beliefs. This written notice is in compliance with and in reliance on the August 27, 2014 Interim Final Rule entitled Coverage of Certain Preventive Services Under the Affordable Care Act ("Interim Final Rule"), including the description of the augmented accommodation set forth therein. 79 Fed. Reg. 51092.

The information required by the Interim Final Rule is set forth below as well in the exhibits and enclosures with this letter:

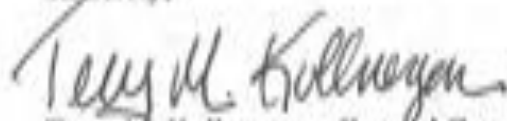
1. The full name of the Eligible Organization is "Oral Roberts University."

Kollmorgen Letter to Secretary Perez and Mr. Mayhew
November 18, 2014
Page 2

2. The basis upon which ORU qualifies for the augmented accommodation to "opt out" of the Mandate under the Interim Final Rule is that ORU is organized and operates as a nonprofit entity – an Oklahoma not for profit corporation; ORU holds itself out as a religious institution; ORU opposes providing "contraceptive" coverages that include Abortifacients; and ORU self-certifies that it satisfies the first three criteria. See enclosed letter from ORU President Dr. William M. Wilson.
3. ORU's objections to including Abortifacients in its Plan based upon its sincerely held religious beliefs are set forth in the enclosed letter from Dr. Wilson.
4. The Abortifacients excluded from ORU's Plan are EC Plan B One-Step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus. ORU objects to and refuses to include these Abortifacients within its Plan.
5. Identification of the Plan name is set forth on the Form 5500 attached as Exhibit "A."
6. Identification of the Plan's health insurance issuer and contact information is set forth in the excerpt from the Plan document attached as Exhibit "B."

ORU exercises the "opt out" of the Mandate's coverage of Abortifacients in material reliance on the government's statements and representations regarding the implementation, effect, and operation of the Mandate and augmented accommodation. ORU reserves the right to challenge the Mandate, obtain and/or receive further protections including those arising from judicial or regulatory developments, and take any and all further action it deems necessary to protect its religious liberties and interests. By "opting out" of the Mandate, ORU does not in any way endorse the imposition of the Mandate, the inclusion of Abortifacients within the scope of the Mandate, or the failure of the government to provide a complete exemption for ORU from the Mandate. ORU has and shall continue to actively promote and undertake efforts to advance the causes of the sanctity of life and religious liberty.

Sincerely,



Terry M. Kollmorgen, General Counsel
Oral Roberts University

Enclosures:
Letter from Dr. William M. Wilson
Exhibit "A" – Form 5500
Exhibit "B" – Excerpt from Plan



ORU | MAKE NO
LITTLE PLANS
HERE

November 18, 2014

SUBMITTED BY ELECTRONIC MAIL AND REGULAR MAIL

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight,
200 Independence Avenue SW
Room 739H
Washington, DC 20201

Re: Notice of Objection and Refusal to include Abortifacients within the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

This letter serves as further objection to and notice of refusal to include Abortifacients, as identified below, within the group health plan of Oral Roberts University (ORU) on the grounds that such action substantially burdens ORU's sincerely held religious beliefs.

ORU was established in 1962 as a private Christian university located in Tulsa, Oklahoma. ORU is an Oklahoma not for profit corporation and an Internal Revenue Code §501(c)(3) tax exempt entity. ORU was "founded in the fires of evangelism and upon the unchanging precepts of the Bible." See ORU's Founding Vision. ORU seeks to fulfill God's commission to its founder, Oral Roberts, to "[R]aise up your students to hear My voice, to go where My light is dim, where My voice is heard small, and My healing power is not known, even to the uttermost bounds of the earth." ORU's mission is "[T]o build Holy Spirit-empowered leaders through whole person education to impact the world with God's healing." See ORU's Mission Statement. ORU's fulfillment of its mission includes providing a "whole person education," which develops students in spirit, mind, and body, to prepare them to be

William M. Wilson, D.Min. | President

ORAL ROBERTS UNIVERSITY

7777 South Lewis Avenue, Tulsa, Oklahoma 74171 | 918.695.4175 | www.oru.edu

Secretary Perez and Mr. Mayhew Letter

November 18, 2014

Page 2

professionally competent leaders who are spiritually alive, physically disciplined, socially adept, and intellectually alert.

ORU draws its faculty, staff, and administration from those who hold its same religious beliefs by professing and demonstrating a strong commitment to the Lord Jesus Christ and the Bible as God's Word. An integral part of fulfilling ORU's mission is electing Trustees and hiring faculty, staff, and administrators that exemplify its lifestyle and Code of Honor. ORU employees and students sign the Honor Code Pledge, which is an expression of ORU's responsibility to God and "designed to bring unity among" its students, faculty, staff, and administration.

Among these deeply held shared religious beliefs are the Bible's clear teachings on the absolute sanctity of life. ORU believes, in accordance with Scripture, that life begins at conception. (Psalm 139:13-16, Luke 1:39-41, Jeremiah 1:5) and from that moment forward, life in the womb is sacred and worthy of the utmost protection and respect.

ORU abhors the destruction of innocent human life through abortion as unbiblical and contrary to God's will. ORU unreservedly believes that the procurement of, participation in, facilitation of, or payment for abortion, including the Abortifacients included within the Patient Protection and Affordable Care Act ("ACA") mandate, violates the Sixth Commandment and are inconsistent with the dignity conferred by God on creatures made in His image. Based on the Bible's religious and moral teachings, ORU opposes termination of the life of a preborn child by, among other means, abortion-inducing drugs and devices including those that after fertilization serve to prevent the newly formed embryo from implanting into the mother's uterus or dislodge the viable embryo after it was recently implanted. For ORU, abortions and the use of any Abortifacients are morally wrong and violate our sincerely held religious beliefs.

These sincerely held religious beliefs are not constrained to the black and white of a published statement but rather are lived out through the lives and activities of ORU's students, faculty, staff, Trustees and constituents. For example, ORU sponsors two student groups on campus focused on issues relating to abortion: Ambassadors for Life and Students for Life. Ambassadors for Life are guided by a mission to "go into every man's world with the Light and Life of Christ and to educate the student body about abortion, euthanasia, and infanticide, equipping this generation for life. See Ambassadors for Life Mission Statement. The mission of Students for Life is "to rais[e] the issues of life regarding born and unborn persons. [Their] goal is to further educate the ORU student body regarding community resources as alternatives to abortion as well as resources that respect the dignity of human life." See Students for Life Mission Statement. ORU's rich history, spanning over fifty years, is blessed by Trustees, Regents, Presidents, faculty, staff, students, and alumni who have actively engaged in communications, activities and organizations advancing these sanctity of life principles.

Secretary Perez and Mr. Mayhew Letter

November 18, 2014

Page 3

ORU understands that the Department of Health and Human Services adopted the recommendation from the Institute of Medicine panel to interpret the "preventive services" for women's health care provision of the ACA to require that private group health plans provide full coverage of women's contraceptives. Among the twenty contraceptives included in the guidelines are Abortifacients identified by ORU as EC Plan B One-Step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus. ORU objects to and refuses to include these Abortifacients within its group health plan.

In addition, ORU also objects to the provisions of the ACA that extend the religious exemption solely to traditional churches, while refusing to include similarly situated established religious institutions such as ORU. The cited rationale for exclusion of churches from the ACA mandate – that they are "more likely" to hire employees that share the same faith (78 Fed. Reg. 39869, 39874 (July 2, 2013)) - applies with equal force and weight to ORU. ORU employees, as demonstrated by their commitment to the Code of Honor Pledge, share ORU's views on the absolute sanctity of human life and abhorrence of Abortifacients to initiate an unholy termination of human life.

The government's regulatory scheme of applying rigid standards to the definition of religious institutions fails to reflect an understanding of the religious and theological foundations of institutions such as ORU. As a Charismatic Spirit-Empowered educational institution, ORU does not fall within the government's pre-conceived notion of a "church, association of churches or integrated auxiliaries of churches" that are exempt from the ACA Mandate. Instead, operating as its controlling religious authority, ORU's Board of Trustees fulfills this governing role in determining and promulgating ORU's statements of faith and religious beliefs. These beliefs are not limited to a singular connection to one particular church or denomination, but rather have spawned a much broader expanse of relationships and ongoing associations with hundreds of churches of shared religious beliefs across the entire globe. ORU serves a core constituency of over 600 million renewalists or Spirit-Empowered Christian believers ranging from Charismatic Catholics to traditional Pentecostal groups. This global community of believers shares ORU's deeply held religious beliefs of rejecting abortion and honoring the sanctity of human life. Any governmental rule or regulation that refuses to extend a religious based exemption to ORU with its dynamic and expansive Christian impact is not only misguided but openly serves to discriminate against ORU on the basis of religion and denies our fundamental religious liberties.

In closing, I would ask you to reflect on the response of President Thomas Jefferson to a group of nuns writing him in 1804 to express concerns about the power of the federal government and their ability to retain both their property and their religious freedoms. President Jefferson responded that "the principles of the constitution and the government of the United States are a sure guarantee to you that [your property] will be preserved to you sacred and

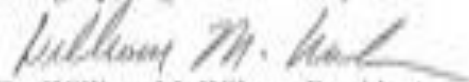
Secretary Perez and Mr. Mayhew Letter

November 18, 2014

Page 4

inviolate, and that your institution will be permitted to govern itself according to its own voluntary rules, without interference from the civil authority." ORU appreciates your further evaluation of these issues and will remain in fervent prayer that our government will reconsider its promotion of Abortifacients in group health plans and will, at an absolute minimum, provide a complete religious exemption to ORU and similarly situated religious institutions and entities.

Sincerely,

A handwritten signature in dark ink, appearing to read "William M. Wilson", with a stylized flourish at the end.

Dr. William M. Wilson, President
Oral Roberts University

Page 96 redacted for the following reason:

(b)(4)

any delegate. Any delegate shall report periodically to the Employer or Plan Administrator, as applicable, concerning the discharge of the allocated or delegated responsibilities. As authorized by ERISA, to prevent any two parties from being deemed co-fiduciaries with respect to a particular function, the Plan is intended and shall be construed to allocate to each party only those specific powers, duties, responsibilities and obligations as are specifically granted to such party under or pursuant to the Plan.

Plan Information

Employer and Plan Sponsor:

Oral Roberts University
7777 S. Lewis Ave.
Tulsa, OK 74171
(918) 495-7874

Other Participating Employer:

University Broadcasting, Inc.
7777 S. Lewis Ave.
Tulsa, OK 74171

Plan Name: Oral Roberts University Group Benefits Plan ("Plan")

Plan Sponsor's Employer Identification Number: 73-0739626

ERISA Plan Number: 501

Agent for Legal Process:

Terry M. Kollmorgen
Moyers, Martin, Santee, & Imel, LLP.
401 S. Boston Suite 1100
Tulsa, OK 74103
(918) 582-5281

Type of Plan: A welfare benefit plan.

Plan Payments: Plan benefits are paid from general assets of the Participating Employers with respect to self-insured benefits and insurance company payments with respect to insured benefits by the following insurers and claims administrators as indicated below (or any successor entity as communicated by the Employer from time to time) for the respective benefits programs.

Medical Insurance Program

This benefits program is insured by the Insurer named below pursuant to the terms of the insurance contract/policy identified below.

CommunityCare HMO, Inc.
P.O. Box 3249
Tulsa, OK 74101-3249

Page 98 redacted for the following reason:

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Page 99 redacted for the following reason:

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10/26/2015

Via U.S. Mail and Electronic Mail

United States Department of Health and Human Services
Attn: Sylvia Burwell, Secretary of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201
Room 739H
marketreform@cms.hhs.gov



THIR GREAT LAKES PARKWAY

HINUM, OH 44234 USA

www.electrolck.com

TEL: 440.834.7500

FAX: 440.834.7525

Re: Religious Objection to all contraceptive services pursuant to 26 CFR 54.2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131

Dear Secretary Burwell,

This letter serves as our formal religious objection to providing all contraceptive services in our employee health plan. This objection covers the following organizations: Electrolck, Inc., Dunstone Co., Inc. and Stone River Mgmt. Co. LLC. All three organizations provide employee health insurance benefits to their eligible employees through Electrolck, Inc. Employee Health & Welfare Benefit Plan. All three organizations are eligible, for-profit companies that are closely held, as described by 26 CFR 54, 29 CFR 2590, 2590, 45 CFR 147, and 80 Fed. Reg. 41317 (July 14, 2014). The contact information for the eligible organizations is as follows:

Name of eligible organization 1: Electrolck, Inc.

Contact information: 17930 Great Lakes Pkwy., Hinum OH 44234 Phone: (440) 834-7500, Email: joc3@electrolck.com

Name of eligible organization 2: Dunstone Co, Inc

Contact information: 17930 Great Lakes Pkwy., Hinum OH 44234 Phone: (440) 834-7500, Email: joc3@electrolck.com

Name of eligible organization 3: Stone River Mgmt. Co. LLC

Contact information: 17930 Great Lakes Pkwy., Hinum OH 44234 Phone: (440) 834-7500, Email: joc3@electrolck.com

The Eligible Organization is a: Other eligible organization.

(2) Below please find the information you require pertaining to the eligible organizations' plan.



Service Provider Information:

(a) Plan Name	(b) Service Provider's Name	(c) Service Provider Contact Information	(d) Service Provider Category	(e) Plan Type (if applicable)
Electrolock, Inc. Employee Health & Welfare Benefit Plan	Business Administrators & Consultants, Inc.	Richard Sheldon 614-863-8780 rsheldon@bactpu.com	Third Party Administrator "TPA"	

The information submitted is original information, required by you for the first time in response to 80 Fed. Reg. 41317 (July 14, 2015) that goes/went into effect on September 14, 2015. If you require additional information or if you find this notice to be unsatisfactory for any reason, please contact my legal counsel as soon as possible at the Thomas More Law Center, Attn: Erin Mersino, 24 Frank Lloyd Wright Drive, Suite 393, Ann Arbor, Michigan, 48106, Telephone: 734-827-2001. I have also attached the permanent injunction obtained by the eligible organization(s) for your reference as Exhibit 1.

Sincerely,


 Joseph A. Williams, III
 CEO Electrolock, Inc.
 Member Stone River Mgmt. Co. LLC
 Vice President Dunstone Co. Inc.

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JOSEPH A. WILLIAMS, III, et al.,

Plaintiffs,

v.

SYLVIA M. BURWELL, et al.

Defendants.

Case No. 1:13-cv-01699 (CRC)

ORDER

In light of the Supreme Court's decision in *Burwell v. Hobby Lobby Stores, Inc.*, 134 S. Ct. 2751 (2014), and upon the parties' Joint Motion for Entry of Injunction and Judgment [ECF No. 10], it is hereby

ORDERED that defendants, their employees, agents, and successors in office are permanently enjoined

(a) from enforcing

(1) the "June 30, 2014 Contraceptive Coverage Requirement," defined here to include those provisions of federal law in existence on June 30, 2014, when the Supreme Court decided *Hobby Lobby*, that require plaintiffs Electrolock Inc., Stone River Management Co., and Dunstone Co. to provide their employees with health coverage for contraceptive methods, sterilization procedures, and related patient education and counseling to which plaintiffs object on religious grounds, *e.g.*, 26 C.F.R. § 54.9815-2713(a)(1)(iv); 29 C.F.R. § 2590.715-2713(a)(1)(iv); 45 C.F.R. § 147.130(a)(1)(iv); and

(2) any penalties, fines, or assessments for noncompliance with the June 30, 2014 Contraceptive Coverage Requirement, including those found in 26 U.S.C. § 4980D and 29 U.S.C. §§ 1132 and 1185d; and

(b) from taking any other actions based on noncompliance with the June 30, 2014 Contraceptive Coverage Requirement

against plaintiffs Electrolock Inc., Stone River Management Co., and Dunstone Co., their employee health plan(s), the group health coverage provided in connection with such plan(s), and/or these plaintiffs' health insurance issuers and/or third-party administrators with respect to these plaintiffs' health plan(s); and it is further

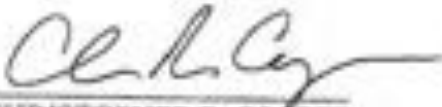
ORDERED that judgment is entered in favor of plaintiffs and against defendants on plaintiffs' claim under the Religious Freedom Restoration Act, 42 U.S.C. §§ 2000bb *et seq.*; and it is further

ORDERED that all other claims against Defendants are DISMISSED; and it is further

ORDERED that pursuant to Local Civ. R. 54.2, the Parties will meet and confer to reach agreement on attorneys' fees and costs. The Parties will file a joint status report, including a recommendation for further proceedings, by no later than January 7, 2014. If there is no resolution of the attorneys' fees and costs matter, Plaintiffs may file a motion for attorneys' fees and costs within thirty days of January 7, 2014, pursuant to Fed.R.Civ.P. 54; and it is further

ORDERED that this Injunction and Judgment does not apply with respect to any changes in statute or regulation that are enacted or promulgated after this date, and nothing herein prevents plaintiffs from filing a new civil action to challenge any such future changes.

SO ORDERED.


CHRISTOPHER R. COOPER
United States District Judge

Date: November 5, 2014

This letter is submitted under protest, as we don't believe we need an "accommodation" in order to operate freely under the provisions of the First Amendment to the Constitution and/or the Religious Freedom Restoration Act.

Date: September 23, 2015

To: Secretary of Health and Human Services
c/o Centers for Medicare and Medicaid Services
Center for Consumer Information and Insurance Oversight
Room 739H
200 Independence Ave. SW
Washington, DC 20201

The following eligible organization has a religious objection to providing coverage of a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. Namely,

We have a religious objection to and will not provide post-conceptive medications and devices, namely emergency contraceptives such as the "morning-after pill," the "week-after pill," and intrauterine devices.

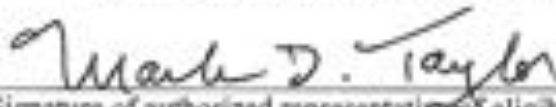
(1) Name of eligible organization: Tyndale House Publishers, Inc.
Contact information: Mark D. Taylor, President
351 Executive Drive
Carol Stream, IL 60188
Phone: 630-668-8300
email: mt@tyndale.com

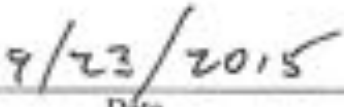
Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

Tyndale House Publishers, Inc. is a closely-held for-profit corporation whose owners have a religious objection to the provision of abortifacient contraceptives through our health plan.

(2) Service Provider Information:
(a) Plan Name: Tyndale House Publishers, Inc. Health Plan
(b) Service Provider Name: Professional Benefit Administrators
(c) Contact Information: 900 Jorie Blvd #250, Oak Brook, IL 60523
800-435-5694
(d) Service Provider Category: ☐ Issuer or ☒ TPA
(e) Plan Type: N/A

(3) Information being submitted is (check one):
☒ Original information; OR ☐ Updated information.


Signature of authorized representative of eligible organization


Date

Mark D. Taylor
Typed name of authorized representative of eligible organization



November 23, 2015

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Room 739H
Washington, DC 20201

Re: Religious Objection to Providing Certain forms of Contraception

To the Secretary of Health and Human Services:

As you are well aware, Conestoga Wood Specialties, Corp., Conestoga Wood Transportation, Inc., and its owners, the Hahn family, have long objected to providing certain forms of contraception as part of their employer sponsored healthcare plan. See *Burwell v. Hobby Lobby Stores, Inc.*, 134 S.Ct. 2751 (2014) (which consolidated our appeal with that of Hobby Lobby and provided us injunctive relief from the relevant mandate). As our history in this subject demonstrates, we are an eligible, closely-held, for-profit corporation with a sincerely held religious belief. As such, we do not provide any of the hormonal drugs or IUDs but do provide barrier contraception and sterilization.

I can be reached at the address and phone number listed on this letterhead. Additionally, you can reach our Third Party Administrator for Conestoga Wood Specialties Employee Benefit Plan through Highmark Blue Shield, Attention: Jason Campbell, Lead Client Manager, 1800 Center Street 1A L4, Camp Hill, PA 17089-0089 (717) 302-2461.

Sincerely,

A handwritten signature in black ink that reads "Anthony Hahn". The signature is fluid and cursive, written over a horizontal line.

Anthony Hahn
President and Chief Executive Officer

AH/mms

Page 107 redacted for the following reason:

(b)(5)

Page 108 redacted for the following reason:

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November 10, 2015

Sylvia Mathews Burwell
 Secretary of Health and Human Services
 Centers for Medicare & Medicaid Services
 Center for Consumer Information & Insurance Oversight
 ATTN: Notice of Religious Objection to Contraceptive Services
 200 Independence Avenue, SW Room 739H
 Washington, DC 20201

RE: Notice of Religious Objection to Contraceptive Services

Dear Ms. Burwell,

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815.

If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage.

The eligible organization objects to the provision of emergency contraception including, without limitation: Ella, Plan B, Plan B One Step, Next Choice, Next Choice One Dose, My Way, and Take Action.

1. Name of eligible organization: Management, Analysis & Utilization, Inc.
 Contact information: 501 Greene Street, Augusta, GA 30901, 706-823-2349
 Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

2. Service provider information:

(a) Plan Name	(b) Service Provider Name	(c) Service Provider Contact Information	(d) Service Provider Category	(e) Plan type
Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan	Cigna	Lisa Williams CIGNA HealthCare, Atlanta Select Sales Office Two Securities Centre, Suite 200 3500 Piedmont RD N.E. Atlanta, GA 30305 (860) 902-4577	☒ Issuer or ☐ TPA	N/A (employer group health plan)
	Blue Cross Blue Shield of South Carolina	Jim Shew 1000 Executive Center Drive Greenville, SC 29615 (864) 567-6214	☒ Issuer or ☐ TPA	N/A (employer group health plan)
	Essential Staff Care	P.J. Green 250 Commonwealth Drive, Suite 107 Greenville, SC 29615 (864) 527-7939	☐ Issuer or ☒ TPA	N/A (employer group health plan)

3. Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Adam M. Hatcher
Signature of authorized representative of eligible organization

November 10 2015
Date

Adam Hatcher

Typed name of authorized representative of eligible organization

cc: Jim Shew, P.J. Green, Lisa Williams

MODEL NOTICE

Date: August 21, 2015

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Plan B, Ella, Mircna, and copper IUD's

- (1) Name of eligible organization: Commis-Allison Corp. and Commis Illinois Inc.
 Contact information: Michael Gbalski 847-759-3185
 Eligible organization is a: ☐ Non-profit entity; OR ☐ Other eligible organization

- (2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
<u>Commis-Allison Corp.</u>	<u>Dr. B. J. 11</u>	<u>Julie P. 7445</u>	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan
<u>Commis Illinois Inc.</u>	<u>Y</u>	<u>12-653-2656</u>	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
<u>Health Plan</u>			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

- (3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed.

Michael A. Gbalski
 Signature of authorized representative of eligible organization

8-21-15
 Date

MICHAEL A. GBALSKI
 Typed name of authorized representative of eligible organization

Page 112 redacted for the following reason:

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Page 113 redacted for the following reason:

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Page 114 redacted for the following reason:

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Page 115 redacted for the following reason:

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MOYERS MARTIN ^{LLP}
ATTORNEYS AND COUNSELORS AT LAW SINCE 1910

FROM THE DESK OF
TERRY M. KOLLMORGEN
TMK@MOYERSMARTIN.COM

November 18, 2014

SUBMITTED BY ELECTRONIC MAIL, CERTIFIED MAIL RETURN RECEIPT
REQUESTED AND FEDERAL EXPRESS

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Room 73911
Washington, DC 20201

Re: Written Notice Pursuant to Interim Final Rule of Objections and Refusal to include
Abortifacients within in the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

The undersigned serves as General Counsel for Oral Roberts University ("ORU"). This letter constitutes ORU's written notice of "opting out" of any obligation imposed by the Patient Protection and Affordable Care Act mandate, including any resulting rules or regulations ("Mandate") to include Abortifacients, as identified below, within its group health plan ("Plan") on the grounds that such action substantially burdens ORU's sincerely held religious beliefs. This written notice is in compliance with and in reliance on the August 27, 2014 Interim Final Rule entitled Coverage of Certain Preventive Services Under the Affordable Care Act ("Interim Final Rule"), including the description of the augmented accommodation set forth therein. 79 Fed. Reg. 51092.

The information required by the Interim Final Rule is set forth below as well in the exhibits and enclosures with this letter:

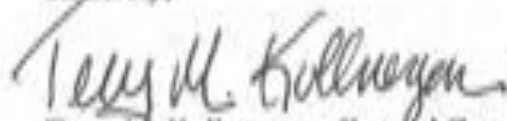
1. The full name of the Eligible Organization is "Oral Roberts University."

Kollmorgen Letter to Secretary Perez and Mr. Mayhew
November 18, 2014
Page 2

2. The basis upon which ORU qualifies for the augmented accommodation to "opt out" of the Mandate under the Interim Final Rule is that ORU is organized and operates as a nonprofit entity – an Oklahoma not for profit corporation; ORU holds itself out as a religious institution; ORU opposes providing "contraceptive" coverages that include Abortifacients; and ORU self-certifies that it satisfies the first three criteria. See enclosed letter from ORU President Dr. William M. Wilson.
3. ORU's objections to including Abortifacients in its Plan based upon its sincerely held religious beliefs are set forth in the enclosed letter from Dr. Wilson.
4. The Abortifacients excluded from ORU's Plan are EC Plan B One-Step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus. ORU objects to and refuses to include these Abortifacients within its Plan.
5. Identification of the Plan name is set forth on the Form 5500 attached as Exhibit "A."
6. Identification of the Plan's health insurance issuer and contact information is set forth in the excerpt from the Plan document attached as Exhibit "B."

ORU exercises the "opt out" of the Mandate's coverage of Abortifacients in material reliance on the government's statements and representations regarding the implementation, effect, and operation of the Mandate and augmented accommodation. ORU reserves the right to challenge the Mandate, obtain and/or receive further protections including those arising from judicial or regulatory developments, and take any and all further action it deems necessary to protect its religious liberties and interests. By "opting out" of the Mandate, ORU does not in any way endorse the imposition of the Mandate, the inclusion of Abortifacients within the scope of the Mandate, or the failure of the government to provide a complete exemption for ORU from the Mandate. ORU has and shall continue to actively promote and undertake efforts to advance the causes of the sanctity of life and religious liberty.

Sincerely,



Terry M. Kollmorgen, General Counsel
Oral Roberts University

Enclosures:
Letter from Dr. William M. Wilson
Exhibit "A" – Form 5500
Exhibit "B" – Excerpt from Plan



ORU | MAKE NO
LITTLE PLANS
HERE

November 18, 2014

SUBMITTED BY ELECTRONIC MAIL AND REGULAR MAIL

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight,
200 Independence Avenue SW
Room 739H
Washington, DC 20201

Re: Notice of Objection and Refusal to include Abortifacients within the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

This letter serves as further objection to and notice of refusal to include Abortifacients, as identified below, within the group health plan of Oral Roberts University (ORU) on the grounds that such action substantially burdens ORU's sincerely held religious beliefs.

ORU was established in 1962 as a private Christian university located in Tulsa, Oklahoma. ORU is an Oklahoma not for profit corporation and an Internal Revenue Code §501(c)(3) tax exempt entity. ORU was "founded in the fires of evangelism and upon the unchanging precepts of the Bible." See ORU's Founding Vision. ORU seeks to fulfill God's commission to its founder, Oral Roberts, to "[R]aise up your students to hear My voice, to go where My light is dim, where My voice is heard small, and My healing power is not known, even to the uttermost bounds of the earth." ORU's mission is "[T]o build Holy Spirit-empowered leaders through whole person education to impact the world with God's healing." See ORU's Mission Statement. ORU's fulfillment of its mission includes providing a "whole person education," which develops students in spirit, mind, and body, to prepare them to be

William M. Wilson, D.Min. | President

ORAL ROBERTS UNIVERSITY

7777 South Lewis Avenue, Tulsa, Oklahoma 74171 | 918.695.4175 | www.oru.edu

Secretary Perez and Mr. Mayhew Letter
November 18, 2014
Page 2

professionally competent leaders who are spiritually alive, physically disciplined, socially adept, and intellectually alert.

ORU draws its faculty, staff, and administration from those who hold its same religious beliefs by professing and demonstrating a strong commitment to the Lord Jesus Christ and the Bible as God's Word. An integral part of fulfilling ORU's mission is electing Trustees and hiring faculty, staff, and administrators that exemplify its lifestyle and Code of Honor. ORU employees and students sign the Honor Code Pledge, which is an expression of ORU's responsibility to God and "designed to bring unity among" its students, faculty, staff, and administration.

Among these deeply held shared religious beliefs are the Bible's clear teachings on the absolute sanctity of life. ORU believes, in accordance with Scripture, that life begins at conception. (Psalm 139:13-16, Luke 1:39-41, Jeremiah 1:5) and from that moment forward, life in the womb is sacred and worthy of the utmost protection and respect.

ORU abhors the destruction of innocent human life through abortion as unbiblical and contrary to God's will. ORU unreservedly believes that the procurement of, participation in, facilitation of, or payment for abortion, including the Abortifacients included within the Patient Protection and Affordable Care Act ("ACA") mandate, violates the Sixth Commandment and are inconsistent with the dignity conferred by God on creatures made in His image. Based on the Bible's religious and moral teachings, ORU opposes termination of the life of a preborn child by, among other means, abortion-inducing drugs and devices including those that after fertilization serve to prevent the newly formed embryo from implanting into the mother's uterus or dislodge the viable embryo after it was recently implanted. For ORU, abortions and the use of any Abortifacients are morally wrong and violate our sincerely held religious beliefs.

These sincerely held religious beliefs are not constrained to the black and white of a published statement but rather are lived out through the lives and activities of ORU's students, faculty, staff, Trustees and constituents. For example, ORU sponsors two student groups on campus focused on issues relating to abortion: Ambassadors for Life and Students for Life. Ambassadors for Life are guided by a mission to "go into every man's world with the Light and Life of Christ and to educate the student body about abortion, euthanasia, and infanticide, equipping this generation for life. See Ambassadors for Life Mission Statement. The mission of Students for Life is "to rais[e] the issues of life regarding born and unborn persons. [Their] goal is to further educate the ORU student body regarding community resources as alternatives to abortion as well as resources that respect the dignity of human life." See Students for Life Mission Statement. ORU's rich history, spanning over fifty years, is blessed by Trustees, Regents, Presidents, faculty, staff, students, and alumni who have actively engaged in communications, activities and organizations advancing these sanctity of life principles.

Secretary Perez and Mr. Mayhew Letter

November 18, 2014

Page 3

ORU understands that the Department of Health and Human Services adopted the recommendation from the Institute of Medicine panel to interpret the "preventive services" for women's health care provision of the ACA to require that private group health plans provide full coverage of women's contraceptives. Among the twenty contraceptives included in the guidelines are Abortifacients identified by ORU as EC Plan B One-Step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus. ORU objects to and refuses to include these Abortifacients within its group health plan.

In addition, ORU also objects to the provisions of the ACA that extend the religious exemption solely to traditional churches, while refusing to include similarly situated established religious institutions such as ORU. The cited rationale for exclusion of churches from the ACA mandate – that they are "more likely" to hire employees that share the same faith (78 Fed. Reg. 39869, 39874 (July 2, 2013)) – applies with equal force and weight to ORU. ORU employees, as demonstrated by their commitment to the Code of Honor Pledge, share ORU's views on the absolute sanctity of human life and abhorrence of Abortifacients to initiate an unholy termination of human life.

The government's regulatory scheme of applying rigid standards to the definition of religious institutions fails to reflect an understanding of the religious and theological foundations of institutions such as ORU. As a Charismatic Spirit-Empowered educational institution, ORU does not fall within the government's pre-conceived notion of a "church, association of churches or integrated auxiliaries of churches" that are exempt from the ACA Mandate. Instead, operating as its controlling religious authority, ORU's Board of Trustees fulfills this governing role in determining and promulgating ORU's statements of faith and religious beliefs. These beliefs are not limited to a singular connection to one particular church or denomination, but rather have spawned a much broader expanse of relationships and ongoing associations with hundreds of churches of shared religious beliefs across the entire globe. ORU serves a core constituency of over 600 million renewalists or Spirit-Empowered Christian believers ranging from Charismatic Catholics to traditional Pentecostal groups. This global community of believers shares ORU's deeply held religious beliefs of rejecting abortion and honoring the sanctity of human life. Any governmental rule or regulation that refuses to extend a religious based exemption to ORU with its dynamic and expansive Christian impact is not only misguided but openly serves to discriminate against ORU on the basis of religion and denies our fundamental religious liberties.

In closing, I would ask you to reflect on the response of President Thomas Jefferson to a group of nuns writing him in 1804 to express concerns about the power of the federal government and their ability to retain both their property and their religious freedoms. President Jefferson responded that "the principles of the constitution and the government of the United States are a sure guarantee to you that [your property] will be preserved to you sacred and

Secretary Perez and Mr. Mayhew Letter

November 18, 2014

Page 4

inviolate, and that your institution will be permitted to govern itself according to its own voluntary rules, without interference from the civil authority." ORU appreciates your further evaluation of these issues and will remain in fervent prayer that our government will reconsider its promotion of Abortifacients in group health plans and will, at an absolute minimum, provide a complete religious exemption to ORU and similarly situated religious institutions and entities.

Sincerely,

A handwritten signature in dark ink, appearing to read "William M. Wilson", with a stylized flourish at the end.

Dr. William M. Wilson, President
Oral Roberts University

Page 122 redacted for the following reason:

(b)(4)

any delegate. Any delegate shall report periodically to the Employer or Plan Administrator, as applicable, concerning the discharge of the allocated or delegated responsibilities. As authorized by ERISA, to prevent any two parties from being deemed co-fiduciaries with respect to a particular function, the Plan is intended and shall be construed to allocate to each party only those specific powers, duties, responsibilities and obligations as are specifically granted to such party under or pursuant to the Plan.

Plan Information

Employer and Plan Sponsor:

Oral Roberts University
7777 S. Lewis Ave.
Tulsa, OK 74171
(918) 495-7874

Other Participating Employer:

University Broadcasting, Inc.
7777 S. Lewis Ave.
Tulsa, OK 74171

Plan Name: Oral Roberts University Group Benefits Plan ("Plan")

Plan Sponsor's Employer Identification Number: 73-0739626

ERISA Plan Number: 501

Agent for Legal Process:

Terry M. Kollmorgen
Moyers, Martin, Santee, & Imel, LLP.
401 S. Boston Suite 1100
Tulsa, OK 74103
(918) 582-5281

Type of Plan: A welfare benefit plan.

Plan Payments: Plan benefits are paid from general assets of the Participating Employers with respect to self-insured benefits and insurance company payments with respect to insured benefits by the following insurers and claims administrators as indicated below (or any successor entity as communicated by the Employer from time to time) for the respective benefits programs.

Medical Insurance Program

This benefits program is insured by the Insurer named below pursuant to the terms of the insurance contract/policy identified below.

CommunityCare HMO, Inc.
P.O. Box 3249
Tulsa, OK 74101-3249



MOYERS MARTIN ^{LLP}
ATTORNEYS AND COUNSELORS AT LAW SINCE 1910

FROM THE DESK OF
TERRY M. KOLLMORGEN
TMK@MOYERSMARTIN.COM

December 23, 2014

SUBMITTED BY ELECTRONIC MAIL, CERTIFIED MAIL RETURN RECEIPT
REQUESTED AND FEDERAL EXPRESS

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Room 739H
Washington, DC 20201

Re: Supplement to Written Notice Pursuant to Interim Final Rule of Objections and Refusal
to include Abortifacients within in the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

The undersigned serves as General Counsel for Oral Roberts University ("ORU"). This letter constitutes ORU's supplement to its written notice ("Notice") dated November 18, 2014 of "opting out" of any obligation imposed by the Patient Protection and Affordable Care Act mandate, including any resulting rules or regulations ("Mandate"), to include Abortifacients, as identified in the Notice, within its group health plan ("Plan") on the grounds that such action substantially burdens ORU's sincerely held religious beliefs. This supplement to the Notice is in compliance with and in reliance on the August 27, 2014 Interim Final Rule entitled Coverage of Certain Preventive Services Under the Affordable Care Act ("Interim Final Rule"), including the description of the augmented accommodation set forth therein. 79 Fed. Reg. 51092.

Kollmorgen Letter to Secretary Perez and Mr. Mayhew
December 23, 2014
Page 2

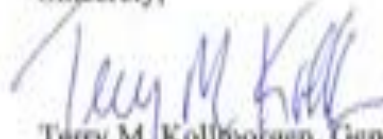
The information required by the Interim Final Rule contained in the Notice is supplemented as follows:

1. Effective January 1, 2015, the Plan will be self-funded.
2. The Plan's third party administrator is:

CommunityCare
218 W. 6th Street
Tulsa, Oklahoma 74119

All other terms and conditions of the Notice remain in full force and effect.

Sincerely,

A handwritten signature in blue ink, appearing to read "Terry M. Kollmorgen".

Terry M. Kollmorgen, General Counsel
Oral Roberts University

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 7391E



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

December 2, 2014

Attn: Marketing
CommunityCare HMO, Inc.
P.O. Box 3249
Tulsa, OK 74101-3249
employerconnection@ccok.com

Re: Oral Roberts University Group Benefits Plan

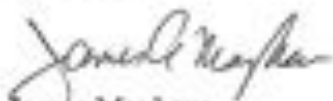
Dear CommunityCare HMO,

This is to inform you that the Department of Health and Human Services has received notice from Oral Roberts University that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Oral Roberts University has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan, Oral Roberts University Group Benefits Plan: "EC Plan B One-step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "James Mayhew". The signature is fluid and cursive, with the first name "James" and last name "Mayhew" clearly distinguishable.

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

BELHAVEN
UNIVERSITY
Our Standard is Christ

September 23, 2014

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201 Room 739H

To the Secretary of Health and Human Services:

Attached is our model notice of our religious objection to providing coverage of all contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815.

I am typing the name of Virginia C. Henderson, who is the authorized representative who has signed the model notice.



Mike Myrick
Director of Human Resources and Payroll
Belhaven University

MODEL NOTICE

Date:

9/23/2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:

(1) Name of eligible organization: BELHAVEN UNIVERSITY

Contact information: 1500 PEACHTREE ST. CAMPUS BOX 172 JACKSON, MS 39202

Eligible organization is a: ☒ Non-profit entity; OR ☐ Other eligible organization 601-968-8993

MAYRICK@BELHAVEN.EDU

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
BELHAVEN UNIVERSITY PLAN A	ONE CAMPUS BOX 172 JACKSON, MS		☐ Direct or ☒ TPA	☐ Church plan ☐ Student plan
BELHAVEN UNIVERSITY PLAN B	ONE CAMPUS BOX 172 JACKSON, MS		☐ Direct or ☒ TPA	☐ Church plan ☐ Student plan
BELHAVEN UNIVERSITY PLAN C	ONE CAMPUS BOX 172 JACKSON, MS		☐ Direct or ☒ TPA	☐ Church plan ☐ Student plan
	PO BOX 1043 JACKSON, MS 39202-8943		☐ Direct or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:

Signature of authorized representative of eligible organization

9/23/2014

Date

Typed name of authorized representative of eligible organization

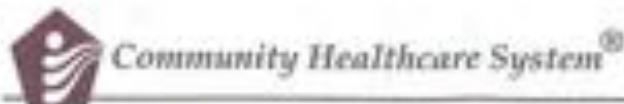
Virginia C. Henderson

Page 130 redacted for the following reason:

(b)(5)

Page 131 redacted for the following reason:

(b)(5)



Community Foundation of Northwest Indiana, Inc.

Community Hospital
St. Catherine Hospital
St. Mary Medical Center

December 31, 2015

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201
Room 735H

To the Secretary of Health and Human Services:

The following eligible organizations have a religious objection to providing coverage of all contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. This is original information being submitted on behalf of these entities.

St. Mary Medical Center Non-profit entity
St. Catherine Hospital Non-profit entity

The identified self-funded health and prescription plan(s) under religious objection is a high deductible plan (Plan F) for the above entities. Service provider for Plan F is a third party administrator:

Prairie States Enterprises
P.O. Box 23
Sheboygan, WI 53082-0023
1-800-615-7020
prairieontheweb.com

Any questions can be directed to:
Anthony Ferracane
Vice President
Community Foundation of Northwest Indiana, Inc.
907 Ridge Road
Munster, IN 46321
219-836-6705

Sincerely,

A handwritten signature in cursive script that reads "Anthony Ferracane".
Anthony Ferracane

Page 133 redacted for the following reason:

(b)(5)

Page 134 redacted for the following reason:

(b)(5)

Page 135 redacted for the following reason:

(b)(5)

Page 137 redacted for the following reason:

(b)(5)

GREENVILLE

COLLEGE

December 1, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Greenville College opposes abortifacient contraception and requests exemption of Plan B, Ella and certain abortifacient IUD's from its insurance coverage for employees effective on January 1, 2015.

(1) Name of eligible organization: Greenville College

Contact information: 315 E. College Avenue, Greenville, IL 62246
Phone: 618-664-2800

Eligible organization is a: ☒ Non-profit entity; OR ☐ Other eligible organization

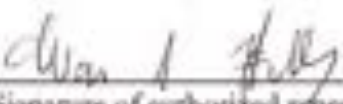
(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
\$500 Deductible Plan - PPO	Blue Cross Blue Shield	www.bcbsil.com ; 800-458-6024	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan
\$1,500 Deductible Copay Plan - PPO	Blue Cross Blue Shield	www.bcbsil.com ; 800-458-6024	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan
\$3,000 HSA Plan - HSA	Blue Cross Blue Shield	www.bcbsil.com ; 800-458-6024	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____



 Signature of authorized representative of eligible organization

12/1/2014
 Date

Dr. Ivan Filby, President

Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: 10/7/2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Plan B, which is one form of the morning-after pill.

Ella (the manufacturer uses a lower case "e") is another version of the morning-after pill.

Mirena, an IUD that changes cervical mucus.

ParaGard, which is a copper IUD.

(1) Name of eligible organization: Bingaman and Son Lumber Inc, Po Box 247 (1195 Creek Mountain rd) Kreamer PA 17833

Contact information: Michael Worrell, Director Human Resources, 570-374-1108
mworrell@bingamanlumber.com

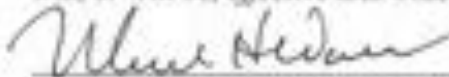
Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Health America/ Health Assurance PPO \$5000 plan	PO Box 6506 Carol Stream IL 60197		☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
UPMC PPO \$3500 plan	One Chatham Center 112 Washington Place Pittsburgh PA 15219		☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):
☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____



Signature of authorized representative of eligible organization

10/7/2014

Date

Michael Worrell

Typed name of authorized representative of eligible organization

Date 10/7/2014

46061 Van Dyke Ave.
Utica, MI 48317

September 25, 2015

Via U.S. Mail and Electronic Mail

United States Department of Health and Human Services
Attn: Sylvia Burwell, Secretary of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201
Room 739H
marketreform@cms.hhs.gov

*Re: Religious Objection to all contraceptive services pursuant to 26 CFR 54.2713A,
29 CFR 2590.715-2713A, and 45 CFR 147.131*

Dear Secretary Burwell,

This letter serves as our formal religious objection to providing all contraceptive services in our employee health plan. This objection covers Weingartz Supply Co., Inc., and W & P Management LLC. These organizations are eligible for-profit companies that are closely held, as described by 26 CFR 54, 29 CFR 2510, 2590, 45 CFR 147, and 80 Fed. Reg. 41317 (July 14, 2014).

(1) The contact information for the eligible organization(s) is as follows:

Name of eligible organization(s): Weingartz Supply Co., Inc. and W & P Management LLC

Contact information: Daniel Weingartz, 46061 Van Dyke Ave., Utica, MI 48317, 586-255-9960,
dan@weingartz.com

The Eligible Organization is a: Other eligible organization.

(2) Below please find the information you require pertaining to the eligible organization(s)'s plan.

Service Provider Information:

(a) Plan Name	(b) Service Provider's Name	(c) Service Provider Contact Information	(d) Service Provider Category	(e) Plan Type (if applicable)
W & P Management LLC Weingartz	Blue Cross Blue Shield of Michigan	Brown & Brown of Detroit Sharon Nummer 35375 Mound Road Sterling Heights, MI 48310 586-977-6300 snummer@instantbusinessresources.com	Issuer	

The information submitted is original information, required by you for the first time in response to 80 Fed. Reg. 41317 (July 14, 2015) that went into effect on September 14, 2015. If you require additional information or if you find this notice to be unsatisfactory for any reason, please contact my legal counsel as soon as possible at the Thomas More Law Center, Attn: Erin Mersino, 24 Frank Lloyd Wright Drive, Suite 393, Ann Arbor, Michigan, 48106, Telephone: 734-827-2001. I have also attached the permanent injunction obtained by the eligible organization(s) for your reference as Exhibit 1.

Sincerely,


Daniel Weingartz, President
Weingartz Supply Co., Inc.

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

LEGATUS, et al.,

Plaintiffs,

v.

Case No. 12-12061

SYLVIA BURWELL, et al.,

Defendants.

INJUNCTION AND JUDGMENT AS TO PLAINTIFFS WEINGARTZ SUPPLY
COMPANY AND DANIEL WEINGARTZ¹

In light of the Supreme Court's decision in *Burwell v. Hobby Lobby Stores, Inc.*,
134 S. Ct. 2751 (2014), and defendants' consent, it is hereby

ORDERED that defendants, their employees, agents, and successors in office
are enjoined

(a) from enforcing

(1) the "June 30, 2014 Contraceptive Coverage Requirement," defined here to
include those provisions of federal law in existence on June 30, 2014,
when the Supreme Court decided *Hobby Lobby*, that require Plaintiff
Weingartz Supply Company to provide its employees with health coverage
for contraceptive methods, sterilization procedures, and related patient
education and counseling to which plaintiffs object on religious grounds,

¹ This Injunction and Judgment relates to Plaintiffs Weingartz Supply Company's
and Daniel Weingartz's claims only and does not affect Plaintiff Legatus' claims in
any way.

e.g., 26 C.F.R. § 54.9815-2713(a)(1)(iv); 29 C.F.R. § 2590.715-
2713(a)(1)(iv); 45 C.F.R. § 147.130(a)(1)(iv); and

(2) any penalties, fines, or assessments for noncompliance with the June 30,
2014 Contraceptive Coverage Requirement, including those found in 26
U.S.C. § 4980D, and 29 U.S.C. §§ 1132 and 1185d; and

(b) from taking any other actions based on noncompliance with the June 30,
2014 Contraceptive Coverage Requirement

against Plaintiff Weingartz Supply Company, its employee health plan(s), the group
health coverage provided in connection with such plan(s), and/or Weingartz Supply
Company's health insurance issuers and/or third-party administrators with respect to
Weingartz Supply Company's health plan(s); and it is further

ORDERED that judgment is entered in favor of Plaintiffs Weingartz Supply
Company and Daniel Weingartz and against defendants on Plaintiffs Weingartz Supply
Company and Daniel Weingartz's claim under the Religious Freedom Restoration Act,
42 U.S.C. §§ 2000bb et seq.; and it is further

ORDERED that all other claims brought by Plaintiffs Weingartz Supply Company
and Daniel Weingartz against Defendants are DISMISSED; and it is further

ORDERED that the Parties will meet and confer to reach agreement on
attorneys' fees and costs with respect to Plaintiffs Weingartz Supply Company and
Daniel Weingartz's claims. The Parties will file a joint status report, including a
recommendation for further proceedings, by no later than February 9, 2015. If there is
no resolution of the attorneys' fees and costs matter, Plaintiffs Weingartz Supply
Company and Daniel Weingartz may file a motion for attorneys' fees and costs within

thirty days of February 9, 2015, pursuant to Federal Rule of Civil Procedure 54; and it is further

ORDERED that this injunction and Judgment does not apply with respect to any changes in statute or regulation that are enacted or promulgated after this date, and nothing herein prevents plaintiffs from filing a new civil action to challenge any such future changes.

s/Robert H. Cleland
ROBERT H. CLELAND
UNITED STATES DISTRICT JUDGE

Dated: December 31, 2014

I hereby certify that a copy of the foregoing document was mailed to counsel of record on this date, December 31, 2014, by electronic and/or ordinary mail.

s/Lisa Wagner
Case Manager and Deputy Clerk
(313) 234-5522

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 799H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

May 19, 2015

John J. Marek
St. Raphael Health Plan
3501 South Lake Drive
PO Box 070912
Milwaukee, WI 53207-0912

Dear Mr. Marek,

We received notifications from the employers participating in the St. Raphael Health Plan that they have religious objections to providing coverage of all contraceptive services.

Please note that group health plans established or maintained by religious employers, as defined in the regulations (and group health insurance coverage provided in connection with such plans), are exempt from the requirement to cover contraceptive services under section 2713 of the Public Health Service Act, as incorporated into the Employee Retirement Income Security Act and the Internal Revenue Code. Under final regulations published in July 2013, an organization that is organized and operates as a nonprofit entity and is referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code, as amended, is considered a religious employer for purposes of the religious employer exemption.

It appears that the following employers meet the definition of a religious employer and therefore are exempt from the requirement to provide coverage of contraceptive services:

1. Annunciation Parish
2. The Archdiocese of Milwaukee
3. Blessed John Paul II
4. Blessed Sacrament Congregation
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6. Blessed Teresa of Calcutta Parish
7. Blessed Trinity Parish
8. Carmelite Sisters of the Divine Heart of Jesus
9. Congregation of St. John Cathedral
10. Christ Child Christian Formation
11. Christ King Parish

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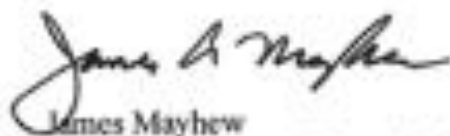
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135. St. Paul Catholic Parish
136. St. Paul Parish
137. St. Paul the Apostle Parish
138. St. Peters Parish
139. St. Peter Catholic Church
140. St. Peter Congregation
141. St. Peter of Alcantara Congregation
142. St. Peter Claver Parish
143. St. Pius X Congregation
144. St. Raphael the Archangel Congregation and Parish School
145. St. Richard Parish, Racine, Wisconsin
146. St. Rita Parish (Rev. Richard A. Young, OSA - Pastor)
147. St. Rita Parish (Charles G. Zabler, Authorized Representative)
148. St. Robert of Newminster Parish

149. St. Robert Bellarmine
150. Saint Roman Congregation
151. St. Stephen Congregation
152. St. Theresa Parish
153. St. Therese Congregation
154. St. Veronica Parish
155. St. Vincent de Paul (Robert Ramstack, Pastor)
156. St. Vincent Pallotti
157. St. William Catholic Church
158. The Sisters of St. Elizabeth
159. Sisters of the Divine Savior
160. Sons of Zebedee Ss. James and John
161. Three Holy Women Catholic Congregation

Please let us know by June 15, 2015 if this is a correct listing of all exempt religious employers participating in the St. Raphael Health Plan. Also by June 15, 2015, please let us know whether any exempt religious employers instead prefer to avail themselves of the accommodation, whereby they do not have to contract, arrange, pay or refer for contraceptive coverage. Under the accommodation, separate payments for contraceptive services may be available for women in the health plan from third-parties, at no cost to the women or to the organizations.

If we do not receive a response from you by Monday, June 15, 2015, we will regard this as an acknowledgement by you that the 161 employers identified above all qualify as exempt religious employers that do not wish to avail themselves of the accommodation, and that the remainder of the notifying employers addressed in your letter are eligible nonprofit organizations that do wish to avail themselves of the accommodation. After June 15, 2015, HHS will work with the Department of Labor to notify the third party administrators identified in the notifications submitted by the employers availing themselves of the accommodation in accordance with the August 2014 final regulations. If you have any questions, you may contact us at marketreform@cms.hhs.gov.

Sincerely,



James Mayhew
Director, Division of Regulations and Policy
Oversight Group

NOV 16 2015



1575 Midway Pl.
Menasha, WI 54952

October 28, 2015

The U.S. Department of Health & Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary of Health and Human Services:

Network Health Administrative Services LLC serves as the third party administrator (TPA) for Ascension Health.

Enclosed is the EBSA Form 700 Certification associated with the federal requirements to cover certain contraceptive services.

If you require additional information or have any questions, please contact me at (920) 720-1218.

Sincerely,

A handwritten signature in black ink that reads "Lori Zettel".

Lori Zettel
Network health

EBSA FORM 700— CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organizations listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Ascension Health Alliance d/b/a Ascension and all of its current and future subsidiaries that are "eligible organizations" as defined in the regulations
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Eric Feinstein Senior Vice President, Total Rewards
Mailing and email addresses and phone number for the individual listed above	11775 Borman Drive St. Louis, MO 63146 efeinstein@ascensionhealth.org

On behalf of Ascension Health Alliance d/b/a Ascension and all of its current and future Subsidiaries that are "eligible organizations" as defined in the regulations, I certify the organizations are eligible organizations (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that have a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Eric Feinstein
Signature of the individual listed above

9/21/2015
Date

An organization or its plan using this form must provide a copy of this certification to the plan's health insurance issuer (for insured health plans) or a third party administrator (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a third party administrator for the plan that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that the eligible organization:

- (1) Will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) The obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

As an alternative to using this form, an eligible organization may provide notice to the Secretary of Health and Human Services that the eligible organization has a religious objection to providing coverage for all or a subset of contraceptive services, pursuant to 26 CFR 54.9815-2713A(b)(1)(iii)(B) and (c)(1)(ii), 29 CFR 2590.715-2713A(b)(1)(ii)(B) and (c)(1)(ii), and 45 CFR 147.131(c)(1)(ii). A model notice is available at: <http://www.cms.gov/cciio/resources/Regulations-and-Guidance/index.html#Prevention>.

This form or a notice to the Secretary is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1210-0150. An organization that seeks to be recognized as an eligible organization that qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing may complete this self-certification form, or provide notice to the Secretary of Health and Human Services, in order to obtain or retain the benefit of the exemption from covering certain contraceptive services. The self-certification form or notice to the Secretary of Health and Human Services must be maintained in a manner consistent with the record retention requirements under section 107 of the Employee Retirement Income Security Act of 1974, which generally requires records to be retained for six years. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, gather the necessary data, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebssa.opri@dol.gov and reference the OMB Control Number 1210-0150.

No. 14-2396

In the United States Court of Appeals for the Seventh Circuit

WHEATON COLLEGE,

Plaintiff-Appellant,

v.

SYLVIA BURWELL, Secretary of the United States Department of Health and Human Services; UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES; THOMAS PEREZ, Secretary of the United States Department of Labor; UNITED STATES DEPARTMENT OF LABOR; JACOB J. LEW, Secretary of the United States Department of the Treasury; and UNITED STATES DEPARTMENT OF THE TREASURY,

Defendants-Appellees.

On Appeal from the United States District Court
for the Northern District of Illinois, Eastern Division
No. 1:13-cv-08910, Judge Robert M. Dow, Jr., Presiding

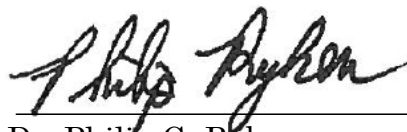
SUPPLEMENTAL DECLARATION OF DR. PHILIP G. RYKEN

1. My name is Philip G. Ryken. I am over the age of 18 and have personal knowledge of the contents of this declaration. I am the current President of Wheaton College. I have served as the College's President since July 1, 2010.
2. It is my understanding that the Court inquired yesterday about whether the "accommodation" coverage is currently being provided to Wheaton's students and employees.
3. During the course of this litigation, I have closely supervised administration of Wheaton College's insurance plans. As a result of my supervision, I know the "accommodation" coverage is not currently being provided, and has not been provided at any time, in connection with Wheaton College's plans.
4. That said, it is also my understanding that the government is pressuring our contract partners to provide this coverage in connection with Wheaton's plans over Wheaton's religious objection. That is why we continue to respectfully request and need injunctive relief against the government's ongoing efforts to use our plans in this manner.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief.

Executed on June 11, 2015 in the United States.

Date: June 11, 2015

A handwritten signature in black ink, appearing to read "Philip Ryken", written over a horizontal line.

Dr. Philip G. Ryken

(Original Signature on file with filing counsel)



The Becket Fund
FOR RELIGIOUS LIBERTY

Via CM/ECF

Clerk's Office

U.S. Court of Appeals for the Seventh Circuit

219 S. Dearborn St.

Chicago, IL 60604

June 12, 2015

Re: *Wheaton College v. Burwell et. al*,

No. 14-2396

Restatement of position following oral argument

Dear Clerk:

During Wednesday's argument, the Court inquired as to the current status of contraceptive coverage at Wheaton. Counsel for the government told the Court that the disputed "accommodation" coverage is currently being provided to Wheaton employees and students (recording at approximately 28:30). However, as undersigned counsel represented to the Court, that is incorrect: the "accommodation" coverage is not being provided to Wheaton's employees and students (recording at approximately 9:27-10:15, 32:30-50). Since undersigned counsel represents Wheaton and has knowledge of the current status of Wheaton's coverage—and since the government later acknowledged that it actually does not have such knowledge and was just making an assumption (recording at approximately 28:53)—the representations made on behalf of Wheaton College about its plans should be sufficient to establish this fact.

However, because this appeal falls within this Court's equitable jurisdiction and the Court inquired about the current status quo, Wheaton also hereby submits as additional evidence the attached one-page declaration from President Ryken confirming that the "accommodation" coverage is not currently being provided and has not been provided to Wheaton's employees and students at any time.

Respectfully submitted,

/s/ Mark Rienzi

Mark Rienzi

THE BECKET FUND FOR
RELIGIOUS LIBERTY

1200 New Hampshire Ave. NW,
Ste. 700

Washington, D.C. 20036

(202) 955-0095

mrienzi@becketfund.org

Counsel for Wheaton College

CERTIFICATE OF SERVICE

I certify that on June 12, 2015, I caused the foregoing declaration to be served by CM/ECF to the following parties, who have consented in writing to service in this manner:

Julie Saltman, Julie.saltman@usdoj.gov

Patrick Nemeroff, Patrick.G.Nemeroff@usdoj.gov

Alisa Klein, Alisa.Klein@usdoj.gov

Adam Jed, Adam.C.Jed@usdoj.gov

Mark Stern, Mark.Stern@usdoj.gov

Joshua Salzman, Joshua.M.Salzman@usdoj.gov

U.S. Department of Justice

Counsel for Appellees

Respectfully submitted,
s/ Mark Rienzi

Mark Rienzi

THE BECKET FUND

FOR RELIGIOUS LIBERTY

1200 New Hampshire Ave. NW

Suite 700

Washington, DC 20036

(202) 955-0095

mrienzi@becketfund.org

Counsel for Wheaton College



Notice of Availability of Separate Payments for Contraceptive Services

Your employer or institution of higher education has certified that your health plan qualifies for an accommodation with respect to the federal requirement to cover all Food and Drug Administration-approved contraceptive methods for women, as prescribed by a health care provider, without cost sharing. This means that your employer or institution of higher education will not contract, arrange, pay or refer for contraceptive coverage. Instead, Blue Cross and Blue Shield of Illinois (BCBSIL) will provide or arrange separate payments for contraceptive services that you use, without cost sharing and at no other cost, for so long as you are enrolled in your health plan. Your employer or institution of higher education will not administer or fund these payments. If you have any questions about this notice, contact BCBSIL customer service at the number listed on your member ID card.

Certain contraceptive services are provided to you by BCBSIL without cost sharing when using an in-network provider*. To obtain contraceptive services, present your current BCBSIL member ID card. Mail-order pharmacy services may also be used to obtain contraceptive services.

The contraceptive services include, but aren't limited to:

- Emergency contraceptives and IUDs (unless otherwise provided under your group health coverage)

Mail Order Pharmacy Program-- When you receive covered drugs dispensed through the Mail-Order Program, you must complete and submit the mail service prescription drug claim form to the address on the claim form. Additional information may be obtained from your employer, from the carrier, the BCBSIL website at: www.bcbsil.com/member/rx_drugs.html, or by calling the customer service helpline listed on the back of your member ID card.

ERISA -- Statement of ERISA Rights, if applicable:

As a participant in this plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits:

- Examine all documents governing the plan at no charge to the participant.
- Obtain copies of documents governing the operation of the plan. There may be a reasonable charge for the copies.
- Receive a summary of the plan's annual financial report.

Continue Group Health Plan Coverage:

Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event.

Enforce Your Rights:

If your claim for a welfare benefit is denied or ignored, you have a right to know why, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.



**BlueCross BlueShield
of Illinois**

Assistance With Your Questions:

If you have any questions about the plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U. S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U. S. Department of Labor, 200 Constitution Avenue, N. W., Washington, D. C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Claims and Appeals -- If you receive a notice of “**Adverse Benefit Determination**” it means the claim has been denied, reduced or terminated, or that there was a failure to provide or make payment (in whole or in part). You may seek and obtain a full and fair review of any determination of a claim determination made by BCBSXX in accordance with the benefits and procedures detailed in your Plan.

If you believe BCBSIL incorrectly denied all or part of your benefits, you may have your claim reviewed. BCBSIL will review its decision within 180 days after you receive notice of an Adverse Benefit Determination. You may call the number on the back of your identification card to request a claim review. BCBSIL will need to know the reasons why you do not agree with the Adverse Benefit Determination.

Contraceptive Services – Retail Pharmacy or Mail-Order Information

The following contraceptives are available to you at a participating pharmacy with no cost-share. Only the contraceptives listed below are eligible for separate payment. This list is reviewed periodically and is subject to change.

Emergency Contraceptives:**

Levonorgestrel

Ella

*To locate a provider in your network, you can access Provider Finder at www.bcbsil.com or call the customer service number on the back of your member ID card. To be eligible for this separate payment, a network provider should be utilized for all contraceptive services. Payment is not available for services received from an out-of-network provider.

**A prescription is required for emergency contraceptives to be paid without cost sharing at a participating pharmacy.

If you have questions about contraceptive services and payments, including your appeal rights, please call the customer service number listed on your member ID card.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

May 19, 2015

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St. Raphael Health Plan
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131. St. Monica Parish
132. St. Patrick Parish
133. Our Lady of Guadalupe & St. Patrick Parishes
134. St. Patrick Congregation
135. St. Paul Catholic Parish
136. St. Paul Parish
137. St. Paul the Apostle Parish
138. St. Peters Parish
139. St. Peter Catholic Church
140. St. Peter Congregation
141. St. Peter of Alcantara Congregation
142. St. Peter Claver Parish
143. St. Pius X Congregation
144. St. Raphael the Archangel Congregation and Parish School
145. St. Richard Parish, Racine, Wisconsin
146. St. Rita Parish (Rev. Richard A. Young, OSA - Pastor)
147. St. Rita Parish (Charles G. Zabler, Authorized Representative)
148. St. Robert of Newminster Parish

149. St. Robert Bellarmine
150. Saint Roman Congregation
151. St. Stephen Congregation
152. St. Theresa Parish
153. St. Therese Congregation
154. St. Veronica Parish
155. St. Vincent de Paul (Robert Ramstack, Pastor)
156. St. Vincent Pallotti
157. St. William Catholic Church
158. The Sisters of St. Elizabeth
159. Sisters of the Divine Savior
160. Sons of Zebedee Ss. James and John
161. Three Holy Women Catholic Congregation

Please let us know by June 15, 2015 if this is a correct listing of all exempt religious employers participating in the St. Raphael Health Plan. Also by June 15, 2015, please let us know whether any exempt religious employers instead prefer to avail themselves of the accommodation, whereby they do not have to contract, arrange, pay or refer for contraceptive coverage. Under the accommodation, separate payments for contraceptive services may be available for women in the health plan from third-parties, at no cost to the women or to the organizations.

If we do not receive a response from you by Monday, June 15, 2015, we will regard this as an acknowledgement by you that the 161 employers identified above all qualify as exempt religious employers that do not wish to avail themselves of the accommodation, and that the remainder of the notifying employers addressed in your letter are eligible nonprofit organizations that do wish to avail themselves of the accommodation. After June 15, 2015, HHS will work with the Department of Labor to notify the third party administrators identified in the notifications submitted by the employers availing themselves of the accommodation in accordance with the August 2014 final regulations. If you have any questions, you may contact us at marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Oversight Group

U.S. Department of Labor

Employee Benefits Security Administration
Washington, D.C. 20210



SENT VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

October 17, 2014

Blue Cross Blue Shield Mississippi
P. O. Box 1043
Jackson, MS 39215-1043

Re: Belhaven University Plan A, Belhaven University Plan B,
and Belhaven University Plan C

Dear Fiduciary:

The Department of Labor (the Department) has responsibility for administration and enforcement of Title I of the Employee Retirement Income Security Act of 1974 (ERISA). Title I establishes standards governing the operation of employee benefit plans, such as Belhaven University Plan A, Belhaven University Plan B, and Belhaven University Plan C.

The Department has been informed by the Department of Health and Human Services (HHS) that Belhaven University has notified HHS that it is an eligible organization, as defined in 29 CFR 2590.715-2713A(a) and that you are a third party administrator in a contractual relationship with the eligible organization or its plan to provide administrative services to the plans.

Accordingly, consistent with 29 CFR 2510.3-16(b) and 29 CFR 2590.715-2713A(b), the Department is providing this notification that Blue Cross Blue Shield Mississippi is the plan administrator under section 3(16) of ERISA for any benefits for contraceptive services required to be covered under Public Health Service Act (PHS Act) section 2713(a)(4), as incorporated into ERISA section 715, and 29 CFR 2590.715-2713(a)(1)(iv) that the third party administrator would otherwise manage¹ and to which the eligible organization objects on religious grounds.

As long as you remain in a contractual relationship with the eligible organization or its plans to provide administrative services for the plans, as plan administrator, you are responsible for complying with section PHS Act section 2713(a)(4) and 29 CFR 2590.715-2713(a)(1)(iv) with respect to coverage of such contraceptive services to which eligible organization objects on

¹ To the extent the eligible organization or the plan contracts with different third party administrators for different classifications of benefits (such as prescription drug benefits versus inpatient and outpatient benefits), each third party administrator is responsible for providing contraceptive coverage that complies with section 2713 of the PHS Act (as incorporated into section 715 of ERISA) and 29 CFR 2590.715-2713(a)(1)(iv) with respect to the classification or classifications of benefits subject to its contract.

religious grounds. HHS has informed the Department that Belhaven University has a religious objection to coverage of all contraceptive benefits. As such, you are required to:

- (1) Provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries; or
- (2) Arrange for an issuer or other entity to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries.

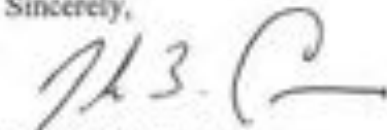
The costs of providing or arranging such payments may be reimbursed through an adjustment to the Federally-facilitated Exchange (FFE) user fee for a participating issuer pursuant to 45 CFR 156.50(d).

As plan administrator, you are also responsible for establishing and operating a procedure for determining claims for such contraceptive services in accordance with 29 CFR 2560.503-1, and complying with disclosure and other requirements applicable to group health plans under Title I of ERISA with respect to such contraceptive benefits.

This notification from the Department is considered an instrument under which the plans are operated under 29 CFR 2510.3-16(b) and shall supersede any earlier designation. You may not require any documentation or other information from the eligible organization.

Questions regarding reimbursement through an adjustment to FFE user fees should be directed to HHS at marketreform@cms.hhs.gov. If you have any questions about your responsibilities as plan administrator under ERISA, you may contact the undersigned at (202) 693-8630.

Sincerely,



Mark B. Connor
Director
Office of Outreach, Education, and Assistance



November 23, 2015

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Room 739H
Washington, DC 20201

Re: Religious Objection to Providing Certain forms of Contraception

To the Secretary of Health and Human Services:

As you are well aware, Conestoga Wood Specialties, Corp., Conestoga Wood Transportation, Inc., and its owners, the Hahn family, have long objected to providing certain forms of contraception as part of their employer sponsored healthcare plan. *See Burwell v. Hobby Lobby Stores, Inc.*, 134 S.Ct. 2751 (2014) (which consolidated our appeal with that of Hobby Lobby and provided us injunctive relief from the relevant mandate). As our history in this subject demonstrates, we are an eligible, closely-held, for-profit corporation with a sincerely held religious belief. As such, we do not provide any of the hormonal drugs or IUDs but do provide barrier contraception and sterilization.

I can be reached at the address and phone number listed on this letterhead. Additionally, you can reach our Third Party Administrator for Conestoga Wood Specialties Employee Benefit Plan through Highmark Blue Shield, Attention: Jason Campbell, Lead Client Manager, 1800 Center Street 1A L4, Camp Hill, PA 17089-0089 (717) 302-2461.

Sincerely,

A handwritten signature in black ink that reads "Anthony Hahn". The signature is fluid and cursive, with the first name and last name clearly distinguishable.

Anthony Hahn
President and Chief Executive Officer

AH/mms

U.S. Department of Labor

Employee Benefits Security Administration
Washington, D.C. 20210



SENT VIA EMAIL AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED

October 23, 2014

Mr. Michael Apolskis
Divisional Vice President
Regulatory Monitoring & Analysis
Health Care Service Corporation
300 E. Randolph Street, 28th Floor
Chicago, Illinois 60601
Email: Mike_Apolskis@bchsll.com

Re: Wheaton College prescription drug plans
administered by Blue Cross Blue Shield of Illinois

Dear Fiduciary:

The Department of Labor (the Department) has responsibility for administration and enforcement of Title I of the Employee Retirement Income Security Act of 1974 (ERISA). Title I establishes standards governing the operation of employee benefit plans, such as the two self-insured Wheaton College prescription drug plans administered by Blue Cross Blue Shield of Illinois.

The Department has been informed by the Department of Health and Human Services (HHS), that Wheaton College has notified HHS that it is an eligible organization, as defined in 29 CFR 2590.715-2713A(a), and that you are a third party administrator in a contractual relationship with the eligible organization or its plan to provide administrative services to the plans.

Accordingly, consistent with 29 CFR 2510.3-16(b) and 29 CFR 2590.715-2713A(b), the Department is providing this notification that Blue Cross Blue Shield of Illinois is the plan administrator under section 3(16) of ERISA for any benefits for contraceptive services required to be covered under Public Health Service Act (PHS Act) section 2713(a)(4), as incorporated into ERISA section 715, and 29 CFR 2590.715-2713(a)(1)(iv) that the third party administrator would otherwise manage¹ and to which the eligible organization objects on religious grounds.

¹ To the extent the eligible organization or the plan contracts with different third party administrators for different classifications of benefits (such as prescription drug benefits versus inpatient and outpatient benefits), each third party administrator is responsible for providing contraceptive coverage that complies with section 2713 of the PHS Act (as incorporated into section 715 of ERISA) and 29 CFR 2590.715-2713(a)(1)(iv) with respect to the classification or classifications of benefits subject to its contract.

As long as you remain in a contractual relationship with the eligible organization or its plans to provide administrative services for the plans, as plan administrator, you are responsible for complying with PHS Act section 2713(a)(4) and 29 CFR 2590.715–2713(a)(1)(iv) with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. Consistent with the Supreme Court's order in *Wheaton College v. Barwell*, 134 S. Ct. 2806, 2807 (2014), which stated that Wheaton College "has already notified the Government . . . that it meets the requirements for exemption from the contraceptive coverage on religious grounds," HHS has informed the Department that Wheaton College has a religious objection to coverage of the following contraceptive services for its two self-insured prescription drug plans: Plan B, ella, and certain unspecified IUDs.

As such, you are required to:

- (1) Provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries; or
- (2) Arrange for an issuer or other entity to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries.

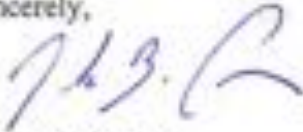
The costs of providing or arranging such payments may be reimbursed through an adjustment to the Federally-facilitated Exchange (FFE) user fee for a participating issuer pursuant to 45 CFR 156.50(d).

As plan administrator, you are also responsible for establishing and operating a procedure for determining claims for such contraceptive services in accordance with 29 CFR 2560.503–1, and complying with disclosure and other requirements applicable to group health plans under Title I of ERISA with respect to such contraceptive benefits.

This notification from the Department is considered an instrument under which the plans are operated under 29 CFR 2510.3-16(b) and shall supersede any earlier designation. You may not require any documentation or other information from the eligible organization.

Questions regarding reimbursement through an adjustment to FFE user fees should be directed to HHS at marketreform@cms.hhs.gov. If you have any questions about your responsibilities as plan administrator under ERISA, you may contact the undersigned at (202) 693-8630.

Sincerely,

A handwritten signature in blue ink, appearing to read "M.B. Connor", with a stylized flourish at the end.

Mark B. Connor
Director
Office of Outreach, Education, and Assistance

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Michael A. Cybulski,
Director, Risk Management
Cummins-Allison Corp
852 Feehanville Drive
Mt. Prospect, IL 60056
E-mail: CybulskiM@cumminsallison.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Cybulski,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

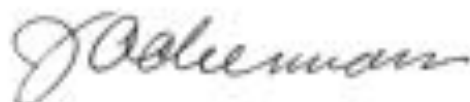
If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
<http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf>.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at

<http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf>.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Doug Graham,
President, Continuant Inc.
5050 20th St. E.
Fife, WA 98424
E-mail: dougg@continuant.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Graham,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
<http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf>

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following

information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (i.e., whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf>.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 779H



August 19, 2015

Adam Hatcher
General Counsel
Management Analysis and Utilization, Inc.
501 Greene Street
Augusta, Georgia 30901
E-mail: adam.hatcher@maui.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Hatcher,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

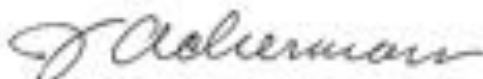
The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
<http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf>.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (i.e., whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf>.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Michael Worrell
Director, Human Resources
Bingaman and Son Lumber Inc.
PO Box 247
1195 Creek Mountain Rd
Kreamer, PA 17833
E-mail: mworrell@bingamanlumber.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Worrell,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

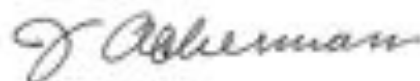
If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
<http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf>

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at

<http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf>.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Gregory Paul Conley
President
Carithers-Wallace-Courtenay, LLC
4343 Northeast Expressway
Atlanta, GA 30340
E-mail: paul.conley@c-w-c.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Conley,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:

<http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf>

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf>.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 73901



August 19, 2015

J Keith Kelly
CEO, Contract Packaging, Inc.
14481 Lochridge Blvd.
Covington, GA 30014
E-mail: Keith@kellyreg.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Kelly,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
<http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf>.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following

information, as required in 45 CFR 147.131(c); the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (i.e., whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf>.

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Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 7396



August 19, 2015

Robert Reynolds
Avesta Homes LLC
5118 N. 56th Street, Suite 201
Tampa, FL 33610

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Reynolds,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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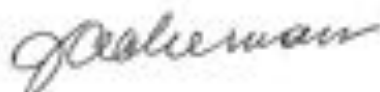
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Sincerely,



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Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Michael Muraski
President, Kent Manufacturing Company
2200 Oak Industrial Drive, NE
Grand Rapids, MI 49505
E-mail: mikem@kent-mfg.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Muraski,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

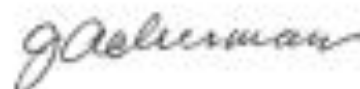
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Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
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Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Anna Steinbauer
VP of Administration
Dakota Tube Inc.
E-mail: anna.steinbauer@dakotatube.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Ms. Steinbauer,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

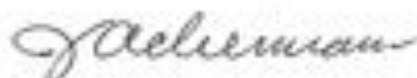
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Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Stephen T. Best
J.E. Dunn Construction Group, Inc.
1001 Locust Street
Kansas City, MO 64106
E-mail: steve.best@jedunn.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Best,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Stephen Distelzweig
Manager, Finance and Administration
ParishSOFT LLC
825 Victors Way, Suite 200
Ann Arbor, MI 48108-2830

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Distelzweig,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

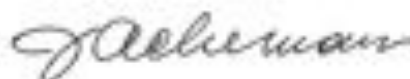
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Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

John Boest
Chief Financial Officer & Assistant Secretary
DAS Companies, Inc.
724 Lawn Road,
Palmyra, PA 17078

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Boest,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
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Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Michael C. Radvansky
Michael James Sales Tax Solutions, LLC
1100 Circle 75 Parkway, Suite 960
Atlanta, GA 30339
E-mail: metheredge@mjsalestax.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Radvansky,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

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Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 779H



VIA OVERNIGHT MAIL& E-MAIL
RETURN RECEIPT REQUESTED

September 18, 2014

Karla Hellings
Senior Account Manager-Established Business SEPA
Aetna
980 Jolly Road U11E
Blue Bell, PA 19422
215-775-7815
HellingsKJ@aetna.com

Re: Valley Forge Christian College

Dear Ms. Hellings,

This is to inform you that the Department of Health and Human Services has received notice from Valley Forge Christian College that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Valley Forge Christian College has notified HHS of its religious objection to the coverage of the following contraceptive services that for its group health plan Valley Forge Christian College: drugs and devices which harm or terminate a fertilized human egg, including but not limited to

- Ulipristal (aka Ella)
- Levonorgestrel (aka Plan B, Plan B One-Step, Next Choice)
- Intrauterine Devices (of any type)
- Abortion services except to save the life of the mother

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "James Mayhew".

James Mayhew

Director, Division of Regulations and Policy

Acting Director, Division of Compliance and Enforcement

Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 73991



VIA CERTIFIED MAIL & E-MAIL
RETURN RECEIPT REQUESTED

October 1, 2014

Cheri Lehto
Blue Care Network
20500 Civic Center Drive, Mail Code C410
Southfield, MI 48076
Email: clehto@bcbsm.com

Re: Blue Care Network (BCN Group Number 00104957), Sisters of the Order of St. Dominic of Grand Rapids

Dear Ms. Lehto,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from the Sisters of the Order of St. Dominic of Grand Rapids that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. The Sisters of the Order of St. Dominic of Grand Rapids has notified HHS of its religious objection to the coverage of all contraceptive services for its group health plan Blue Care Network (BCN Group Number 00104957).

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a) (4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'James Mayhew', is located below the word 'Sincerely,'.

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

October 14, 2014

Andrea Meehan
Sr. Account Executive
Sales
3031C Walton Road, Ste. 201
Plymouth Meeting, PA 19462
Andrea.Meehan@ibx.com

Re: PAISBOA Plan & Trust, Holy Ghost Preparatory School

Dear Ms. Meehan,

This is to inform you that the Department of Health and Human Services has received notice from Holy Ghost Preparatory School that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Holy Ghost Preparatory School has notified HHS of its religious objection to the coverage of all contraceptive services for its group health plan PAISBOA Plan & Trust.

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "James Mayhew", is located below the word "Sincerely,".

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 73911



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

October 17, 2014

Patricia Mayhall
United HealthCare
1110 Montlimar Drive
Suite 250
Mobile, AL 36609
Patricia_Mayhall@uhc.com

Re: Loyola University Core, Basic and Plus Plans (Policy Number 903297), Loyola University New Orleans

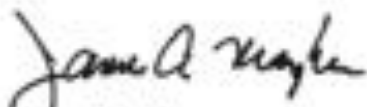
Dear Ms. Mayhall,

This is to inform you that the Department of Health and Human Services has received notice from Loyola University New Orleans that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Loyola University New Orleans has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plans Loyola University Core Plan (Policy Number 903297, Balanced - 40/1000/80% Plan 422 Modified), Loyola University Basic Plan (Policy Number 903297, Traditional with Deductible - 25/500/90% Plan 4Y4 Modified), and Loyola University Plus Plan (Policy Number 903297, Traditional with Deductible - 20/100% 3D1 Modified): all contraceptive benefits.

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "James Mayhew". The signature is fluid and cursive, with the first name "James" and last name "Mayhew" clearly distinguishable.

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 7391



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

October 21, 2014

Michael Apolskis
Divisional Vice President
Regulatory Monitoring & Analysis
Health Care Service Corporation
300 E. Randolph Street, 28th Floor
Chicago, Illinois 60601
Email: Mike_Apolskis@hcsil.com

Re: Wheaton College group health plans issued by Blue Cross Blue Shield of Illinois

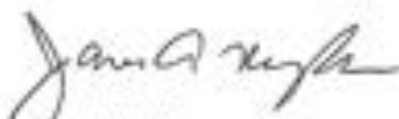
Dear Mr. Apolskis,

This is to inform you that the Department of Health and Human Services has received notice from Wheaton College that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Wheaton College has notified HHS of its religious objection to the coverage of the following contraceptive services for its two group health plans: abortion-causing drugs, abortion procedures, and related services. It specifically identifies Plan B, ella, and certain unspecified IUDs as drugs and devices to which it has religious objections. Note that it has no religious objection to providing coverage for contraceptive drugs and devices that prevent conception (as opposed to interfering with the continued survival of a human embryo).

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "James Mayhew". The signature is fluid and cursive, with the first name "James" being more prominent than the last name "Mayhew".

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

April 21, 2015

David Wythe
Companion Life Insurance Company
7909 Parklane Road, Suite 200
Columbia, SC 29223
E-mail: david.wythe@companiongroup.com

Re: Wheaton College Student Health Insurance Plan (Policy #2014-S3-A27)

Dear Mr. Wythe,

This is to inform you that the Department of Health and Human Services has received notice from Wheaton College that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its student health insurance coverage. Wheaton College has notified HHS of its religious objection to the coverage of the following contraceptive services for its student health plan: "abortion-causing drugs, abortion procedures, and related services". It specifically identified Plan B, ella, and certain unspecified IUDs as drugs and devices to which it has religious objections. Wheaton College stated that it "has no religious objection to providing coverage for contraceptive drugs and devices that prevent conception (as opposed to interfering with the continued survival of a human embryo)".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read 'James Mayhew', is positioned above the printed name.

James Mayhew
Director, Division of Regulations and Policy
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 7391E



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

December 2, 2014

Attn: Marketing
CommunityCare HMO, Inc.
P.O. Box 3249
Tulsa, OK 74101-3249
employerconnection@ccok.com

Re: Oral Roberts University Group Benefits Plan

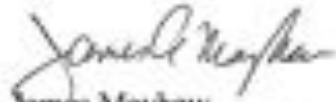
Dear CommunityCare HMO,

This is to inform you that the Department of Health and Human Services has received notice from Oral Roberts University that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Oral Roberts University has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan, Oral Roberts University Group Benefits Plan: "EC Plan B One-step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "James Mayhew". The signature is fluid and cursive, with the first name "James" and last name "Mayhew" clearly distinguishable.

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

March 19, 2015

Julie Tannebaum
Major Account Executive
Blue Cross and Blue Shield of Illinois
1020 31st Street, Downers Grove, IL 60515
Email: julie_tannebaum@bcbsil.com

Re: Olivet Health Plan, Olivet Nazarene University

Dear Ms. Tannebaum,

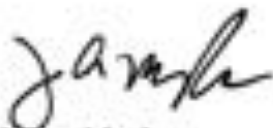
This is to inform you that the Department of Health and Human Services has received notice from Olivet Nazarene University that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Olivet Nazarene University has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan Olivet Health Plan:

- "The Health Plan will not provide, pay for, and/or facilitate access to abortion-inducing products, and related counseling. This includes the use of Yaz, EllaOne, and the Copper-T IUD when prescribed with a diagnosis of pregnancy."
- "The Health Plan will require a prior authorization for the dispensing of Yaz, EllaOne, and the Copper-T IUD. Coverage of these products will not be allowed until a doctor confirms the use of the medications for non-abortifacient purposes."
- "Plan B will be non-covered."

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "James Mayhew".

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

June 2, 2015

Michael Hoffmann
Director, Consumer Programs, CVS/Caremark
CVS Health
9501 E. Shea Blvd.
Scottsdale, AZ 85260
E-mail: Michael.Hoffmann@CVSCaremark.com

Re: St. Raphael Health Plan

Dear Mr. Hoffmann,

This is to inform you that the Department of Health and Human Services has received notice from all employers participating in the St. Raphael Health Plan, a church plan, that they are either an exempt religious employer as defined in 45 CFR 147.131(a)¹ or an eligible organization as defined in 45 CFR 147.131(b) and that your organization is a third party administrator in a contractual relationship with the exempt or eligible organizations or their plan to provide administrative services to the plan.

The organizations participating in the St. Raphael Health Plan have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, St. Raphael Health Plan: all contraceptive benefits.

Church plans are exempt from ERISA pursuant to ERISA section 4(b)(2). As such, a third party administrator of a self-insured church plan cannot become the plan administrator by operation of 29 CFR 2510.3-16, although such a third party administrator may voluntarily provide or arrange separate payments for contraceptive services and seek reimbursement for associated expenses under the process set forth in 45 CFR 156.50. If your organization chooses to do so, you may:

(1) Provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries; or

¹ The employers who are exempt have indicated to CMS that they wish to avail themselves of the accommodation.

(2) Arrange for an issuer or other entity to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries.

The costs of providing or arranging such payments may be reimbursed through an adjustment to the Federally-facilitated Exchange (FFE) user fee for a participating issuer pursuant to 45 CFR 156.50(d).

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Samara Lorenz".

Samara Lorenz
Director, Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

June 2, 2015

Amy Klawitter
Director Account Management
UnitedHealthcare of WI, Employer & Individual
10701 W Research Drive
Milwaukee, WI 53226
E-mail: Amy_Klawitter@uhc.com

Re: St. Raphael Health Plan

Dear Ms. Klawitter,

This is to inform you that the Department of Health and Human Services has received notice from all employers participating in the St. Raphael Health Plan, a church plan, that they are either an exempt religious employer as defined in 45 CFR 147.131(a)¹ or an eligible organization as defined in 45 CFR 147.131(b) and that your organization is a third party administrator in a contractual relationship with the exempt or eligible organizations or their plan to provide administrative services to the plan.

The organizations participating in the St. Raphael Health Plan have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, St. Raphael Health Plan: all contraceptive benefits.

Church plans are exempt from ERISA pursuant to ERISA section 4(b)(2). As such, a third party administrator of a self-insured church plan cannot become the plan administrator by operation of 29 CFR 2510.3-16, although such a third party administrator may voluntarily provide or arrange separate payments for contraceptive services and seek reimbursement for associated expenses under the process set forth in 45 CFR 156.50. If your organization chooses to do so, you may:

(1) Provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries; or

¹ The employers who are exempt have indicated to CMS that they wish to avail themselves of the accommodation.

(2) Arrange for an issuer or other entity to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries.

The costs of providing or arranging such payments may be reimbursed through an adjustment to the Federally-facilitated Exchange (FFE) user fee for a participating issuer pursuant to 45 CFR 156.50(d).

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Samara Lorenz". The signature is fluid and cursive, with a long, sweeping underline.

Samara Lorenz
Director, Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

May 15, 2015

Becky Kinnaman
InHealth Mutual
Account Manager
501 West Schrock Road, Suite 310
Westerville OH 43081
bkinnaman@inhealthohio.org

Re: Healthcare Plan, Society of the Precious Blood

Dear Ms. Kinnaman,

This is to inform you that the Department of Health and Human Services has received notice from Society of the Precious Blood that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Society of the Precious Blood has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s): all contraceptive benefits.

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'James Mayhew'.

James Mayhew
Director, Division of Regulations and Policy
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

August 11, 2015

Alan Shulman
Vice President and Actuary
Commercial Travelers Mutual Insurance Company
70 Genesee Street
Utica, NY 13502
E-mail: ashulman@commercialtravelers.com

Re: Student Health Insurance for Oral Roberts University

Dear Mr. Shulman,

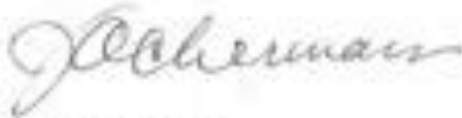
This is to inform you that the Department of Health and Human Services (HHS) has received notice from Oral Roberts University that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its student health insurance coverage (Plan Policy Number 2015i5a97, Plain Form Number NBH-280(2014OK)). Oral Roberts University has notified HHS of its religious objection to the coverage of the following contraceptive services for its student health insurance plan: "EC Plan B One-step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus."

As the issuer of health insurance coverage for the eligible organization's student health insurance plan, your organization is responsible for complying with Public Health Service Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for student enrollees and their covered dependents without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the student health insurance plan, or student enrollees or their covered dependents. You may not require any documentation or other information from the eligible organization.

Page 2 of 2

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "Ackerman". The signature is fluid and cursive, with the first letter being a large capital 'A'.

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 759H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

October 2, 2015

Christina Salatrik,
Sales Manager
Blue Cross Blue Shield Michigan/Blue Care Network
600 E. Lafayette Blvd, Mail Code 519C
Detroit, MI 48226
E-mail: csalatrik@bcbsm.com

Re: W&P Management LLC Weingartz

Dear Ms. Salatrik,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Weingartz Supply Co., Inc. and W & P Management LLC that they are eligible organizations as defined in 45 CFR 147.131(b) and that your organization is the issuer of their group health insurance coverage. Weingartz Supply Co., Inc. and W & P Management LLC have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, W&P Management LLC Weingartz: all contraceptive benefits.

As the issuer of the eligible organizations' health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organizations, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organizations.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "Ackerman", is positioned above the printed name of the sender.

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



October 14, 2015

UnitedHealthcare – Oxford
ebsa700certform@uhc.com

Re: Platinum Freedom Direct Plan, Carolyn's Place, Inc.

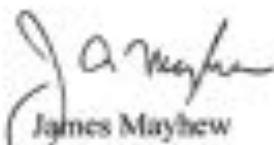
Dear UnitedHealthcare,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Carolyn's Place, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Carolyn's Place, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Platinum Freedom Direct: "all contraceptive benefits".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,


James Mayhew
Acting Director
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

November 23, 2015

Jim Shew
Blue Cross Blue Shield of South Carolina
1000 Executive Center Drive
Greenville, SC 29615

Re: Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan

Dear Mr. Shew,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Management, Analysis and Utilization, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Management, Analysis and Utilization, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan: "the provision of emergency contraception including, without limitation: Ella, Plan B, Plan B One Step, Next Choice, Next Choice One Dose, My Way, and Take Action".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jacob Ackerman".

Jacob Ackerman
Acting Director, Division of Market Regulation
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 779H



VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

November 23, 2015

Lisa Williams
CIGNA HealthCare, Atlanta Select Sales Office
Two Securities Centre, Suite 200
3500 Piedmont RD N.E.
Atlanta, GA 30305

Re: Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan

Dear Ms. Williams,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Management, Analysis and Utilization, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Management, Analysis and Utilization, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan: "the provision of emergency contraception including, without limitation: Ella, Plan B, Plan B One Step, Next Choice, Next Choice One Dose, My Way, and Take Action".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jacob Ackerman".

Jacob Ackerman
Acting Director, Division of Market Regulation
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 735H



VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

January 8, 2016

Tufts Associated Health Plans, Inc.
705 Mount Auburn Street
P.O. Box 9193
Watertown, MA 02471

Re: St. Joseph's Abbey (Cistercian Abbey of Spencer, Inc.), St. Joseph's Abby

To whom it may concern,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from St. Joseph's Abbey (Cistercian Abbey of Spencer, Inc.) that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. St. Joseph's Abbey (Cistercian Abbey of Spencer, Inc.) has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s): "all contraceptive services."

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Ackerman", is positioned above the printed name.

Jacob Ackerman
Acting Director, Market-wide Regulation Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

March 03, 2016

Mary Hentosz
UPMC Health Plan
600 Grant Street
Pittsburgh, Pa. 15219

Re: Earth Sun Moon Trading Health Plan, Earth Sun Moon Trading Company, Inc.

Dear Ms. Hentosz,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Earth Sun Moon Trading Company, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Earth Sun Moon Trading Company, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Earth Sun Moon Trading Health Plan: "all contraceptive benefits".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Ackerman", is located below the "Sincerely," text.

Jacob Ackerman
Acting Director, Market-wide Regulation Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 7798I



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

03/08/2016

Julie Trendt
Priority Health
1231 E. Beltline NE
Grand Rapids, MI 49525
(616) 942-0954
Julie.trendt@priorityhealth.com

Re: HMO HSA 80-3, Luurtsema Sales

Dear Ms. Trendt,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Luurtsema Sales that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Luurtsema Sales has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) HMO HSA 80-3: "all contraceptive benefits".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Ackerman", is written over a horizontal line.

Jacob Ackerman
Acting Director, Market-wide Regulation Division
Oversight Group

EBSA FORM 700-- CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Dakota Tube Inc.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Anna Steinbauer VP of Administration/Co-Owner
Mailing and email addresses and phone number for the individual listed above	221 Airport Dr Watertown SD 57201 anna.steinbauer@dakotatube.com

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

Date

10/29/15

The organization or its plan using this form must provide a copy of this certification to the plan's health insurance issuer (for insured health plans) or a third party administrator (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a third party administrator for the plan that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that the eligible organization:

- (1) Will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) The obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

As an alternative to using this form, an eligible organization may provide notice to the Secretary of Health and Human Services that the eligible organization has a religious objection to providing coverage for all or a subset of contraceptive services, pursuant to 26 CFR 54.9815-2713A(b)(1)(ii)(B) and (c)(1)(ii), 29 CFR 2590.715-2713A(b)(1)(ii)(B) and (c)(1)(ii), and 45 CFR 147.131(c)(1)(ii). A model notice is available at: <http://www.cms.gov/ccio/resources/Regulations-and-Guidance/index.html#Prevention>.

This form or a notice to the Secretary is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1210-0150. An organization that seeks to be recognized as an eligible organization that qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing may complete this self-certification form, or provide notice to the Secretary of Health and Human Services, in order to obtain or retain the benefit of the exemption from covering certain contraceptive services. The self-certification form or notice to the Secretary of Health and Human Services must be maintained in a manner consistent with the record retention requirements under section 107 of the Employee Retirement Income Security Act of 1974, which generally requires records to be retained for six years. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, gather the necessary data, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email gsa.cgr@dol.gov and reference the OMB Control Number 1210-0150.

MODEL NOTICE

Date: August 26, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:

Plan B, Ella, Mircena, and Copper IUD's

- (1) Name of eligible organization: CUMMINS-ALLISON CORP. and CUMMINS ILLINOIS, INC.
 Contact information: MICHAEL CYBULSKI, 815-759-3185
 Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

- (2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)	
<u>CUMMINS-ALLISON</u>	<u>BCBS of IL</u>	<u>JULIE KANDER</u>	☐ Issuer or ☒ TPA	☐ Church plan	☐ Student plan
<u>CORP WELFARE</u>		<u>212-652-3616</u>	☐ Issuer or ☐ TPA	☐ Church plan	☐ Student plan
<u>BENEFIT PLAN</u>			☐ Issuer or ☐ TPA	☐ Church plan	☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan	☐ Student plan

- (3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Michael R. Cybulski
 Signature of authorized representative of eligible organization

8-26-14
 Date

Director, Risk Management
 Typed name of authorized representative of eligible organization



OFFICE OF THE PRESIDENT

September 5, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under the PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code 9815.

Name of eligible organization: Loyola University New OrleansContact information: Ross D. Matthews, 6363 St. Charles Avenue Box 16, New Orleans, LA 70118(1) Eligible organization is a: ☒ Non-profit entity; OR ☐ Other eligible organization

(2) Service Provider Information:

(a) Plan Name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Loyola University Core Plan (GRP No.)76101FF1	Blue Cross and Blue Shield of Louisiana	P.O. Box 98029 Baton Rouge, LA 70898-9029 225.295.2292	☒ Issuer or ☐ TPA	Non-profit
Loyola University Base Plan (GRP No.)76101FF1	Blue Cross and Blue Shield of Louisiana	P.O. Box 98029 Baton Rouge, LA 70898-9029 225.295.2292	☒ Issuer or ☐ TPA	Non-profit
Loyola University Plus Plan (GRP No.)76101FF1	Blue Cross and Blue Shield of Louisiana	P.O. Box 98029 Baton Rouge, LA 70898-9029 225.295.2292	☒ Issuer or ☐ TPA	Non-profit

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

Signature of authorized representative of eligible organization

Date

Rev. Kevin Wildes, S.J.

Typed name of authorized representative of eligible organization



Office of the President

September 10, 2014

Sylvia Mathews Burwell
Secretary of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H
Via email to marketreform@cms.hhs.gov

Re: Valley Forge Christian College Objection to Health Care Mandate

To the Secretary of Health and Human Services:

Valley Forge Christian College has a religious objection to providing coverage of a subset of contraceptive services required to be covered under PHS Action Section 2713, as adopted by the Affordable Care Act, and incorporated under ERISA section 715 and Code section 9815.

The services for which this organization objects are the following:

We are requesting relief, based on our sincerely held religious beliefs, from the regulations issued under the Patient Protection and Affordable Care Act (PPACA) that force employers to provide, directly or indirectly, insurance plans that include potentially life threatening drugs and devices, which harm or terminate a fertilized human egg (the "Mandate"); including but not limited to:

- Ulipristal (aka Ella)
- Levonorgestrel (aka Plan B, Plan B One-Step, Next Choice)
- Intrauterine Devices (of any type)
- Abortion services except to save the life of the mother

Service Provider Information

(a) Plan Name	(b) Service Provider Name	(c) Service Provider Contact Information	(d) Service Provider Category	(e) Plan type if applicable
Valley Forge Christian College	Aetna	Karla Hellings Senior Account Manager-Established Business SEPA 980 Jolly Road U11E Blue Bell, PA 19422 215-775-7815 HellingsKJ@aetna.com	Issuer	N/A
Valley Forge Christian College	PrimePay	Brad Ramer Product Specialist/Channel Manager, HR & Benefit Services 1487 Dunwoody Drive, West Chester, PA 19335 484.913.3535 bramer@primepay.com	TPA	N/A

Information being submitted is:

☒ Original Information ☐ Updated

Contact Information: Kindly direct all correspondence related to this matter to

Don Meyer, Ph.D.
President
VALLEY FORGE CHRISTIAN COLLEGE
1401 Charlestown Road
Phoenixville, PA 19460
610.917.1402 (O)

Eligible Organization: Nonprofit entity – Christian college

VALLEY FORGE CHRISTIAN COLLEGE

By 
Don Meyer, Ph.D.
President



Dominican Sisters
Grand Rapids, Michigan

Date: September 14, 2014

TO: Secretary, Health and Human Services
marketreform@cms.hhs.gov

Sponsorship

Dominican Chapel
Marywood
Dominican Center
Marywood
Spiritual Formation Program
Retreats/Conferences/
Summer/Winter Camps
Robinson Program
Prayer and Listening Circle

Ministry

Education/Health Care
Chaplaincy
Parish and Diocesan
Ministry
Pastors in Parsonage
WFOC Project
-ESL Program
-WFOC Program
Maternity, Contraception, Perinatal
Baptism, Adult Ministry
Retirement

Advisory

Advocacy for Justice
Care of the Earth
Culture of Peace
Global Partnership
Feeding Homeless

Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, D.C. 20201, Room 739H

Name of Entity: Sisters of the Order of St. Dominic of Grand Rapids

Basis for exemption: Religious non-profit, objections based on sincerely held religious beliefs to providing coverage for all of the contraceptive services

Insurance Plan: Blue Care Network
BCN Group number 00104957
20500 Civic Center Drive
Southfield, MI 48076

Contact Information: Hylant Group
Gina Rogers
85 Campau Ave NW, Suite 100
Grand Rapids, MI 49503

Signed: Sr. Maureen Geary, Prioress

Sr. Maureen Geary OP, Prioress
Signature

9/18/14
Date

Emboldened by faith, serving with joy

2025 Fulton Dr East
Grand Rapids, MI
49503-3800

T (616) 454-2810
F (616) 454-0100
www.grdsisters.com

MODEL NOTICE

Date: 9/18/14

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Emergency Contraceptives and IUDs

(1) Name of eligible organization: ContinuumContact information: Doug Graham, PresidentEligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)	
<u>Continuum Medical</u>	<u>ES-A</u>	<u>Health Care Services</u>	<u>Deliverer or</u>	☐ Church plan	☐ Student plan
<u>Spina</u>	<u>CAE-MARK</u>	<u>Health Care Services</u>	<u>Deliverer or</u>	☐ Church plan	☐ Student plan
		<u>Health Care Services</u>	<u>Deliverer or</u>	☐ Church plan	☐ Student plan
		<u>Health Care Services</u>	<u>Deliverer or</u>	☐ Church plan	☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Signature of authorized representative of eligible organization

9/18/14
Date

Doug Graham
Typed name of authorized representative of eligible organization

ERISA FORM 700- CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Continuum
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Doug Graham, President
Mailing and email addresses and phone number for the individual listed above	5050 20th St E Ft. Worth 76124 doug@continuum.org

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

Date

09/18/14

MODEL NOTICE

Date: October 3, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

All abortifacient coverages, such as, but not limited to, morning after and week after services

- (1) Name of eligible organization: Management Analysis and Utilization, Inc.
 Contact information: 501 Greene Street, Augusta, Georgia, 30901
 Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

- (2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
MAU/Client A - PPO	BC/BS of South Carolina	1-800-922-1185	☐ Issuer AND ☐ TPA	☐ Church plan ☐ Student plan ☒ N/A
MAU/Client B - PPO	BC/BS of South Carolina	1-800-922-1185	☐ Issuer AND ☐ TPA	☐ Church plan ☐ Student plan ☒ N/A
MAU/Corporate - PPO	CIGNA	866-494-2313	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan ☒ N/A
N/A	N/A	N/A	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

- (3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Adam Hatcher
 Signature of authorized representative of eligible organization

10-3-14
 Date

Adam Hatcher, General Counsel
 Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: October 2, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

- (1) Name of eligible organization: Holy Ghost Preparatory School
 Contact information: 2429 Bristol Pk., Bensalem, PA 19020, P: 215.639.2102
 Eligible organization is a: ☒ Non-profit entity; OR ☐ Other eligible organization

- (2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
PAISBOA Plan & Trust	Independence	Andrea Meehan	☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
	Blue Cross	610-238-6519	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

- (3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Rev. James P. McCloskey, C.S.Sp.
 Signature of authorized representative of eligible organization

10-6-2014
 Date

Rev. James P. McCloskey, C.S.Sp.
 Typed name of authorized representative of eligible organization

THE
CATHOLIC
DIOCESE
OF
MEMPHIS
IN
TENNESSEE



September 29, 2014

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW,
Washington, DC 20201
Room 739H

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 5815. If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:

(1) Name of eligible organization: Catholic Diocese of Memphis in Tennessee

(2) Contact information: Sandra Goldstein, Director of Human Resource

Eligible organization is a: ☒ Non-profit entity; OR ☐ Other eligible organization

(3) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service Provider category	(e) Plan type (if applicable)
Catholic Diocese of Memphis	Cigna	900 Cottage Grove Rd C3FIN Hartford, CT. 06152 (860) 226-1236	☐ Issuer or ☒ TPA	☒ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(4) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Sandra Goldstein
Signature of authorized representative of eligible organization

9/29/2014
Date

Sandra Goldstein
Typed name of authorized representative of eligible organization



September 23, 2014

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201 Room 739H

To the Secretary of Health and Human Services:

Attached is our model notice of our religious objection to providing coverage of all contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815.

I am typing the name of Virginia C. Henderson, who is the authorized representative who has signed the model notice.

A handwritten signature in blue ink that reads "Mike Myrick".

Mike Myrick
Director of Human Resources and Payroll
Belhaven University

MODEL NOTICE

Date:

9/23/2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:

(1) Name of eligible organization: BELHAVEN UNIVERSITY

Contact information: 1500 PEACHTREE ST. CAMPUS BOX 172 JACKSON, MS 39202

Eligible organization is a: ☒ Non-profit entity; OR ☐ Other eligible organization 601-968-8993

MAYRICK@BELHAVEN.EDU

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
BELHAVEN UNIVERSITY PLAN A	ONE CAMPUS BOX 172 JACKSON, MS		☐ Direct or ☒ TPA	☐ Church plan ☐ Student plan
BELHAVEN UNIVERSITY PLAN B	ONE CAMPUS BOX 172 JACKSON, MS		☐ Direct or ☒ TPA	☐ Church plan ☐ Student plan
BELHAVEN UNIVERSITY PLAN C	ONE CAMPUS BOX 172 JACKSON, MS		☐ Direct or ☒ TPA	☐ Church plan ☐ Student plan
	PO BOX 1043 JACKSON, MS 39202-8943		☐ Direct or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:

Signature of authorized representative of eligible organization

9/23/2014

Date

Typed name of authorized representative of eligible organization

Virginia C. Henderson

MODEL NOTICE

Date: 10/7/2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Plan B, which is one form of the morning-after pill.

Ella (the manufacturer uses a lower case "e") is another version of the morning-after pill.

Mirena, an IUD that changes cervical mucus.

ParaGard, which is a copper IUD.

(1) Name of eligible organization: Bingaman and Son Lumber Inc, Po Box 247 (1195 Creek Mountain rd) Kreamer PA 17833

Contact information: Michael Worrell, Director Human Resources, 570-374-1108
mworrell@bingamanlumber.com

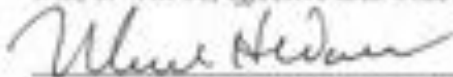
Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Health America/ Health Assurance PPO \$5000 plan	PO Box 6506 Carol Stream IL 60197		☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
UPMC PPO \$3500 plan	One Chatham Center 112 Washington Place Pittsburgh PA 15219		☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):
☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____



Signature of authorized representative of eligible organization

10/7/2014

Date

Michael Worrell

Typed name of authorized representative of eligible organization

Date 10/7/2014



OFFICE OF THE PRESIDENT

October 14, 2014

To the Secretary of Health and Human Services

The following eligible organization has a religious objection to providing coverage of ☒ a or ☐ a subset of contraceptive services required to be covered under the PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code 9815.

Name of eligible organization: Loyola University New OrleansContact information: Ross D. Matthews, 6363 St. Charles Avenue Box 16, New Orleans, LA 70118(1) Eligible organization is a ☒ Non profit entity; OR ☐ Other eligible organization

(2) Service Provider Information:

(a) Plan Name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Loyola University Core Plan Policy Number 903297 Balanced – 40/1000/80% Plan 422 Modified	UnitedHealthcare	UnitedHealthCare 1110 Montlimar Drive Mobile, AL 36609 251.461.5222	☒ Issuer or ☐ TPA	Non-profit
Loyola University Basic Plan Policy Number 903297 Traditional with Deductible – 25/500/90% Plan 4Y4 Modified	UnitedHealthcare	UnitedHealthCare 1110 Montlimar Drive Mobile, AL 36609 251.461.5222	☒ Issuer or ☐ TPA	Non-profit
Loyola University Plus Plan Policy Number 903297 Traditional with Deductible - 20/100% 3D1 Modified	UnitedHealthcare	UnitedHealthCare 1110 Montlimar Drive Mobile, AL 36609 251.461.5222	☒ Issuer or ☐ TPA	Non-profit

(3) Information being submitted is (check one):

☐ Original information, OR ☒ Updated information *Effective 1/1/2015, Loyola University New Orleans's Health Plans service provider will be UnitedHealthCare. The previous letter that was submitted to DHH had the Service Provider Name as Blue Cross and Blue Shield of Louisiana*

Signature of authorized representative of eligible organization

Date

14 October 2014

Rev. Kevin Wildes, S.J.

Typed name of authorized representative of eligible organization

ERISA FORM 780-- CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Canthens-Wallace-Courtenay, LLC
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Gregory Paul Conley, President
Mailing and email addresses and phone number for the individual listed above	4343 Northeast Expressway Atlanta, GA 30340 770.493.8200 paul.conley@cw-c.com

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

Date

09.16.14

The organization or its plan using this form must provide a copy of this certification to the plan's health insurance issuer (for insured health plans) or a third party administrator (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a third party administrator for the plan that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that the eligible organization:

- (1) Will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) The obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

As an alternative to using this form, an eligible organization may provide notice to the Secretary of Health and Human Services that the eligible organization has a religious objection to providing coverage for all or a subset of contraceptive services, pursuant to 26 CFR 54.9815-2713A(b)(1)(ii)(B) and (c)(1)(ii), 29 CFR 2590.715-2713A(b)(1)(ii)(B) and (c)(1)(ii), and 45 CFR 147.131(c)(1)(ii). A model notice is available at: <http://www.cms.gov/cciio/resources/Regulations-and-Guidance/index.html#Prevention>.

This form or a notice to the Secretary is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1210-0150. An organization that seeks to be recognized as an eligible organization that qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing may complete this self-certification form, or provide notice to the Secretary of Health and Human Services, in order to obtain or retain the benefit of the exemption from covering certain contraceptive services. The self-certification form or notice to the Secretary of Health and Human Services must be maintained in a manner consistent with the record retention requirements under section 107 of the Employee Retirement Income Security Act of 1974, which generally requires records to be retained for six years. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, gather the necessary data, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ehsa.opr@dol.gov and reference the OMB Control Number 1210-0150.

EBSA FORM 700-- CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization:

CONTRACT PACKAGING, INC

Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization:

J KEITH KELLY, CEO

Mailing and email addresses and phone number for the individual listed above:

14481 LOCHRIDGE BLVD, COVINGTON, GA 30014

770-385-1187

keith@kellyreg.com

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

10/27/2014

Date

MODEL NOTICE

Date: **10/27/2014**

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:

Emergency contraception: (Plan B, Ella, and Next Choice

(1) Name of eligible organization: **CONTRACT PACKAGING, INC**

Contact information: **J KEITH KELLY**

14481 LOCHRIDGE BLVD, COVINGTON, GA 30014

770-385-1187

keith@kellyreg.com

Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

(2) Service provider information:

(a) Plan Name **OPEN ACCESS POINT OF SERVICE (GA6599M004)**

(b) Service provider name: **Blue Cross and Blue Shield of Georgia**

(c) Service Provider Contact: **Wayne M. Anderson | Account Manager - Large Group Sales**

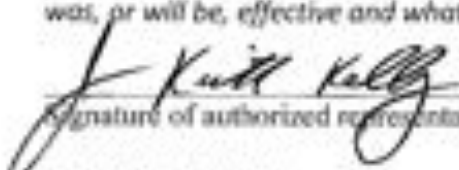
Blue Cross BlueShield of Georgia | 2260 Peachtree Road NE | Atlanta, GA 30328

☎ wayne.anderson@bscbsga.com 📱 Mobile: 404-676-6895 📠 Fax: 877-606-3808

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____



Signature of authorized representative of eligible organization Date

J KEITH KELLY

Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: 10/22/14

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: Avesta Homes LLC

Contact information: c/o Robert Reynolds, 5118 N. 56th Street Suite 201, Tampa, FL 33610Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
W79-HDHP, 0FJ, 0KO	UnitedHealthcare	PO Box 740800 Atlanta, GA 30374	☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____



Signature of authorized representative of eligible organization

10/22/14

Date

Robert Reynolds, authorized representative, Avesta Homes LLC

Typed name of authorized representative of eligible organization

EISA FORM 700-- CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

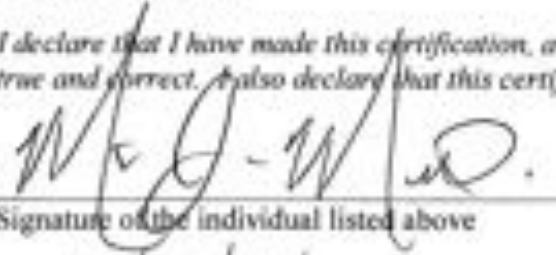
Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Kent Manufacturing Company
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Michael Muraski/President
Mailing and email addresses and phone number for the individual listed above	2200 Oak Industrial Drive NE Grand Rapids MI 49505 mikem@kent-mfg.com

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

10/9/14
Date

EBSA FORM 700— CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Dakota Tube Inc.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Anna Steinbauer VP of Administration / Co-owner
Mailing and email addresses and phone number for the individual listed above	anna.steinbauer@dakotatube.com 605-880-2156

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

Date

11-5-14

The organization or its plan using this form must provide a copy of this certification to the plan's health insurance issuer (for insured health plans) or a third party administrator (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a third party administrator for the plan that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that the eligible organization:

- (1) Will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) The obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

As an alternative to using this form, an eligible organization may provide notice to the Secretary of Health and Human Services that the eligible organization has a religious objection to providing coverage for all or a subset of contraceptive services, pursuant to 26 CFR 54.9815-2713A(b)(1)(ii)(B) and (c)(1)(ii), 29 CFR 2590.715-2713A(b)(1)(ii)(B) and (c)(1)(ii), and 45 CFR 147.131(c)(1)(ii). A model notice is available at: <http://www.cms.gov/cciio/resources/Regulations-and-Guidance/index.html#Prevention>.

This form or a notice to the Secretary is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1210-0150. An organization that seeks to be recognized as an eligible organization that qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing may complete this self-certification form, or provide notice to the Secretary of Health and Human Services, in order to obtain or retain the benefit of the exemption from covering certain contraceptive services. The self-certification form or notice to the Secretary of Health and Human Services must be maintained in a manner consistent with the record retention requirements under section 107 of the Employee Retirement Income Security Act of 1974, which generally requires records to be retained for six years. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, gather the necessary data, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0150.



MOYERS MARTIN LLP
ATTORNEYS AND COUNSELORS AT LAW SINCE 1910

FROM THE DESK OF
TERRY M. KOLLMORGEN
TMK@MOYERSMARTIN.COM

November 18, 2014

SUBMITTED BY ELECTRONIC MAIL, CERTIFIED MAIL RETURN RECEIPT
REQUESTED AND FEDERAL EXPRESS

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Room 73911
Washington, DC 20201

Re: Written Notice Pursuant to Interim Final Rule of Objections and Refusal to include
Abortifacients within in the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

The undersigned serves as General Counsel for Oral Roberts University ("ORU"). This letter constitutes ORU's written notice of "opting out" of any obligation imposed by the Patient Protection and Affordable Care Act mandate, including any resulting rules or regulations ("Mandate") to include Abortifacients, as identified below, within its group health plan ("Plan") on the grounds that such action substantially burdens ORU's sincerely held religious beliefs. This written notice is in compliance with and in reliance on the August 27, 2014 Interim Final Rule entitled Coverage of Certain Preventive Services Under the Affordable Care Act ("Interim Final Rule"), including the description of the augmented accommodation set forth therein. 79 Fed. Reg. 51092.

The information required by the Interim Final Rule is set forth below as well in the exhibits and enclosures with this letter:

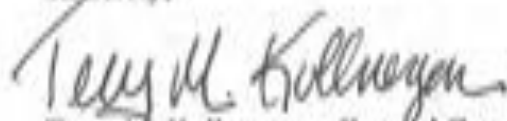
1. The full name of the Eligible Organization is "Oral Roberts University."

Kollmorgen Letter to Secretary Perez and Mr. Mayhew
November 18, 2014
Page 2

2. The basis upon which ORU qualifies for the augmented accommodation to "opt out" of the Mandate under the Interim Final Rule is that ORU is organized and operates as a nonprofit entity – an Oklahoma not for profit corporation; ORU holds itself out as a religious institution; ORU opposes providing "contraceptive" coverages that include Abortifacients; and ORU self-certifies that it satisfies the first three criteria. See enclosed letter from ORU President Dr. William M. Wilson.
3. ORU's objections to including Abortifacients in its Plan based upon its sincerely held religious beliefs are set forth in the enclosed letter from Dr. Wilson.
4. The Abortifacients excluded from ORU's Plan are EC Plan B One-Step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus. ORU objects to and refuses to include these Abortifacients within its Plan.
5. Identification of the Plan name is set forth on the Form 5500 attached as Exhibit "A."
6. Identification of the Plan's health insurance issuer and contact information is set forth in the excerpt from the Plan document attached as Exhibit "B."

ORU exercises the "opt out" of the Mandate's coverage of Abortifacients in material reliance on the government's statements and representations regarding the implementation, effect, and operation of the Mandate and augmented accommodation. ORU reserves the right to challenge the Mandate, obtain and/or receive further protections including those arising from judicial or regulatory developments, and take any and all further action it deems necessary to protect its religious liberties and interests. By "opting out" of the Mandate, ORU does not in any way endorse the imposition of the Mandate, the inclusion of Abortifacients within the scope of the Mandate, or the failure of the government to provide a complete exemption for ORU from the Mandate. ORU has and shall continue to actively promote and undertake efforts to advance the causes of the sanctity of life and religious liberty.

Sincerely,



Terry M. Kollmorgen, General Counsel
Oral Roberts University

Enclosures:
Letter from Dr. William M. Wilson
Exhibit "A" – Form 5500
Exhibit "B" – Excerpt from Plan



ORU | MAKE NO
LITTLE PLANS
HERE

November 18, 2014

SUBMITTED BY ELECTRONIC MAIL AND REGULAR MAIL

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight,
200 Independence Avenue SW
Room 739H
Washington, DC 20201

Re: Notice of Objection and Refusal to include Abortifacients within the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

This letter serves as further objection to and notice of refusal to include Abortifacients, as identified below, within the group health plan of Oral Roberts University (ORU) on the grounds that such action substantially burdens ORU's sincerely held religious beliefs.

ORU was established in 1962 as a private Christian university located in Tulsa, Oklahoma. ORU is an Oklahoma not for profit corporation and an Internal Revenue Code §501(c)(3) tax exempt entity. ORU was "founded in the fires of evangelism and upon the unchanging precepts of the Bible." See ORU's Founding Vision. ORU seeks to fulfill God's commission to its founder, Oral Roberts, to "[R]aise up your students to hear My voice, to go where My light is dim, where My voice is heard small, and My healing power is not known, even to the uttermost bounds of the earth." ORU's mission is "[T]o build Holy Spirit-empowered leaders through whole person education to impact the world with God's healing." See ORU's Mission Statement. ORU's fulfillment of its mission includes providing a "whole person education," which develops students in spirit, mind, and body, to prepare them to be

William M. Wilson, D.Min. | President

ORAL ROBERTS UNIVERSITY

7777 South Lewis Avenue, Tulsa, Oklahoma 74171 | 918.695.4175 | www.oru.edu

Secretary Perez and Mr. Mayhew Letter

November 18, 2014

Page 2

professionally competent leaders who are spiritually alive, physically disciplined, socially adept, and intellectually alert.

ORU draws its faculty, staff, and administration from those who hold its same religious beliefs by professing and demonstrating a strong commitment to the Lord Jesus Christ and the Bible as God's Word. An integral part of fulfilling ORU's mission is electing Trustees and hiring faculty, staff, and administrators that exemplify its lifestyle and Code of Honor. ORU employees and students sign the Honor Code Pledge, which is an expression of ORU's responsibility to God and "designed to bring unity among" its students, faculty, staff, and administration.

Among these deeply held shared religious beliefs are the Bible's clear teachings on the absolute sanctity of life. ORU believes, in accordance with Scripture, that life begins at conception. (Psalm 139:13-16, Luke 1:39-41, Jeremiah 1:5) and from that moment forward, life in the womb is sacred and worthy of the utmost protection and respect.

ORU abhors the destruction of innocent human life through abortion as unbiblical and contrary to God's will. ORU unreservedly believes that the procurement of, participation in, facilitation of, or payment for abortion, including the Abortifacients included within the Patient Protection and Affordable Care Act ("ACA") mandate, violates the Sixth Commandment and are inconsistent with the dignity conferred by God on creatures made in His image. Based on the Bible's religious and moral teachings, ORU opposes termination of the life of a preborn child by, among other means, abortion-inducing drugs and devices including those that after fertilization serve to prevent the newly formed embryo from implanting into the mother's uterus or dislodge the viable embryo after it was recently implanted. For ORU, abortions and the use of any Abortifacients are morally wrong and violate our sincerely held religious beliefs.

These sincerely held religious beliefs are not constrained to the black and white of a published statement but rather are lived out through the lives and activities of ORU's students, faculty, staff, Trustees and constituents. For example, ORU sponsors two student groups on campus focused on issues relating to abortion: Ambassadors for Life and Students for Life. Ambassadors for Life are guided by a mission to "go into every man's world with the Light and Life of Christ and to educate the student body about abortion, euthanasia, and infanticide, equipping this generation for life. See Ambassadors for Life Mission Statement. The mission of Students for Life is "to rais[e] the issues of life regarding born and unborn persons. [Their] goal is to further educate the ORU student body regarding community resources as alternatives to abortion as well as resources that respect the dignity of human life." See Students for Life Mission Statement. ORU's rich history, spanning over fifty years, is blessed by Trustees, Regents, Presidents, faculty, staff, students, and alumni who have actively engaged in communications, activities and organizations advancing these sanctity of life principles.

Secretary Perez and Mr. Mayhew Letter

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Page 3

ORU understands that the Department of Health and Human Services adopted the recommendation from the Institute of Medicine panel to interpret the "preventive services" for women's health care provision of the ACA to require that private group health plans provide full coverage of women's contraceptives. Among the twenty contraceptives included in the guidelines are Abortifacients identified by ORU as EC Plan B One-Step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus. ORU objects to and refuses to include these Abortifacients within its group health plan.

In addition, ORU also objects to the provisions of the ACA that extend the religious exemption solely to traditional churches, while refusing to include similarly situated established religious institutions such as ORU. The cited rationale for exclusion of churches from the ACA mandate – that they are "more likely" to hire employees that share the same faith (78 Fed. Reg. 39869, 39874 (July 2, 2013)) - applies with equal force and weight to ORU. ORU employees, as demonstrated by their commitment to the Code of Honor Pledge, share ORU's views on the absolute sanctity of human life and abhorrence of Abortifacients to initiate an unholy termination of human life.

The government's regulatory scheme of applying rigid standards to the definition of religious institutions fails to reflect an understanding of the religious and theological foundations of institutions such as ORU. As a Charismatic Spirit-Empowered educational institution, ORU does not fall within the government's pre-conceived notion of a "church, association of churches or integrated auxiliaries of churches" that are exempt from the ACA Mandate. Instead, operating as its controlling religious authority, ORU's Board of Trustees fulfills this governing role in determining and promulgating ORU's statements of faith and religious beliefs. These beliefs are not limited to a singular connection to one particular church or denomination, but rather have spawned a much broader expanse of relationships and ongoing associations with hundreds of churches of shared religious beliefs across the entire globe. ORU serves a core constituency of over 600 million renewalists or Spirit-Empowered Christian believers ranging from Charismatic Catholics to traditional Pentecostal groups. This global community of believers shares ORU's deeply held religious beliefs of rejecting abortion and honoring the sanctity of human life. Any governmental rule or regulation that refuses to extend a religious based exemption to ORU with its dynamic and expansive Christian impact is not only misguided but openly serves to discriminate against ORU on the basis of religion and denies our fundamental religious liberties.

In closing, I would ask you to reflect on the response of President Thomas Jefferson to a group of nuns writing him in 1804 to express concerns about the power of the federal government and their ability to retain both their property and their religious freedoms. President Jefferson responded that "the principles of the constitution and the government of the United States are a sure guarantee to you that [your property] will be preserved to you sacred and

Secretary Perez and Mr. Mayhew Letter

November 18, 2014

Page 4

inviolate, and that your institution will be permitted to govern itself according to its own voluntary rules, without interference from the civil authority." ORU appreciates your further evaluation of these issues and will remain in fervent prayer that our government will reconsider its promotion of Abortifacients in group health plans and will, at an absolute minimum, provide a complete religious exemption to ORU and similarly situated religious institutions and entities.

Sincerely,

A handwritten signature in dark ink, appearing to read "William M. Wilson", with a stylized flourish at the end.

Dr. William M. Wilson, President
Oral Roberts University

Page 254 redacted for the following reason:

(b)(4)

any delegate. Any delegate shall report periodically to the Employer or Plan Administrator, as applicable, concerning the discharge of the allocated or delegated responsibilities. As authorized by ERISA, to prevent any two parties from being deemed co-fiduciaries with respect to a particular function, the Plan is intended and shall be construed to allocate to each party only those specific powers, duties, responsibilities and obligations as are specifically granted to such party under or pursuant to the Plan.

Plan Information

Employer and Plan Sponsor:

Oral Roberts University
7777 S. Lewis Ave.
Tulsa, OK 74171
(918) 495-7874

Other Participating Employer:

University Broadcasting, Inc.
7777 S. Lewis Ave.
Tulsa, OK 74171

Plan Name: Oral Roberts University Group Benefits Plan ("Plan")

Plan Sponsor's Employer Identification Number: 73-0739626

ERISA Plan Number: 501

Agent for Legal Process:

Terry M. Kollmorgen
Moyers, Martin, Santee, & Imel, LLP.
401 S. Boston Suite 1100
Tulsa, OK 74103
(918) 582-5281

Type of Plan: A welfare benefit plan.

Plan Payments: Plan benefits are paid from general assets of the Participating Employers with respect to self-insured benefits and insurance company payments with respect to insured benefits by the following insurers and claims administrators as indicated below (or any successor entity as communicated by the Employer from time to time) for the respective benefits programs.

Medical Insurance Program

This benefits program is insured by the Insurer named below pursuant to the terms of the insurance contract/policy identified below.

CommunityCare HMO, Inc.
P.O. Box 3249
Tulsa, OK 74101-3249

MODEL NOTICEDate: November 19, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

- Plan B (levonorgestrel) and its generic equivalents
- ella (ulipristal acetate)
- ParaGard (copper IUD)
- Mirena and Skyla (levonorgestrel-releasing IUDs)

(1) Name of eligible organization: J.E. Dunn Construction Group, Inc.
 Contact information: 1001 Locust Street
 Kansas City, MO 64106
steve.best@jedunn.com
 (678) 781-2512

Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
JE Dunn Construction Group Welfare Benefits Plan	Blue Cross & Blue Shield of Kansas City	One Pershing Square 2301 Main PO Box 419071 Kansas City, MO 64141 steve.price@bcbskc.com	TPA	N/A
Same as above	MedTrak Services	7101 College Blvd., #1000 Overland Park, KS 66210 bmcguire@medtrakservices.com	TPA	N/A

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.


11-19-2014

Signature of authorized representative of eligible organization

Date

Stephen T. Best

Typed name of authorized representative of eligible organization

GREENVILLE

COLLEGE

December 1, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Greenville College opposes abortifacient contraception and requests exemption of Plan B, Ella and certain abortifacient IUD's from its insurance coverage for employees effective on January 1, 2015.

(1) Name of eligible organization: Greenville College

Contact information: 315 E. College Avenue, Greenville, IL 62246
Phone: 618-664-2800

Eligible organization is a: ☒ Non-profit entity; OR ☐ Other eligible organization

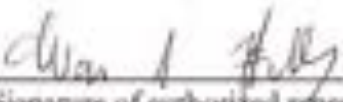
(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
\$500 Deductible Plan - PPO	Blue Cross Blue Shield	www.bcbsil.com ; 800-458-6024	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan
\$1,500 Deductible Copay Plan - PPO	Blue Cross Blue Shield	www.bcbsil.com ; 800-458-6024	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan
\$3,000 HSA Plan - HSA	Blue Cross Blue Shield	www.bcbsil.com ; 800-458-6024	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____



 Signature of authorized representative of eligible organization

12/1/2014
 Date

Dr. Ivan Filby, President

Typed name of authorized representative of eligible organization

CERTIFICATION**(To be used for plan years beginning on or after January 1, 2014)**

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization

Covenant Presbyterian Church

Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization

Ron Fischer, CPM, CCA
Church: Staff Administrator

Mailing and email addresses and phone number for the individual listed above

RFISCHER@COVENANTPALMBAY.ORG
321-727-2661

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

Date

12/2/14

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

- (1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EBSA FORM 700

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

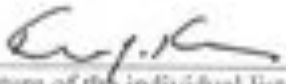
Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	TRINITY SCHOOLS, INC. DIB/A TRINITY SCHOOL AT RIVER RIDGE
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	KERRY J. KOLLER PRESIDENT
Mailing and email addresses and phone number for the individual listed above	107 SO. GREENLAWN AVE. SOUTH BEND, IN 46617 KJKOLLER@TRINITYSCHOOLS.ORG (574) 234-5088 EXT 113

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

DEC 11, 2014
Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

- (1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

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EBSA FORM 700

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	PEOPLE OF PRAISE MINNESOTA, INC.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	JOEL KIBLER PRESIDENT
Mailing and email addresses and phone number for the individual listed above	JOELKIBLER@GMAIL.COM 601 RIVER RIDGE PARKWAY EAGAN, MN 55121 (651) 789-2888

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

DEC 11, 2014
Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

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- (1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is ~~0938-XXXX~~. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



MOYERS MARTIN^{LLP}
ATTORNEYS AND COUNSELORS AT LAW SINCE 1910

FROM THE DESK OF
TERRY M. KOLLMORGEN
TMK@MOYERSMARTIN.COM

December 23, 2014

SUBMITTED BY ELECTRONIC MAIL, CERTIFIED MAIL RETURN RECEIPT
REQUESTED AND FEDERAL EXPRESS

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Room 739H
Washington, DC 20201

Re: Supplement to Written Notice Pursuant to Interim Final Rule of Objections and Refusal
to include Abortifacients within in the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

The undersigned serves as General Counsel for Oral Roberts University ("ORU"). This letter constitutes ORU's supplement to its written notice ("Notice") dated November 18, 2014 of "opting out" of any obligation imposed by the Patient Protection and Affordable Care Act mandate, including any resulting rules or regulations ("Mandate"), to include Abortifacients, as identified in the Notice, within its group health plan ("Plan") on the grounds that such action substantially burdens ORU's sincerely held religious beliefs. This supplement to the Notice is in compliance with and in reliance on the August 27, 2014 Interim Final Rule entitled Coverage of Certain Preventive Services Under the Affordable Care Act ("Interim Final Rule"), including the description of the augmented accommodation set forth therein. 79 Fed. Reg. 51092.

Kollmorgen Letter to Secretary Perez and Mr. Mayhew
December 23, 2014
Page 2

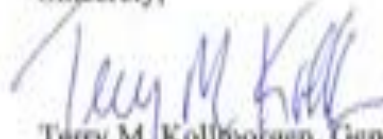
The information required by the Interim Final Rule contained in the Notice is supplemented as follows:

1. Effective January 1, 2015, the Plan will be self-funded.
2. The Plan's third party administrator is:

CommunityCare
218 W. 6th Street
Tulsa, Oklahoma 74119

All other terms and conditions of the Notice remain in full force and effect.

Sincerely,

A handwritten signature in blue ink, appearing to read "Terry M. Kollmorgen".

Terry M. Kollmorgen, General Counsel
Oral Roberts University



December 11, 2014

Centers for Medicare & Medicaid Services
 Center for Consumer Information & Insurance Oversight
 Room 739H
 200 Independence Avenue, SW
 Washington, DC 20201

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

all contraceptive medications & procedures (sterilization, abortions, IUDs, Contraceptive devices etc.)

- (1) Name of eligible organization: ParishSOFT LLC
 Contact information: Stephen Distelzweig, Manager Finance & Administration
 Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

- (2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
BCN HMO 4000	Blue Care Network	Ryan Figurski	☒ Issuer or	☐ TPA ☒ Church plan ☐ Student
Simply Blue PPO 500	Blue Cross Blue Shield	Ryan Figurski	☒ Issuer or	☐ TPA ☒ Church plan ☐ Student plan

- (3) Information being submitted is (check one):
☒ Original information; OR ☐ Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:

December 11, 2014

Signature of authorized representative of eligible organization

Date

Stephen Distelzweig, Manager Finance & Administration

Typed name of authorized representative of eligible organization



Ph: 800-233-7309
Fax: 717-864-2307

December 29, 2014

Honorable Sylvia Burwell
Secretary, Health & Human Services
The U.S. Department of Health and Human Services
c/o Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
Room 739H
200 Independence Avenue, SW
Washington, DC 20201

Notification of Objection

Dear Ms. Burwell:

DAS Companies, Inc. is a closely-held corporation organized in Pennsylvania. The sole shareholder of the corporation is a (b)(6) and adheres to the tenets of his faith. As a closely-held family corporation with deep religious convictions and based on the United States Supreme Court's decision in Burwell v. Hobby Lobby Stores, Inc., 134 S. Ct. 2751 (U.S. 2014), DAS objects to providing coverage of all contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815.

DAS will continue to provide comprehensive health care plans for its employees. Based on its religious objections to the mandate to provide contraceptives, however, no form of contraceptives will be offered in the health care plans provided for its employees. The DAS health plan is the DAS Companies, Inc. PPO. It is administered by a Third Party Administrator: Highmark Blue Shield, 1800 Center Street, Camp Hill PA 17089.

Should you have any questions regarding this letter, please feel free to contact the undersigned.

Sincerely,

(b)(6)

Chief Financial Officer & Assistant Secretary

Corporate Office
724 Ligon Road
Palmers, PA 17078
www.dasinc.com

EBSA FORM 700— CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	ILLINOIS BAPTIST CHILDREN'S HOME AND FAMILY SERVICES
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	DOUG DEVORE EXECUTIVE DIRECTOR
Mailing and email addresses and phone number for the individual listed above	949 COUNTY ROAD 1300 N CARMEL IL 62821 doug.devore@bchfsu.com 618/382-4164

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.



Signature of the individual listed above

1/21/15

Date

EBSA FORM 700- CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	OLIVET NAZARENE UNIV
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	David Pickering Director of Business and Human Resources
Mailing and email addresses and phone number for the individual listed above	1 UNIVERSITY AVE Bourbonnais, IL 60914 dpickering@olivet.edu 1-815-939-5239

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.



Signature of the individual listed above

January 29, 2015

Date

MODEL NOTICEDate: January 29, 2015

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

All Pharmaceutical Abortifacients-substance causing abortion

- (1) Name of eligible organization: Olivet Nazarene University
 Contact information: 1 University Ave, Bourbonnais, IL 60914
 Eligible organization is a: ☒ Non-profit entity; OR ☐ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Olivet Health Plan	BCBS OF ILL	Chicago, IL	☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____


January 29, 2015

Signature of authorized representative of eligible organization

Date

David Pickering, Dir of Business and Human Resources

Typed name of authorized representative of eligible organization

St. Raphael

Health, Dental and Vision Insurance

3501 South Lake Drive
PO Box 070912
Milwaukee, WI 53207-0912
Phone: (414) 769-3300
Fax: (414) 769-3408

VIA CERTIFIED MAIL AND EMAIL
RETURN RECEIPT REQUESTED

May 22, 2015

James Mayhew
Director, Division of Regulations and Policy, Oversight Group
Department of Health and Human Services
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Washington, DC 20201
Room 739H

Dear Mr. Mayhew,

We write on behalf of the St. Raphael Health Plan in response to your letter dated May 19, 2015 ("CMS Letter") regarding the notifications you received from the employers participating in the St. Raphael Health Plan that have sincerely-held religious objections to providing coverage for all contraceptive services. We appreciate your review and consideration of these notifications.

Based on the list of employers provided in the CMS Letter, we write to clarify that the following entities are exempt religious organizations. Please note that the parishes and religious orders noted below are exempt religious employers for which notifications were previously sent to the Department of Health and Human Services:

1. All Saints;
2. Good Shepherd (Shepherd of the Hills);
3. Immaculate Conception;
4. Mary Queen of Heaven;
5. Order of St. Camillus;
6. Our Lady of Divine Providence;
7. Sisters of Charity of St. Joan Antida;
8. St. Matthew; and
9. St. Thomas Aquinas.

In addition, St. Vincent de Paul, which is number 155 on the list of entities in the CMS Letter, is not an exempt religious organization, but rather an employer with a sincerely-held religious objection to providing coverage for all contraceptive services.

St. Raphael

James Mayhew
May 22, 2015
Page 2 of 2

As indicated in the CMS Letter, we confirm that all exempt religious employers choose to avail themselves of the accommodation, similar to the other notifying employers that have sincerely-held religious objections to covering all contraceptive services.

Accordingly, based on the timing of the upcoming plan year and the new plan design, we will send this letter, along with the CMS Letter, to the St. Raphael Health Plan's third-party administrators to notify them of the use of the accommodation by all of the notifying employers in the St. Raphael Health Plan. We ask the Centers for Medicare & Medicaid Services to work with the Department of Labor to notify the St. Raphael Health Plan's third-party administrators in accordance with the August 2014 final regulations as soon as possible since the new plan year begins on July 1, 2015.

Please let me know if you have any questions regarding this letter. We very much appreciate your time and efforts in this process.

Sincerely,



John J. Marek
on behalf of St. Raphael Health Plan;
Archdiocese of Milwaukee – Sponsoring Employer, Plan Administrator and
Agent for Participating Employers
414-769-3334
marekj@archmil.org

cc: David W. Eckhardt, Esq.

St. Raphael

Health, Dental and Vision Insurance

3501 South Lake Drive
PO Box 070912
Milwaukee, WI 53207-0912
Phone: (414) 769-3300
Fax: (414) 769-3408

April 2, 2015

To the Secretary of Health and Human Services:

Enclosed are letters from all of the employers who participate in the St. Raphael Health Plan.

In accordance with Catholic teaching, each of these eligible non-profit organizations has a sincerely-held religious objection to providing coverage of all contraceptive services. Please process Third Party Administrator notifications accordingly.

Thank you.

A handwritten signature in black ink, appearing to read "John J. Marek". The signature is fluid and cursive, with the first name "John" and last name "Marek" clearly distinguishable.

John J. Marek, on behalf of St. Raphael Health Plan
Archdiocese of Milwaukee – Sponsoring Employer,
Plan Administrator and Agent for Participating Employers

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, All Saints Catholic School
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: All Saints Catholic School
Organization Name

Jacqueline M. Lichter, PhD 3/16/15
Signature of authorized representative Date

Jacqueline M. Lichter, PhD 3/16/15
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Annunciation Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Annunciation Parish
Organization Name

Michael L. Wild 3-18-15
Signature of authorized representative Date

Michael L. Wild Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Apostleship of Prayer
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY:

Apostleship of Prayer
Organization Name

Douglas Leonard
Signature of authorized representative

3/20/2015
Date

Douglas Leonard
Print name of authorized representative

Executive Director
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, the Archdiocese of Milwaukee,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Archdiocese of Milwaukee
Organization Name

John J Marek 16 March 2015
Signature of authorized representative Date

John J Marek Treasurer
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Blessed John Paul II
(an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

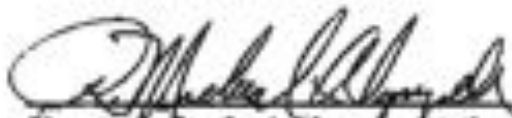
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Blessed John Paul II Congregation
Organization Name


Signature of authorized representative

3-20-15

Date

Rev. Michael Ignaszak
Print name of authorized representative

Pastor

Title

414-769-3408

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Blessed Sacrament Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Blessed Sacrament Congregation
Organization Name

Thomas J. Adamski
Signature of authorized representative

3/17/15
Date

THOMAS J ADAMSKI
Print name of authorized representative

Business Manager
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Blessed Savior Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Blessed Savior Congregation
Organization Name

<u></u>	<u>3/19/2015</u>
Signature of authorized representative	Date
<u>Sister Sylvia Arne</u>	<u>3/19/2015</u>
Print name of authorized representative	Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Blessed Teresa of Calcutta Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

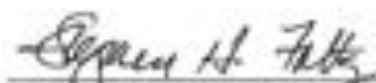
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Blessed Teresa of Calcutta Parish _____



Signature of authorized representative

3/16/15

Date

STEPHEN H. FOLTZ

Print name of authorized representative

DIRECTOR OF ADMINISTRATION

Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Blessed Trinity Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Blessed Trinity Parish

Lynn Walvoort 3/19/2015
Signature of authorized representative Date

Lynn Walvoort Director of Administrative
Print name of authorized representative Title Services

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Carmelite Home Inc,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Carmelite Home Inc
Organization Name

Sr. Maria Goretti
Signature of authorized representative

3/19/2015
Date

Sr. Maria Goretti
Print name of authorized representative

Administrator
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, __Carmelite Sisters of the Divine Heart of Jesus_____, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Organization Name- CARMEHITE Sisters of The Divine Heart of Jesus

Sister M. Immaculata Ostrowski 3-20-15
Signature of authorized representative Date

Sister M. Immaculata Ostrowski Superior
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Congregation of St. John Cathedral
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Congregation of St. John Cathedral
Organization Name

Jeffrey R. Haines March 18, 2015
Signature of authorized representative Date

Very Rev. Jeffrey R. Haines Rector and Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Catholic Cemetery Association of Racine,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Catholic Cemetery Association of Racine
Organization Name

Celeste M. McKlosky 3/23/2015
Signature of authorized representative Date

Celeste M. McKlosky Director
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Catholic Charities of the Archdiocese of Milwaukee, Inc.
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Catholic Charities of the Archdiocese of Milwaukee, Inc.
Organization Name

Beth E. Hanan 3.17.15
Signature of authorized representative Date

Beth E. Hanan board chair
Print name of authorized representative Title



March 18, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, the Archdiocese of Milwaukee Catholic Community Foundation, Inc., (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

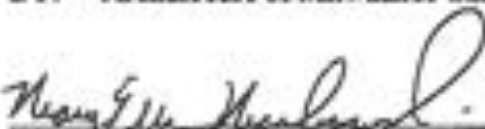
Third Party Administrator: United Healthcare

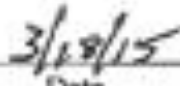
Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Archdiocese of Milwaukee Catholic Community Foundation, Inc.


Signature of authorized representative


Date

Mary Ellen Markowski, President

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ALL SAINTS CATHOLIC EAST ELEMENTARY (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ALL SAINTS CATHOLIC EAST ELEMENTARY
Organization Name

<u>Hilda Esteves</u>	03/20/2015
Signature of authorized representative	Date
Hilda Esteves	Business Manager
Print name of authorized representative	Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, the Milwaukee Catholic Press Apostolate
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Milwaukee Catholic Press Apostolate
Organization Name

Brian T. Olszewski 3.19.15
Signature of authorized representative Date

Brian T. Olszewski General Manager
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Christ Child Christian Formation,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Christ Child Christian Formation
Organization Name

Fr. Paul J. Fliss 3/19/15
Signature of authorized representative Date

Fr. Paul J. Fliss Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Christ King Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Christ King Parish
Organization Name

Rev. Phillip Bogach 3/21/15
Signature of authorized representative Date

Rev. Phillip Bogach Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holyland Catholic - CPES, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holyland Catholic - CPES
Organization Name



Signature of authorized representative

__Rick Erickson, PhD__
Print name of authorized representative

March 20, 2015
Date

Administrator
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Discalced Carmelites of Holy Hill,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare -- Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Discalced Carmelites of Holy Hill
Organization Name

V. Rev. Michael Berry, O.C.D. 3/19/15
Signature of authorized representative Date

V. REV. MICHAEL BERRY, O.C.D. PRIOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Divine Mercy Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Divine Mercy Parish
Organization Name

Rev Robert L. Betz
Signature of authorized representative

3-19-15

Date

Robert L. Betz
Print name of authorized representative

Pastor

Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Divine Savior Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Divine Savior Parish - H116
Organization Name

Fr. Todd Budde 3-17-15
Signature of authorized representative Date

Fr. Todd Budde Pastor
Print name of authorized representative Title



ERICA P. JOHN FUND

330 E. Kilbourn Ave., Suite 1454, Milwaukee, Wisconsin 53202

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Erica P. John Fund, Inc., (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

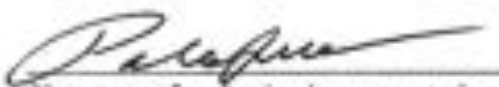
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Erica P. John Fund, Inc.
Organization Name


Signature of authorized representative

3-23-2015
Date

Patrick J. Byrne
Print name of authorized representative

Vice President & CPO
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, _____ Shepherd of the Hills, Eden _____,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

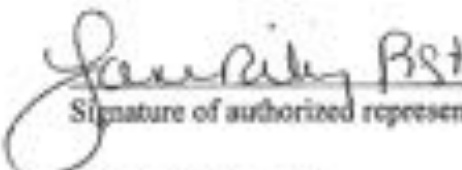
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: _____
Shepherd of the Hills, Eden
Organization Name

 _____
Signature of authorized representative

03/16/2015 _____

Date

Jane Riley Best
Print name of authorized representative

Director of Administrative Services
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, GOD SHEPHERD CATHOLIC CHURCH,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: GOD SHEPHERD
Organization Name

[Signature] 3-23-2015
Signature of authorized representative Date

DEACON SANDY SITES PASTOR DIRECTOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Congregation of the Great Spirit
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Congregation of the Great Spirit
Organization Name

Edward J. Cook 3/17/15
Signature of authorized representative Date

EDWARD J. COOK PASTOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, GUARDIAN ANGEL LEARNING CENTER INC.
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: GUARDIAN ANGEL LEARNING CENTER INC.
Organization Name

Anna Marie Baemmert 3-17-15
Signature of authorized representative Date

SR. ANNE MARIE BAEMMERT PRESIDENT
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Angels Parish, West Bend, WI,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Angels Parish, West Bend, WI
Organization Name

Rov. Gerald Brittain 3/20/15
Signature of authorized representative Date

Rov. Gerald Brittain Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Cross Catholic Church
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Cross Catholic Church
Organization Name

Sandra J. Schmitt 3-20-15
Signature of authorized representative Date

SANDRA J. SCHMITT PARISH DIRECTOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Family Congregation, Inc
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Family Congregation, Inc
Organization Name

Robert X. Stiefvater 3/16/15
Signature of authorized representative Date

Robert X. Stiefvater Poster
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Family Congregation,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Family Congregation
Organization Name

Rev. Dennis Dirky 3-17-15
Signature of authorized representative Date

Rev DENNIS DIRKY Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Name of Jesus Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

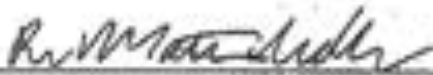
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Name of Jesus Parish
Organization Name

<u></u>	<u>3/18/2015</u>
Signature of authorized representative	Date
<u>Matthew Widdle</u>	<u>Pastor</u>
Print name of authorized representative	Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Sepulcher Cemetery, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Sepulcher Cemetery
Organization Name

<u>B. J. L. Pate</u>	<u>3-15-15</u>
Signature of authorized representative	Date
<u>B. J. L. PATE</u>	<u>Director</u>
Print name of authorized representative	Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Trinity Congregation,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Trinity Parish
Organization Name

Rev. Edwin Kenneth
Signature of authorized representative Date 3/17/15

Rev. Edwin Kenneth
Print name of authorized representative Title Pastor

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Trinity Cong. - Newburg WI
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Trinity Cong. - Newburg WI
Organization Name

Rev. KJ Kowalske 3-17-2015
Signature of authorized representative Date

Rev. Kevin J. Kowalske Pastor + Vice President
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Wisdom Academy
(an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Wisdom Academy
Organization Name

	<u>3-20-15</u>
Signature of authorized representative	Date
<u>Rev. Michael Ignaszak</u>	<u>Pastor</u>
Print name of authorized representative	Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Immaculate Conception - St. Mary Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Immaculate Conception - St. Mary Parish
Organization Name

Rev. James T. Vukobrat 3-18-15
Signature of authorized representative Date

Rev. James T. Vukobrat Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Immaculate Conception
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY:

Immaculate Conception
Organization Name

Ronald E. Kotecki
Signature of authorized representative

3/25/15
Date

RONALD E. KOTECKI
Print name of authorized representative

PASTOR
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Immaculate Conception,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Immaculate Conception
Organization Name

7. Paul Fliss 3/23/15
Signature of authorized representative Date

Rev Paul Fliss Pastor
Print name of authorized representative Title

SAINT MARY'S IMMACULATE CONCEPTION

408 JEFFERSON STREET
WEST BEND, WI 53090-1538

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Immaculate Conception Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Immaculate Conception - West Bend, WI
Organization Name

[Signature] 3/18/15
Signature of authorized representative Date

Father Nathan Reesman Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, IMMACULATE HEART OF MARY CONGREGATION,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Immaculate Heart of Mary Congregation
Organization Name

Rev. Jeffery A. Praeger 3/14/15
Signature of authorized representative Date

Fr. Jeffery Praeger Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Lumen Christi Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Lumen Christi Congregation
Organization Name

Fr. Daniel J. Sanders March 17, 2015
Signature of authorized representative Date

Fr. Daniel J. Sanders Pastor, Lumen Christi Congregation
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Mary Queen of Heaven
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Mary Queen of Heaven
Organization Name

[Signature] 3/19/2015
Signature of authorized representative Date

Fr. Thomas Vasthappalli Administrator
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Mother of Good Counsel Church
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Mother of Good Counsel Church
Organization Name

Rev. Daniel T. Pekarske SDS 3/19/15
Signature of authorized representative Date

Rev Daniel T Pekarske SDS Priest
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Mary Queen of Saints Catholic Academy,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Mary Queen of Saints Catholic Academy
Organization Name

Nicole Kuehne 3/17/2015
Signature of authorized representative Date

Nicole Kuehne Principal
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, MAJORITY OF THE LEO CONGREGATION,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: MAJORITY OF THE LEO CONGREGATION
Organization Name

Bryce R. Rader 3-19-15
Signature of authorized representative Date

Bryce R. Rader Director of Administrative Services
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Northwest Catholic School,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Northwest Catholic School
Organization Name

Michelle Paris 3-17-15
Signature of authorized representative Date

Michelle Paris Principal
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Notre Dame Middle School
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Notre Dame Middle School
Organization Name

Mary McIntosh
Signature of authorized representative

3/20/15
Date

Mary McIntosh
Print name of authorized representative

President
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Old Saint Mary Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Old Saint Mary Parish
Organization Name

Rev. Michael F. Michalski 3-17-15
Signature of authorized representative Date

REV. MICHAEL F. MICHALSKI 3-17-15
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, the USA Delegation of the Order of St. Camillus, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: USA Delegation of the Order of St. Camillus

Organizational Name

Signature of authorized representative _____ Date 3/20/2015

Fr. Pedro Tramontin, M.I.	Provincial Delegate
Print name of authorized representative	Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Our Lady of Divine Providence Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Our Lady of Divine Providence Parish
Organization Name

Rev. Frank P. Michalski 3-17-15
Signature of authorized representative Date

REV. MICHAEL F. MICHALSKI 3-17-15
Print name of authorized representative Title

Attn: Kim Kasten

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching Our Lady of the Holy Rosary Catholic Church
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: UnitedHealthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Our Lady of the Holy Rosary Catholic Church
Organization Name

Ron William Hansen 3/29/15
Signature of authorized representative Date

Ron William Hansen Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Our Lady of Good Hope
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Our Lady of Good Hope
Organization Name

[Signature] 24 Mar 15
Signature of authorized representative Date

Robert Gallagher PASTORAL ASSOCIATE
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Our Lady of the Lakes Catholic Congregation, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Our Lady of the Lakes Catholic Congregation
Organization Name

Fr. Todd Budde *3/18/2015*
Signature of authorized representative Date

Fr. Todd Budde *Pastor*
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Our Lady of Lourdes Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Our Lady of Lourdes Congregation
Organization Name

 3-16-15
Signature of authorized representative Date

Rev. William C. Burkett Pastor, Vice-President
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, OUR LADY OF MT. CARMEL CONGREGATION,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: OUR LADY OF MT CARMEL CONGREGATION
Organization Name

Father Robert T. McDermott 17 March 15
Signature of authorized representative Date

FATHER ROBERT T. McDERMOTT ASSISTANT PASTOR
Print name of authorized representative Title

Our Lady Queen of Peace Parish
3222 S. 29th Street
Milwaukee, WI 53215
Phone: (414) 672-0313 Fax: (414) 672-0441

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Our Lady Queen of Peace Catholic Parish, Milwaukee, WI, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

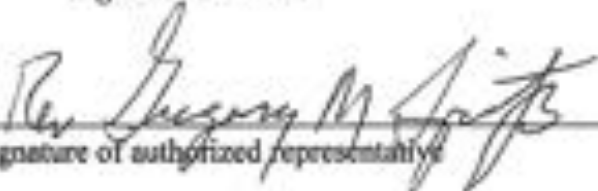
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Our Lady Queen of Peace Catholic Parish, Milwaukee, WI
Organization Name



Signature of authorized representative

March 16, 2015

Date

Rev. Gregory M. Spitz

Print name of authorized representative

March 16, 2015

Title

Office of the Provincial



Pallottine Fathers and Brothers

Society of the Catholic Apostolate
Mother of God Province

March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Pallottine Fathers and Brothers, Inc. (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

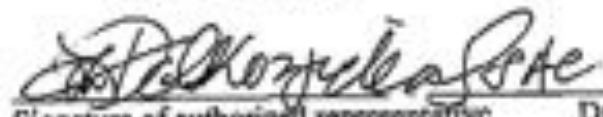
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Pallottine Fathers and Brothers, Inc.
Organization Name

 03/20/2015
Signature of authorized representative Date

Rev. Joseph Koyickal, SAC Provincial
Print name of authorized representative Title

5424 W. Bluemound Rd. • Milwaukee, WI 53208
www.pallottines.org • provincial@pallottines.org
(414) 259-0688 ext. 150 • (414) 258-9314 fax



St. Vincent Pallotti

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, PAVE
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY:

Partners Advancing Values - Education (PAVE)
Organization Name

Daniel McKinley
Signature of authorized representative

3/21/2015
Date

DANIEL MCKINLEY
Print name of authorized representative

President/CEO
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Port Washington Catholic School
(an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Port Washington Catholic School
Organization Name

<u><i>Richard Goeden</i></u>	<u>3-17-15</u>
Signature of authorized representative	Date
<u>RICHARD GOEDEN</u>	<u>PRINCIPAL</u>
Print name of authorized representative	Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, We at Presentation of the B.M.
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Presentation of the B.I. Virgin Mary
Organization Name

Rev. Joseph Dominic SAC 03.24.2015
Signature of authorized representative Date

Rev. Joseph Dominic SAC Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Providence Catholic School,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Providence Catholic School
Organization Name

[Signature] 3/23/15
Signature of authorized representative Date

Greg Young Principal
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Queen of Apostles Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Queen of Apostles Congregation : Pewaukee, WI
Organization Name

David Tomaszewski
Signature of authorized representative

23rd March 2015
Date

DAVID TOMASZEWSKI
Print name of authorized representative

DIRECTOR OF OPERATIONS
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching,

Sacred Heart Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY:

Sacred Heart Parish
Organization Name

Michael J. Petrie

Signature of authorized representative

3-17-2015

Date

Michael J. Petrie

Print name of authorized representative

pastor
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, SACRED HEART CROATIAN CATHOLIC CHURCH
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: SACRED HEART CROATIAN CATHOLIC CHURCH
Organization Name

Fr. Ivan Strmecki
Signature of authorized representative

3/16/2015
Date

FR. IVAN STRMECKI
Print name of authorized representative

PASTOR
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, SACRED HEART CONGREGATION
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: SACRED HEART CONGREGATION

Organization Name



Signature of authorized representative

March 19, 2015

Date

REV. RICARDO MARTIN

Print name of authorized representative

PASTOR.

Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Sacred Heart of Jesus Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Sacred Heart of Jesus Parish
Organization Name

Don Allan Feckler 3-24-15
Signature of authorized representative Date

DEACON ALLAN FECKLER PARISH DIRECTOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, SS Peter & Paul Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: SS Peter & Paul Parish
Organization Name

Rev. Michael F. Michalaki 3-17-15
Signature of authorized representative Date

REV. MICHAEL F. MICHALAKI 3-17-15
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Adalbert School + Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Adalbert School + Parish
Organization Name

Priscilla A. Paulo 3-20-15
Signature of authorized representative Date

Priscilla A. Paulo Dir. Admin. Serv.
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. AGNES CONGREGATION
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare -- Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. AGNES CONGREGATION
Organization Name

Fr. Mark Brandl 3-17-15
Signature of authorized representative Date

REV. MARK BRANDL PASTOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. ALOYSIUS CONGREGATION, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Aloysius Congregation
Organization Name

Rev. Jeffery A. Prasser
Signature of authorized representative

3/11/15
Date

Fr. Jeffery Prasser
Print name of authorized representative

Pastor
Title



Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Alphonsus Congregation, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Alphonsus Congregation
Organization Name

Aaron J Esch
Signature of authorized representative

3-17-15
Date

Aaron J. Esch
Print name of authorized representative

Parochial Administrator
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. ANDREW CONGREGATION,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST ANDREW CONGREGATION
Organization Name

Sharon L Krueger 3-19-15
Signature of authorized representative Date

THERESA L KRUEGER BUS MGR
Print name of authorized representative Title



**Dominican Sisters
St. Ann Rest Home**

2020 South Muskego Avenue
Milwaukee, WI 53204
Phone: (414) 383-2630

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, **Dominican Sisters St. Ann Rest Home**, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: **Dominican Sisters St. Ann Rest Home**

Organization Name

Dr. Andrea K. Andrusiewska

Signature of authorized representative

3/23/2015

Date

Sister Andrea Katarzyna Andrusiewska

Print name of authorized representative

Nursing Home Administrator

Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

ST. ANNE CATHOLIC CHURCH
9091 PRAIRIE RIDGE BLVD.
PLEASANT PRAIRIE WI 53156

In accordance with Catholic teaching, _____
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

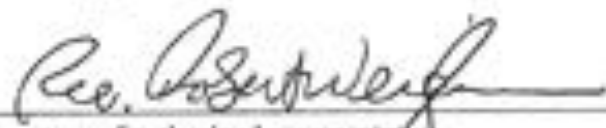
Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

ST. ANNE CATHOLIC CHURCH
9091 PRAIRIE RIDGE BLVD.
PLEASANT PRAIRIE WI 53156

BY: _____
Organization Name

 _____
Signature of authorized representative Date 3/18/2015

REV. ROBERT WEIGHNER _____
Print name of authorized representative Title PASTOR

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. ANTHONY PARISH
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. ANTHONY PARISH, MENOMONEE FALLS
Organization Name

Dennis Budka 3/20/2015
Signature of authorized representative Date
DENNIS BUDKA PASTOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Anthony
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Anthony
Organization Name

[Signature]
Signature of authorized representative

12/3/15
Date

Fr. Cliff Ermatinger
Print name of authorized representative

Pastor
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. ANTHONY CONGREGATION,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. ANTHONY CONGREGATION
Organization Name

Rev. Anthony J. Zimmer 3/12/15
Signature of authorized representative Date

REV. ANTHONY J. ZIMMER PASTOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, **St. Augustine Congregation, Milwaukee, WI** (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Augustine Congregation, Milwaukee, WI
Organization Name

Ronald E. Kotecki 3/18/15
Signature of authorized representative Date

Ronald E. Kotecki Pastor and Vice President
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Benedict Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Benedict Congregation
Organization Name

Rev. Gary D. Nowicki
Signature of authorized representative

March 17, 2015
Date

Rev. Gary D. Nowicki
Print name of authorized representative

Tenporary Administrator
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Bernadette
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Bernadette
Organization Name

Fr. Gregory Greiten 3/30/15
Signature of authorized representative Date

Fr. Gregory Greiten Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Bernard Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Bernard Congregation
Organization Name

[Signature] SDS 3/17/15
Signature of authorized representative Date

Fr. Glen Sayers, SDS Administrator
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Boniface Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Boniface Congregation
Organization Name

[Signature] 3/18/15
Signature of authorized representative Date

Joseph A. Kauris Director of Administration
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Bruno Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Bruno Parish
Organization Name

X Rev. Ralph C. Gross 3/16/15
Signature of authorized representative Date
Rev. Ralph C. Gross Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Catherine of Alexandria
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Catherine of Alexandria
Organization Name

Debra Hintz 3/20/15
Signature of authorized representative Date

Debra Hintz Parish Director
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Catherine of Siena, Reparation, Ubi
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Catherine of Siena, Reparation, Ubi
Organization Name

Fr. Robert A. Fictum 3/23/2015
Signature of authorized representative Date

Robert A. Fictum Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. CHARLES PARISH & SCHOOL,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. CHARLES PARISH & SCHOOL
Organization Name

Rev. Kenneth Omernick
Signature of authorized representative

March 23rd 2015
Date

Rev. Kenneth Omernick
Print name of authorized representative

pastor
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Charles Borromeo Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Charles Borromeo Parish Organization Name

John Plichta
Signature of authorized representative

March 16, 2015
Date

JOHN PLICHTA
Print name of authorized representative

TRUSTEE- SECRETARY
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Clare Congregation,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Clare Congregation
Organization Name

Rev. Peter C. Drenzer 3/20/15
Signature of authorized representative Date

Rev. Peter C. Drenzer Administrator
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Clement Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Clement Parish
Organization Name

 3/16/2015
Signature of authorized representative Date

Matthew Widdler Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Ss Cyril & Methodius
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Ss. Cyril & Methodius
Organization Name

Fr. Paul J. Fliss 3/19/15
Signature of authorized representative Date

Rev Paul Fliss Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Dominic Catholic Church
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30033
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Carroll

Third Party Administrator Contact Information: CVS/Carroll's Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

By: St. Dominic Catholic Church
Organization Name

[Signature] 3/20/15
Signature of authorized representative Date

Amy Wittenberger Dir. of Administrative Services
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Dominic,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Dominic Parish
Organization Name

Laura TeWinkle 3/27/15
Signature of authorized representative Date

Laura TeWinkle Admin Assistant
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Elizabeth Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Elizabeth Congregation
Organization Name

 16 March 2015
Signature of authorized representative Date

Sean Granger Reverend Father
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St Elizabeth Ann Seton Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare -- Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Elizabeth Ann Seton Parish


Signature of authorized representative

16 MARCH 2015
Date

Rev Joseph Aufdermauer, Pastor

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. ELIZABETH ANN SETON CATHOLIC SCHOOL
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. ELIZABETH ANN SETON CATHOLIC SCHOOL
Organization Name

	<u>3/18/2015</u>
Signature of authorized representative	Date
<u>Matthew Widder</u>	<u>Pastor 3/18/2015</u>
Print name of authorized representative	Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Eugene Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Eugene Parish
Organization Name

Rev. Jerome A. Herda
Signature of authorized representative

3/17/15
Date

Rev. Jerome G. Herda
Print name of authorized representative

Pastor
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Florian Congregation,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

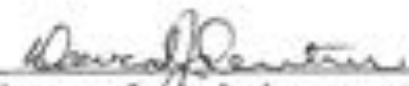
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Florian Congregation
Organization Name

 March 16, 2015
Signature of authorized representative Date

Rev. David J. Centner O.C.D. Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Saint Frances Cabrini Congregation,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

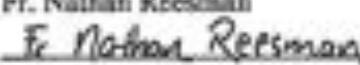
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Saint Frances Cabrini Congregation

Organization Name	March 16, 2015
	
Signature of authorized representative	Date
Fr. Nathan Reesman	Pastor
	
Print name of authorized representative	Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Francis Borgia Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Francis Borgia Congregation
Organization Name

Thomas Eichenberger VP 3-20-15
Signature of authorized representative Date

Thomas Eichenberger pastor & VP
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Saint Francis de Sales Seminary,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Saint Francis de Sales Seminary
Organization Name

Very Rev. John D. Hemming
Signature of authorized representative

3/23/15
Date

Very Reverend John D. Hemming
Print name of authorized representative

Rector
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Francis de Sales Church
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Francis de Sales Church
Organization Name

James T. Schuerman 3-23-15
Signature of authorized representative Date

James T. Schuerman Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St Francis of Assisi Church
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

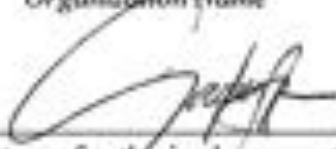
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Francis of Assisi Church
Organization Name

 March 20, 2015
Signature of authorized representative Date

Gabriela Brunton Office Manager
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Francis Xavier Catholic Church, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Francis Xavier Catholic Church
Organization Name


Signature of authorized representative

03/17/2015

Date

Rev. Russell L. Arnett
Print name of authorized representative

Administrator
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Gabriel Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Gabriel Congregation
Organization Name

Celia Meyers 3-17-2015
Signature of authorized representative Date

Celia Meyers - Director of Administration
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST GREGORY THE GREAT PARISH AND SCHOOL (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST GREGORY THE GREAT PARISH AND SCHOOL
Organization Name

Rex Thomas Paul Dornse

Signature of authorized representative

March 17 2015

Date

Rex Thomas P. Dornse

Print name of authorized representative

Pastor

Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, **St. Isidore the Farmer Parish**, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

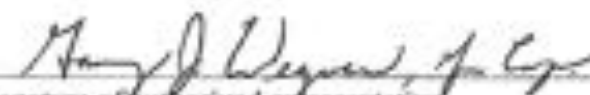
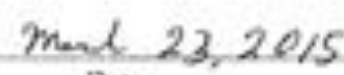
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Isidore the Farmer Parish
Organization Name

 
Signature of authorized representative Date

Rev. Gary J. Wegner, OFM Capuchin
Print name of authorized representative

Pastor
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. JAMES CATHOLIC CHURCH
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. JAMES CATHOLIC CHURCH
Organization Name

Daniel Huff 3-16-15
Signature of authorized representative Date

DANIEL HUFF PARISH DIRECTOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. James Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. James Congregation
Organization Name

[Signature] 16 March 2015
Signature of authorized representative Date

Sean Granger Reverend Father
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. James Catholic Church
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. James Catholic Church
Organization Name

Daryl Olszewski 3/16/2015
Signature of authorized representative Date

DARYL OLSZEWSKI 3/16/2015
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. James Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. James Parish
Organization Name

Rev. Michael G. Savio
Signature of authorized representative

March 18, 2015
Date

Rev. Michael G. Savio
Print name of authorized representative

Administrator
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, **St. Jerome Congregation**, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

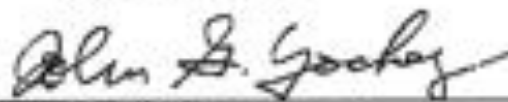
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare -- Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: **St. Jerome Congregation**
Organization Name



Signature of authorized representative

March 17, 2015
Date

Rev. John G. Yockey
Print name of authorized representative

Pastor
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. JOAN OF ARC / ST. CATHERINE OF
(an eligible non-profit organization) has a sincerely-held religious objection to providing ALEXANDRIA
coverage of all contraceptive services. (MAPLETON)

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. JOAN OF ARC / ST. CATHERINE OF ALEXANDRIA MAPLETON
Organization Name MAPLETON

Rev. Michael D. Strachota 3-20-2015
Signature of authorized representative Date

REV. MICHAEL D. STRACHOTA PASTOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St John Kanty
(an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St John Kanty
Organization Name


Signature of authorized representative

3-20-15

Date

Rev. Michael Ignaszak
Print name of authorized representative

Pastor

Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. John Nepomuk Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. John Nepomuk Congregation
Organization Name

Fr. Steve Vaughn 3/17/2015
Signature of authorized representative Date

Rev. Steve Vaughn, SAC Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. John Neumann Catholic Church,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. John Neumann Catholic Church, Waukegan, WI
Organization Name

Rev. Carl Frederick March 20, 2015
Signature of authorized representative Date

Rev. Carl Frederick Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST JOHN THE BAPTIST CATHOLIC CHURCH,
HOLY FAMILY CATHOLIC CHURCH &
ST COLUMBILLE CATHOLIC CHURCH
 (an eligible non-profit organization) has a sincerely-held religious objection to providing
 coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
 P.O. Box 30555
 Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
 P.O. Box 52196
 Phoenix, AZ 85072-2196

BY: The Tri-Parishes of Dodge County - St John the Bapt
 Organization Name Holy Family Catholic Church
St. Columbkille Catholic Church

Kathy Meinholz 3-24-15
 Signature of authorized representative Date

KATHY MEINHOLZ BOOKKEEPER
 Print name of authorized representative Title



**St. John
THE Baptist
Catholic Church**

115 Plymouth St., Plymouth, WI 53073 ■ 920/892-4006 ■ sjbparish@sjbpymouth.org

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. John the Baptist Congregation, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. John the Baptist Congregation
Organization Name

Rev. Daniel Volkert
Signature of authorized representative

March 19, 2015
Date

Rev. Daniel Volkert
Print name of authorized representative

Pastor, Vice President
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. John The Evangelist Catholic Church School
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. John The Evangelist Catholic Church School
Organization Name

Gary L. Tveten 3-11-15
Signature of authorized representative Date

GARY L. TVETEN Trustee - Treasurer
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. John the Evangelist Parish,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. John the Evangelist
701 North Lake Avenue
Twin Lakes, WI 53181
Organization Name

Rev. Terence Langley, S.C.J. Mar. 20, 2015
Signature of authorized representative Date
REV. TERENCE LANGLEY, S.C.J. ADMINISTRATOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. John Vianney Parish,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. John Vianney Parish
Organization Name

Kenneth A. Kugler 3/18/15
Signature of authorized representative Date

Kenneth A. Kugler Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, the Basilica of St Josaphat, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: the Basilica of St Josaphat
Organization Name


Signature of authorized representative

23 March 2015
Date

Very Rev Michael J Glastetter, OFM Conv
Print name of authorized representative

Rector - Pastor
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Joseph Basilica Foundation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Joseph Basilica Foundation
Organization Name

[Signature] 03.20.15
Signature of authorized representative Date

LYAN A. BABE PATIENT & CEO
Print name of authorized representative Title

March 23, 2015



To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Joseph Congregation in Grafton, Wisconsin (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST JOSEPH CONGREGATION – GRAFTON, WISCONSIN

Organization Name

Brenda A. Cline
Signature of authorized representative

3/18/15
Date

Brenda A. Cline
Print name of authorized representative

Parish Director
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Joseph Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Joseph Congregation
Organization Name

Rev. John McManus
Signature of authorized representative

3/12/15
Date

Rev. Kevin McManus
Print name of authorized representative

Vice President
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Joseph Congregation, Lyons, WI,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Joseph Congregation - Lyons, WI
Organization Name

Rev. James T. Volkert
Signature of authorized representative

3-24-15
Date

Rev. James T. Volkert
Print name of authorized representative

Pastor
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. JOSEPH Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. JOSEPH Congregation
Organization Name

Rev. Steve Varghese 3/19/2015
Signature of authorized representative Date

REV STEVE VARGHESE PASTOR
Print name of authorized representative Title

St. Joseph Catholic Church
Parroquia San José

818 North East Avenue
Waukesha, WI 53186-4867
Tel.: 262-542-2589
Fax: 262-542-2570
E-mail: stjoseph@archmil.org



Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Joseph Catholic Church (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Joseph Catholic Church
Organization Name

Rev William Key
Signature of authorized representative

3-20-15
Date

Reverend William Key
Print name of authorized representative

Pastor
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Joseph Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Joseph Parish
Organization Name

	<u>3-20-15</u>
Signature of authorized representative	Date
<u>Michael L. Wild</u>	<u>Pastor</u>
Print name of authorized representative	Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Joseph Congregation - Waiananalo
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Joseph Congregation
Organization Name

Rev. James E. Kimba 3-18-15
Signature of authorized representative Date

Rev. James E. Kimba Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Joseph's Home
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Joseph's Home
Organization Name

[Signature] 3/23/15
Signature of authorized representative Date

Asi Schmid-Bendero Asst. Administrator
Print name of authorized representative Title

Saint Jude the Apostle Parish

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Jude the Apostle Congregation,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Jude the Apostle Congregation
Organization Name

Rev Charles E. Conley 3-18-15
Signature of authorized representative Date

Rev. Charles E. Conley Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Kieran Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Kieran Congregation
Organization Name

Kathy Glaszc 3/20/15
Signature of authorized representative Date

KATHY GLASZCZ Bus office
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Leonard Catholic Church and School, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Leonard Catholic Church and School
Organization Name

<u>Rev. Daniel Janasik</u>	<u>3-19-15</u>
Signature of authorized representative	Date
<u>Rev. Daniel Janasik</u>	<u>Pastor</u>
Print name of authorized representative	Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Louis Congregation, Caledonia, Wisconsin, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85073-2196

BY: St. Louis Catholic Church
Organization Name

Rev. Mark J.R. Danczyk 3-16-15
Signature of authorized representative Date

Rev. Mark J.R. Danczyk Pastor - St. Louis
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Saint Luke Congregation, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Saint Luke Congregation
Organization Name

Rev. Kenneth J. Augustine 17 March 2015
Signature of authorized representative Date

Rev. Kenneth J. Augustine Vice President
Print name of authorized representative Title

St. Margaret Mary
Parish Community

3870 N 92nd St, MILWAUKEE, WI 53222 — PHONE 414.461.8073

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Margaret Mary Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare -- Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Margaret Mary Congregation
Organization Name

[Signature] March 18, 15
Signature of authorized representative Date

FR. MICHAEL F. LIGHTNER ADMINISTRATOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St Mark's
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Mark Parish
Organization Name

[Signature] 3-20-15
Signature of authorized representative Date

Kris Meeker Business Manager
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Martin de Porres Catholic Church,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Martin de Porres Catholic Church
Organization Name

Carma Lee Teasley 3-20-15
Signature of authorized representative Date

Carma Lee Teasley Adm Asst.
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. MARTIN of TOURS PARISH
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. MARTIN of TOURS PARISH
Organization Name

Yvon A. Sheehy
Signature of authorized representative

March 16, 2015
Date

Yvon A. Sheehy
Print name of authorized representative

Pastor
Title

ST. MARY'S VISITATION

Catholic Parish † Elm Grove, WI

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Mary's Visitation Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Mary's Visitation Parish
Organization Name

Rev. Peter J. Berger

Signature of authorized representative

3/16/15

Date

Father Peter Berger
Print name of authorized representative

Parish Administrator
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST MARY CATHOLIC FATH Community
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. MARY CATHOLIC FATH Community
Organization Name


Signature of authorized representative Date 03/17/2015

Rev. GIDEON BUVA
Print name of authorized representative ASSISTANT PASTOR
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Mary Congregation, Kenosha, WI, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Mary Congregation
Organization Name

 3/20/15
Signature of authorized representative Date

Roman Stikel Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Mary
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY:

St. Mary Catholic Church
Organization Name

Rev. Michael Petersen
Signature of authorized representative

3-24-15
Date

Rev. Michael Petersen
Print name of authorized representative

Pastor
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Mary's Church and School
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Mary's CHURCH and School
Organization Name

Rev. Thomas E. Biersack 3-18-15
Signature of authorized representative Date

Thomas E. Biersack 3-18-15
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Mary's Parish - Mantown
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Mary's Parish
Organization Name

Rev. Joseph H. Courber 3-27-2015
Signature of authorized representative Date

Rev. Joseph H. Courber Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Mary Congregation-Menomonee Falls, WI, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

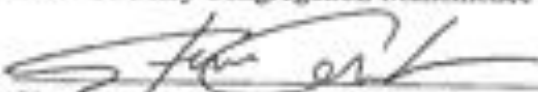
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Mary Congregation-Menomonee Falls, WI,


Signature of authorized representative

3-23-2015
Date

Stephen Cosentino
Print name of authorized representative

Director of Administrative Services
Title



Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. MARY CONGREGATION
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Mary Congregation
Organization Name

Patrick R. Wenot 3/23/2015
Signature of authorized representative Date

PATRICK R. WENOT TEAM MODERATOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Mary by the Lake
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Mary by the Lake
Organization Name

Rev Stephen J. Stradinger 3/16/2015
Signature of authorized representative Date

Reverend Stephen J. Stradinger Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. MARY CATHOLIC CHURCH,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

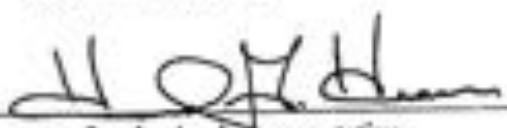
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. MARY CATHOLIC CHURCH
Organization Name

 3/17/2015
Signature of authorized representative Date

HOWARD G. HAASE PASTOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St Matthew- Campbellsport,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Matthew- Campbellsport
Organization Name

Jane Riley Best 03/16/2015
Signature of authorized representative *Date*

Jane Riley Best Director of Administrative Services
Print name of authorized representative *Title*

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Matthew Parish, Natchez, MS
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Matthew Parish
Organization Name

Rev Alois Van Beek 3-19-15
Signature of authorized representative Date

Rev. Alois Van Beek Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Matthew's Congregation and School, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

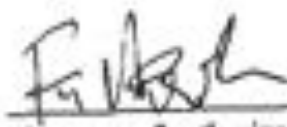
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Matthew Congregation's and School
Organization Name



Signature of authorized representative

3-17-15

Date

Fr. Patrick O'Loughlin

Print name of authorized representative

Pastor
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St Matthias Parish - Milwaukee, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

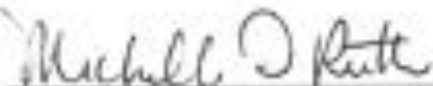
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Matthias Parish Milwaukee
Organization Name



3-17-2015

Signature of authorized representative

Date

Michelle D Ruth
Print name of authorized representative

Benefits Administrator
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Michael Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: 1087/1088 - St. Michael
Organization Name

[Signature] 3/23/15
Signature of authorized representative Date

Rev. DENNIS J. Lewis Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Monica Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Monica Parish
Organization Name

Rev Jerome G. Herda 3/17/15
Signature of authorized representative Date

Rev Jerome G. Herda Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Monica's Senior Living, Inc.
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Monica's Senior Living, Inc.
Organization Name

Loretta Baxter 3/23/15
Signature of authorized representative Date

Loretta Baxter ~~3/23~~ Administrator
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST PATRICK PARISH
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST PATRICK PARISH
Organization Name

 3/18/2015
Signature of authorized representative Date

FR OROL REGALES PASTOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Our Lady of Guadalupe & St. Patrick's Parishes
(an eligible non-profit organization) has a sincerely held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

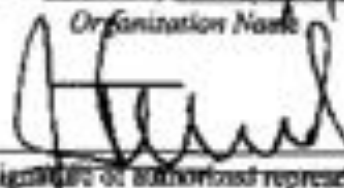
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Our Lady of Guadalupe & St. Patrick's Parishes
Organization Name


Signature of authorized representative

03/20/2015
Date

Fr. Jose L. Moreno, SJ
Print name of authorized representative

Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Patrick Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Patrick Congregation
Organization Name

[Signature] 3/18/2015
Signature of authorized representative Date

Rev. Antony Thomas Pastor
Print name of authorized representative Title

11314644.1

414-769-3408

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Paul Catholic Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY:

St. Paul Parish
Organization Name

[Signature]
Signature of authorized representative

3/12/15
Date

Rev. Ralph C. Gross
Print name of authorized representative

Pastor
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching,

St. Paul Parish, (an eligible non-profit organization)
has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. PAUL PARISH

Organization Name

Roman N. Nwaru

Signature of authorized representative

3/25/15

Date

ROMANUS N. NWARU

Print name of authorized representative

ADMINISTRATOR

Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Paul the Apostle Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare -- Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Paul the Apostle Parish
Organization Name

Colleen Kechter 3-20-2015
Signature of authorized representative Date

Colleen Kechter Director of Admn. Services
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Peters Parish,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Peters Parish
Organization Name

Renee L. Robren 3-20-15
Signature of authorized representative Date

Renee L. Robren Admin. Assist.
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST Peter Catholic Church,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST Peter Catholic Church
Organization Name

Deacon Terry Maack

Signature of authorized representative

3-23-2015

Date

Deacon Terry Maack

Print name of authorized representative

Administrative Services

Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. PETER CONGREGATION
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

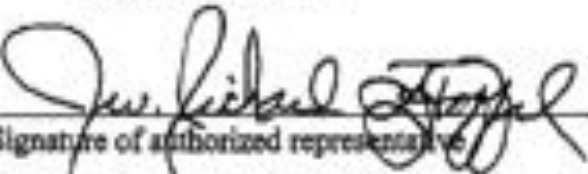
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. PETER CONGREGATION
Organization Name

	<u>March 17, 2015</u>
Signature of authorized representative	Date
<u>Rev. Richard J. Stoffel</u>	<u>Pastor</u>
Print name of authorized representative	Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. PETER OF ALCANTARA CONGREGATION,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Peter of Alcantara Congregation
Organization Name

Patrick R. Wende 3/25/15
Signature of authorized representative Date

PATRICK R. WENDE TEAM MODERATOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Peter Claver Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Peter Claver Catholic Church
Organization Name

Fr. Paul J. Fliss 3/20/15
Signature of authorized representative Date

Fr. Paul J. Fliss Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Pius X Congregation, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Pius X Congregation
Organization Name

Paul J Portland SDS
Signature of authorized representative

March 17 2015

Date

PAUL J PORTLAND SDS
Print name of authorized representative

Parson

Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Rafael the Archangel Congregation and Parish School, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Rafael the Archangel Congregation and Parish School
Organization Name

Lisamarie Lukowski
Signature of authorized representative

3/17/15
Date

Lisamarie Lukowski
Print name of authorized representative

Director of Administrative Services
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Richard Parish, Racine Wisconsin
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Richard Parish
Organization Name

Rev. Ronald J. Gramza 3/17/15
Signature of authorized representative Date

Ronald J. Gramza - Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Rita Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Rita Parish
Organization Name


Signature of authorized representative
3/16/15
Date
Rev. Richard A. Young, OSA
Pastor
Print name of authorized representative
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Rita Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Rita Parish
Organization Name

<u>Charles G. Zabler</u>	<u>3/17/15</u>
Signature of authorized representative	Date
<u>CHARLES G ZABLER</u>	<u>3/17/15</u>
Print name of authorized representative	Title



March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Robert of Newminster Parish as affiliated with the Archdiocese of Milwaukee (an eligible non-profit organization), has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Robert of Newminster Parish

Organization Name


Signed and authorized representative

James J.T. Pittelkow,
Printed Name


Date

Director of Finance and Administration
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching,

St Robert Bellarmine, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare -- Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Robert Bellarmine

Organization Name

Rev. Robert Kacala 3/17/15

Signature of authorized representative

Date

Rev. Robert Kacala Pastor

Print name of authorized representative

Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Saint Roman Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Saint Roman Congregation
Organization Name

<u>Brian T. Holben</u>	<u>MAR 18 2015</u>
Signature of authorized representative	Date
<u>Brian T. Holben</u>	<u>Pastor</u>
Print name of authorized representative	Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Stephen Congregation
(an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Stephen Congregation
Organization Name

Rev Dennis J. Westland 3-17-15
Signature of authorized representative Date

Rev Dennis J. Westland 3-17-15
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Theresa Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Theresa Parish
Organization Name

Rev. Michael G. Savio March 18, 2015
Signature of authorized representative Date

Rev. Michael G. Savio Administrator
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. THERESE CONGREGATION
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. THERESE CONGREGATION 9525 W. Bluemound Rd.
Milwaukee, WI 53226
Organization Name

Dr. Alexandra Gulliano 03/20/2015
Signature of authorized representative Date

DR. ALEXANDRA GULLIANO PARISH DIRECTOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Thomas Aquinas
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Thomas Aquinas
Organization Name

Nancy J. Hutchings 3-25-2015
Signature of authorized representative Date

Nancy J. Hutchings 3-25-2015
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Thomas Aquinas Academy,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

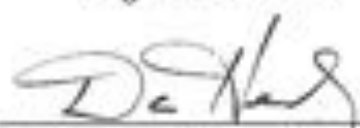
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Thomas Aquinas Academy
Organization Name

 March 26, 2015
Signature of authorized representative Date

Dan Heding March 26, 2015
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St Veronica Parish
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Veronica Parish
Organization Name

Very Rev Mark Payne 3-24, 2015
Signature of authorized representative Date

Very Rev. Mark Payne Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. VINCENT OF PAUL OF FUNDATION, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. VINCENT OF PAUL OF FUNDATION
Organization Name

Robert Panstak 3-24-15
Signature of authorized representative Date

ROBERT PANSTAK PRESIDENT
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St Vincent de Paul
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Vincent de Paul
Organization Name

Sharon Garza
Signature of authorized representative

3-27-2015
Date

Sharon Garza
Print name of authorized representative

3-27-2015
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Society of St Vincent de Paul of Plymouth
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Society of St Vincent de Paul of Plymouth, Inc
Organization Name

Margaret Ausloos 03-15-2015
Signature of authorized representative Date

Margaret Ausloos Executive Director
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Vincent de Paul, Sheboygan WI Council
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Society of St Vincent de Paul - Sheboygan
Organization Name Council

Lavinia Vollrath 3/16/15
Signature of authorized representative Date

Lavinia Vollrath President
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Vincent Pallotti
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Vincent Pallotti
Organization Name

F. Thomas 03/26/2015
Signature of authorized representative Date

F. THOMAS KUTTYANICKAL Administrator
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. William Catholic Church,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. William Catholic Church, Waukegan, WI
Organization Name

Rev. Carl Frederick March 20, 2015
Signature of authorized representative Date

Rev. Carl Frederick Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, SISTERS OF CHARITY OF ST JOAN ANTIDA INC.
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: SISTERS OF CHARITY OF ST. JOAN ANTIDA INC.
Organization Name

St. Anne Marie Baemmer 3-17-15
Signature of authorized representative Date

SR. ANNE MARIE BAEMMERT PRESIDENT
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, the Sisters of St. Elizabeth
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Sisters of St. Elizabeth
Organization Name

Sister Lauren Lapinski
Signature of authorized representative

March 16, 2015
Date

Sister Lauren Lapinski
Print name of authorized representative

Treasurer
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Sisters of the Divine Savior, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Sisters of the Divine Savior
Organization Name

Sister Carol Thresher, SS March 18, 2015
Signature of authorized representative Date

Sister Carol Thresher Provincial Leader (President)
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Sons of Zebek, St. James and John
(an eligible non-profit organization) has a sincerely held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY:

Sons of Zebek, St. James and John
Organization Name

Rev. Michael C. Petersen

Signature of authorized representative

3-24-15

Date

Rev. MICHAEL C. PETERSEN

Print name of authorized representative

Pastor

Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching,

(an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Three Holy Women Catholic Congregation

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Three Holy Women Catholic Congregation
Organization Name

Dr. John F. J. J. J. 3-17-15
Signature of authorized representative Date

REV. MICHAEL F. MICHALSKI 3-17-15
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Wauwatosa Catholic School
(an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Wauwatosa Catholic School
Organization Name

Heidi M. Hernandez
Signature of authorized representative

3-20-15
Date

Heidi M. Hernandez
Print name of authorized representative

Principal
Title

St. Raphael

Health, Dental and Vision Insurance

3501 South Lake Drive
PO Box 070912
Milwaukee, WI 53207-0912
Phone: (414) 769-3300
Fax: (414) 769-3408

July 1, 2015

To the Secretary of Health and Human Services:

Enclosed is a letter from an employer who has just become a participant in the St. Raphael Health Plan.

In accordance with Catholic teaching, this eligible non-profit organization has a sincerely-held religious objection to providing coverage of all contraceptive services. We have notified Third Party Administrators that this employer should be treated similarly to other employers in the St. Raphael Health Plan, per their notifications to you on April 2, 2015.

Thank you.

A handwritten signature in cursive script, reading "John J. Marek".

John J. Marek, on behalf of St. Raphael Health Plan
Archdiocese of Milwaukee – Sponsoring Employer,
Plan Administrator and Agent for Participating Employers

Date: June 10, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, NAT'L ofc. of Post-Abortion Reconciliation & Healing Inc
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: NAT'L ofc. of Post-Abortion Reconciliation & Healing Inc
Organization Name

Victoria M. Thorn
Signature of authorized representative

6/30/2015
Date

Victoria M. THORN
Print name of authorized representative

Executive Director
Title

St. Raphael

Health, Dental and Vision Insurance

3501 South Lake Drive
PO Box 070912
Milwaukee, WI 53207-0912
Phone: (414) 769-3300
Fax: (414) 769-3408

November 23, 2015

To the Secretary of Health and Human Services:

Enclosed is a letter from an employer who has just become a participant in the St. Raphael Health Plan.

In accordance with Catholic teaching, this eligible non-profit organization has a sincerely-held religious objection to providing coverage of all contraceptive services. We have notified Third Party Administrators that this employer should be treated similarly to other employers in the St. Raphael Health Plan, per their notifications to you on April 2, 2015.

Thank you.

A handwritten signature in black ink that reads "John J. Marek". The signature is written in a cursive, flowing style.

John J. Marek, on behalf of St. Raphael Health Plan
Archdiocese of Milwaukee – Sponsoring Employer,
Plan Administrator and Agent for Participating Employers

Date: 11/23/2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Seton Catholic Schools,
(an eligible non-profit organization) has a sincerely-held religious objection to providing
coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Seton Catholic Schools
Organization Name

 11/23/2015
Signature of authorized representative Date

DONALD DREES PRESIDENT
Print name of authorized representative Title

ERSA FORM 700- CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Society of the Precious Blood
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Amy Day, HR Manager
Mailing and email addresses and phone number for the individual listed above	2860 US Rt 127 Celina, OH 45822 hrmanager@cpps-preciousblood.org

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

1-22-15
Date

MODEL NOTICE

Date: 1-22-15

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

- (1) Name of eligible organization: Society of the Precious Blood
 Contact information: Amy Day, 414-925-4516 ext 727
 Eligible organization is a: ☒ Non-profit entity; OR ☐ Other eligible organization

- (2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)	
<u>Healthcare</u>	<u>Ta Health Div</u>	<u>866-782-5614</u>	☒ Issuer or ☐ TPA	☐ Church plan	☐ Student plan
	<u>McFadden Beabnd</u>	<u>937-253-1100</u>	☐ Issuer or ☒ TPA	☐ Church plan	☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan	☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan	☐ Student plan

- (3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Amy Day
 Signature of authorized representative of eligible organization

1-22-15
 Date

Amy Day
 Typed name of authorized representative of eligible organization

MICHAEL | JAMES

SALES TAX SOLUTIONS, LLC.

MODEL NOTICE

Date: May 22, 2015

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Any and all abortifacients

*Michael James Sales Tax Solutions also requires the Department of Health and Human Services exclude our service provider from making abortifacients available free of charge to employees on our plan. We request this due to religious beliefs and the US Supreme Court decision in *BURWELL, SECRETARY OF HEALTH AND HUMAN SERVICES, ET AL. v. HOBBY LOBBY STORES, INC.*

(1) Name of eligible organization: Michael James Sales Tax Solutions, LLC.

Contact information: Michael Radvansky, 1100 Circle 75 Parkway, Suite 960 Atlanta, GA 30339 • 770-857-1010

Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization
a closely held for profit entity

(2) Service provider information

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan Type (if applicable)
Gold 531 \$60 \$2500 100% NPO/SGA	Coverity Healthcare of GA	P.O. Box 71111 London, KY 40342	☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information. *If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:*
1/1/2015



Signature of authorized representative of eligible organization

5-22-2015

Date

Michael C. Radvansky

Typed name of authorized representative of eligible organization

JONES DAY

500 GRANT ST., SUITE 4500 • PITTSBURGH, PA 15219
TELEPHONE • 1.412.391.3939 • FACSIMILE • 1.412.394.7959

DIRECT NUMBER: 412.394.7900
WWW.JONESDAY.COM

June 30, 2015

Donald B. Verrilli, Jr.
Solicitor General
United States Department of Justice
950 Pennsylvania Avenue, N.W.
Washington, DC 20530-0001
(202) 514-2217

Mark B. Stern
Alisa B. Klein
Adam C. Jed
Patrick G. Nemeroff
Civil Division
U.S. Department of Justice
950 Pennsylvania Ave., NW, Rm. 7240
Washington, DC 20530
(202) 514-8280

Re: *Zubik v. Burwell*, No. 14A1065

Counsel:

Pursuant to the Supreme Court's order of June 29, 2015, we write to notify the Secretary of HHS, through you as her counsel, that our clients in the above-captioned case are nonprofit entities who hold themselves out as religious organizations, and that they oppose providing coverage for the contraceptive services required by 26 C.F.R. § 54.9815-2713(a)(1)(iv), 29 C.F.R. § 2590.715-2713(a)(1)(iv), and 45 C.F.R. § 147.130(a)(1)(iv).

Therefore, under the Court's order, the Government is enjoined from enforcing against the entities heretofore covered by the district court's injunction "the challenged provisions of the Patient Protection and Affordable Care Act and related regulations." *Zubik v. Burwell*, No. 14A1065 (U.S. June 29, 2015). This includes, but is not limited to, the following statutes and regulations: 42 U.S.C. § 300gg-13(a)(4) ("A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for . . . with respect to women, such additional preventive care . . . as provided for in comprehensive guidelines supported by the

JONES DAY

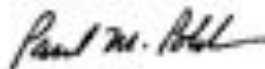
June 30, 2015

Page 2

Health Resources and Services Administration for purposes of this paragraph."); 26 C.F.R. §§ 54.9815-2713, 54.9815-2713A, 54.9815-2713AT; 29 C.F.R. §§ 2590.715-2713, 2590.715-2713A; 45 C.F.R. §§ 147.130, 147.131.

Please provide a copy of this letter to the Secretary of Health and Human Services, and feel free to contact me should you wish to discuss this matter further.

Very truly yours,



Paul M. Pohl



July 20, 2015

SUBMITTED BY ELECTRONIC MAIL, CERTIFIED MAIL, RETURN RECEIPT
REQUESTED AND FEDERAL EXPRESS

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Room 739H
Washington, DC 20201

Re: Written Notice Pursuant to Interim Final Rule of Objections and Refusal to include
Abortifacients within the Student Health Insurance Plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

The undersigned serves as General Counsel for Oral Roberts University ("ORU"). This letter constitutes ORU's supplement to its written notice ("Notice") dated November 18, 2014 of "opting out" of any obligation imposed by the Patient Protection and Affordable Care Act mandate, including any resulting rules or regulations ("Mandate"), to include Abortifacients, as identified in the Notice, within its group health plan on the grounds that such action substantially burdens ORU's sincerely held religious beliefs. This supplement to the Notice applies to the Student Health Insurance sponsored by ORU and is in compliance with and in reliance on the August 27, 2014 Interim Final Rule entitled Coverage of Certain Preventive Services Under the Affordable Care Act ("Interim Final Rule"), including the description of the augmented accommodation set forth therein. 79 Fed. Reg. 51092.

Kollmorgen Letter to Secretary Perez and Mr. Mayhew
July 20, 2015
Page 2

The information required by the Interim Final Rule contained in the Notice is supplemented as follows:

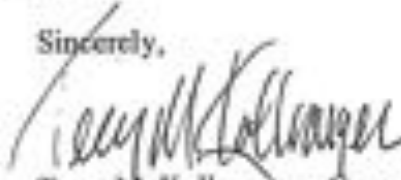
1. The Plan Name is Student Health Insurance for Oral Roberts University;
2. The Plan Policy Number is 201585897;
3. The Plain Form Number is NBH-280(2014OK);
4. The Plan's Insurer is:

National Guardian Life Insurance
P.O. Box 1191
Madison, WI 53701-1191

5. The Plan's Third Party Servicer is:

Wilcox & McGrath
5591 South Lewis Ave
Tulsa, OK 74105
918-949-6709

Sincerely,



Terry M. Kollmorgen, General Counsel
Oral Roberts University

Enclosure

MODEL NOTICE

Date: August 21, 2015

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Plan B, Ella, Mircna, and copper IUD's

- (1) Name of eligible organization: Commis-Allison Corp. and Commis Illinois Inc.
 Contact information: Michael Golski, 847-759-3185
 Eligible organization is a: ☐ Non-profit entity; OR ☐ Other eligible organization

- (2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
<u>Commis-Allison Corp.</u>	<u>Dr. B. J. J.</u>	<u>Julie P. H.</u>	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan
<u>Commis Illinois Inc.</u>	<u>Y</u>	<u>12-653-2656</u>	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
<u>Health Plan</u>			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

- (3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed.

Michael A. Golski
 Signature of authorized representative of eligible organization

8-21-15
 Date

MICHAEL A. GOLSKI
 Typed name of authorized representative of eligible organization

(b)(6)

HARTFORD CT 061

03 JUL 2015 PM 5 L



Centers for Medicare & Medicaid Servs
Center for Consumer Information & Insurance
200 Independence Avenue, SW
Washington, DC 20201
Room 739H

20201



MODEL NOTICE

Date: 7/1/15

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

all contraceptive services(1) Name of eligible organization: Carolyn's Place, Inc.

Contact information: _____

Eligible organization is a: ☒ Non-profit entity; OR ☐ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
<u>Platinum Freedom</u>	<u>United Healthcare</u>	<u>-</u>	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
<u>Direct</u>	<u>Oxford</u>	<u>888-201-4216</u>	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Virginia C. Baudinet
 Signature of authorized representative of eligible organization

7-1-15
 Date

Virginia C. Baudinet
 Typed name of authorized representative of eligible organization

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization

Dakota Tube Inc.

Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization

Anna Steinbauer
VP of Administration / Co-Owner

Mailing and email addresses and phone number for the individual listed above

221 Airport Dr
Watertown SD 57201
anna.steinbauer@dakotatube.com

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

7-24-15

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

- (1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is ~~0938-XXXX~~. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This letter is submitted under protest, as we don't believe we need an "accommodation" in order to operate freely under the provisions of the First Amendment to the Constitution and/or the Religious Freedom Restoration Act.

Date: September 23, 2015

To: Secretary of Health and Human Services
c/o Centers for Medicare and Medicaid Services
Center for Consumer Information and Insurance Oversight
Room 739H
200 Independence Ave. SW
Washington, DC 20201

The following eligible organization has a religious objection to providing coverage of a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. Namely,

We have a religious objection to and will not provide post-conceptive medications and devices, namely emergency contraceptives such as the "morning-after pill," the "week-after pill," and intrauterine devices.

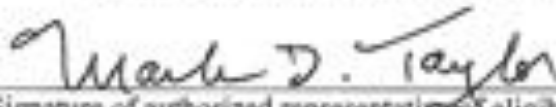
(1) Name of eligible organization: Tyndale House Publishers, Inc.
Contact information: Mark D. Taylor, President
351 Executive Drive
Carol Stream, IL 60188
Phone: 630-668-8300
email: mt@tyndale.com

Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

Tyndale House Publishers, Inc. is a closely-held for-profit corporation whose owners have a religious objection to the provision of abortifacient contraceptives through our health plan.

(2) Service Provider Information:
(a) Plan Name: Tyndale House Publishers, Inc. Health Plan
(b) Service Provider Name: Professional Benefit Administrators
(c) Contact Information: 900 Jorie Blvd #250, Oak Brook, IL 60523
800-435-5694
(d) Service Provider Category: ☐ Issuer or ☒ TPA
(e) Plan Type: N/A

(3) Information being submitted is (check one):
☒ Original information; OR ☐ Updated information.


Signature of authorized representative of eligible organization 9/23/2015
Date

Mark D. Taylor
Typed name of authorized representative of eligible organization

10/26/2015



THE GREAT LAKES RAILWAY

Hiram, OH 44048 U.S.A.

www.electrolock.com

TEL: 440.834.7500

FAX: 440.834.7525

Via U.S. Mail and Electronic Mail

United States Department of Health and Human Services
Attn: Sylvia Burwell, Secretary of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201
Room 739H
marketreform@cms.hhs.gov

Re: Religious Objection to all contraceptive services pursuant to 26 CFR 54.2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131

Dear Secretary Burwell,

This letter serves as our formal religious objection to providing all contraceptive services in our employee health plan. This objection covers the following organizations: Electrolock, Inc., Dunstone Co., Inc. and Stone River Mgmt. Co. LLC. All three organizations provide employee health insurance benefits to their eligible employees through Electrolock, Inc. Employee Health & Welfare Benefit Plan. All three organizations are eligible, for-profit companies that are closely held, as described by 26 CFR 54, 29 CFR 2590, 2590, 45 CFR 147, and 80 Fed. Reg. 41317 (July 14, 2014). The contact information for the eligible organizations is as follows:

Name of eligible organization 1: Electrolock, Inc.

Contact information: 17930 Great Lakes Pkwy., Hiram OH 44234 Phone: (440) 834-7500, Email: joc3@electrolock.com

Name of eligible organization 2: Dunstone Co, Inc

Contact information: 17930 Great Lakes Pkwy., Hiram OH 44234 Phone: (440) 834-7500, Email: joc3@electrolock.com

Name of eligible organization 3: Stone River Mgmt. Co. LLC

Contact information: 17930 Great Lakes Pkwy., Hiram OH 44234 Phone: (440) 834-7500, Email: joc3@electrolock.com

The Eligible Organization is a: Other eligible organization.

(2) Below please find the information you require pertaining to the eligible organizations' plan.



Service Provider Information:

(a) Plan Name	(b) Service Provider's Name	(c) Service Provider Contact Information	(d) Service Provider Category	(e) Plan Type (if applicable)
Electrolock, Inc. Employee Health & Welfare Benefit Plan	Business Administrators & Consultants, Inc.	Richard Sheldon 614-863-8780 rsheldon@bactpu.com	Third Party Administrator "TPA"	

The information submitted is original information, required by you for the first time in response to 80 Fed. Reg. 41317 (July 14, 2015) that goes/went into effect on September 14, 2015. If you require additional information or if you find this notice to be unsatisfactory for any reason, please contact my legal counsel as soon as possible at the Thomas More Law Center, Attn: Erin Mersino, 24 Frank Lloyd Wright Drive, Suite 393, Ann Arbor, Michigan, 48106, Telephone: 734-827-2001. I have also attached the permanent injunction obtained by the eligible organization(s) for your reference as Exhibit 1.

Sincerely,


 Joseph A. Williams, III
 CEO Electrolock, Inc.
 Member Stone River Mgmt. Co. LLC
 Vice President Dunstone Co. Inc.

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JOSEPH A. WILLIAMS, III, et al.,

Plaintiffs,

v.

SYLVIA M. BURWELL, et al.

Defendants.

Case No. 1:13-cv-01699 (CRC)

ORDER

In light of the Supreme Court's decision in *Burwell v. Hobby Lobby Stores, Inc.*, 134 S. Ct. 2751 (2014), and upon the parties' Joint Motion for Entry of Injunction and Judgment [ECF No. 10], it is hereby

ORDERED that defendants, their employees, agents, and successors in office are permanently enjoined

(a) from enforcing

(1) the "June 30, 2014 Contraceptive Coverage Requirement," defined here to include those provisions of federal law in existence on June 30, 2014, when the Supreme Court decided *Hobby Lobby*, that require plaintiffs Electrolock Inc., Stone River Management Co., and Dunstone Co. to provide their employees with health coverage for contraceptive methods, sterilization procedures, and related patient education and counseling to which plaintiffs object on religious grounds, *e.g.*, 26 C.F.R. § 54.9815-2713(a)(1)(iv); 29 C.F.R. § 2590.715-2713(a)(1)(iv); 45 C.F.R. § 147.130(a)(1)(iv); and

(2) any penalties, fines, or assessments for noncompliance with the June 30, 2014 Contraceptive Coverage Requirement, including those found in 26 U.S.C. § 4980D and 29 U.S.C. §§ 1132 and 1185d; and

(b) from taking any other actions based on noncompliance with the June 30, 2014 Contraceptive Coverage Requirement

against plaintiffs Electrolock Inc., Stone River Management Co., and Dunstone Co., their employee health plan(s), the group health coverage provided in connection with such plan(s), and/or these plaintiffs' health insurance issuers and/or third-party administrators with respect to these plaintiffs' health plan(s); and it is further

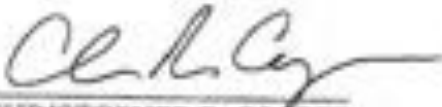
ORDERED that judgment is entered in favor of plaintiffs and against defendants on plaintiffs' claim under the Religious Freedom Restoration Act, 42 U.S.C. §§ 2000bb *et seq.*; and it is further

ORDERED that all other claims against Defendants are DISMISSED; and it is further

ORDERED that pursuant to Local Civ. R. 54.2, the Parties will meet and confer to reach agreement on attorneys' fees and costs. The Parties will file a joint status report, including a recommendation for further proceedings, by no later than January 7, 2014. If there is no resolution of the attorneys' fees and costs matter, Plaintiffs may file a motion for attorneys' fees and costs within thirty days of January 7, 2014, pursuant to Fed.R.Civ.P. 54; and it is further

ORDERED that this Injunction and Judgment does not apply with respect to any changes in statute or regulation that are enacted or promulgated after this date, and nothing herein prevents plaintiffs from filing a new civil action to challenge any such future changes.

SO ORDERED.


CHRISTOPHER R. COOPER
United States District Judge

Date: November 5, 2014

NOV 19 2015



November 10, 2015

Sylvia Mathews Burwell
 Secretary of Health and Human Services
 Centers for Medicare & Medicaid Services
 Center for Consumer Information & Insurance Oversight
 ATTN: Notice of Religious Objection to Contraceptive Services
 200 Independence Avenue, S.W. Room 739H
 Washington, DC 20201

RE: Notice of Religious Objection to Contraceptive Services

Dear Ms. Burwell,

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815.

If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage.

The eligible organization objects to the provision of emergency contraception including, without limitation: Ella, Plan B, Plan B One Step, Next Choice, Next Choice One Dose, My Way, and Take Action.

1. Name of eligible organization: Management, Analysis & Utilization, Inc.
 Contact information: 501 Greene Street, Augusta, GA 30901, 706-823-2349
 Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

2. Service provider information:

(a) Plan Name	(b) Service Provider Name	(c) Service Provider Contact Information	(d) Service Provider Category	(e) Plan type
Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan	Cigna	Lisa Williams CIGNA HealthCare, Atlanta Select Sales Office Two Securities Centre, Suite 200 3500 Piedmont RD N.E. Atlanta, GA 30305 (860) 902-4577	☒ Issuer or ☐ TPA	N/A (employer group health plan)
	Blue Cross Blue Shield of South Carolina	Jim Shew 1000 Executive Center Drive Greenville, SC 29615 (864) 567-6214	☒ Issuer or ☐ TPA	N/A (employer group health plan)
	Essential Staff Care	P.J. Green 250 Commonwealth Drive, Suite 107 Greenville, SC 29615 (864) 527-7939	☐ Issuer or ☒ TPA	N/A (employer group health plan)

3. Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Adam M. Hatcher
Signature of authorized representative of eligible organization

November 10 2015
Date

Adam Hatcher

Typed name of authorized representative of eligible organization

cc: Jim Shew, P.J. Green, Lisa Williams



November 23, 2015

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Room 739H
Washington, DC 20201

Re: Religious Objection to Providing Certain forms of Contraception

To the Secretary of Health and Human Services:

As you are well aware, Conestoga Wood Specialties, Corp., Conestoga Wood Transportation, Inc., and its owners, the Hahn family, have long objected to providing certain forms of contraception as part of their employer sponsored healthcare plan. See *Burwell v. Hobby Lobby Stores, Inc.*, 134 S.Ct. 2751 (2014) (which consolidated our appeal with that of Hobby Lobby and provided us injunctive relief from the relevant mandate). As our history in this subject demonstrates, we are an eligible, closely-held, for-profit corporation with a sincerely held religious belief. As such, we do not provide any of the hormonal drugs or IUDs but do provide barrier contraception and sterilization.

I can be reached at the address and phone number listed on this letterhead. Additionally, you can reach our Third Party Administrator for Conestoga Wood Specialties Employee Benefit Plan through Highmark Blue Shield, Attention: Jason Campbell, Lead Client Manager, 1800 Center Street 1A L4, Camp Hill, PA 17089-0089 (717) 302-2461.

Sincerely,

A handwritten signature in black ink that reads "Anthony Hahn". The signature is fluid and cursive, with the first name and last name clearly distinguishable.

Anthony Hahn
President and Chief Executive Officer

AH/mms

MODEL NOTICE

Date: 12-22-15

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

- (1) Name of eligible organization: ST JOSEPH'S ABBEY (AKA: CISTERCIAN ABBEY OF SPENCER)
 Contact information: SEE BELOW
 Eligible organization is a: ☒ Non-profit entity; OR ☐ Other eligible organization

- (2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
ST JOSEPH'S ABBEY	TUFTS ASSOC HEALTH PLANS	800-208-9545	☒ Issuer or ☐ TPA	☒ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

- (3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:

Fr. Vincent Rogers
 Signature of authorized representative of eligible organization

12-22-15
 Date

FR. VINCENT ROGERS
 Typed name of authorized representative of eligible organization

167 N. SPENCER RD
SPENCER MA 01562
508.885.8700 x550

Vincent@spencerabbey.org
PROVIDER: TUFTS HEALTH PLANS (800.208.9545)
ASSOCIATED INC.

EBSA FORM 700-- CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

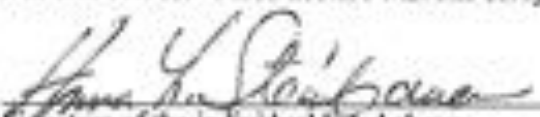
Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Dakota Tube Inc.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Anna Steinbauer VP of Administration/Co-Owner
Mailing and email addresses and phone number for the individual listed above	221 Airport Dr Watertown SD 57201 anna.steinbauer@dakotatube.com

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

10/29/15
Date

The organization or its plan using this form must provide a copy of this certification to the plan's health insurance issuer (for insured health plans) or a third party administrator (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a third party administrator for the plan that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that the eligible organization:

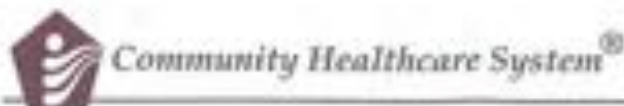
- (1) Will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) The obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

As an alternative to using this form, an eligible organization may provide notice to the Secretary of Health and Human Services that the eligible organization has a religious objection to providing coverage for all or a subset of contraceptive services, pursuant to 26 CFR 54.9815-2713A(b)(1)(ii)(B) and (c)(1)(ii), 29 CFR 2590.715-2713A(b)(1)(ii)(B) and (c)(1)(ii), and 45 CFR 147.131(c)(1)(ii). A model notice is available at: <http://www.cms.gov/ccio/resources/Regulations-and-Guidance/index.html#Prevention>.

This form or a notice to the Secretary is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1210-0150. An organization that seeks to be recognized as an eligible organization that qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing may complete this self-certification form, or provide notice to the Secretary of Health and Human Services, in order to obtain or retain the benefit of the exemption from covering certain contraceptive services. The self-certification form or notice to the Secretary of Health and Human Services must be maintained in a manner consistent with the record retention requirements under section 107 of the Employee Retirement Income Security Act of 1974, which generally requires records to be retained for six years. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, gather the necessary data, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email gsa.cgr@dol.gov and reference the OMB Control Number 1210-0150.



Community Foundation of Northwest Indiana, Inc.

Community Hospital
St. Catherine Hospital
St. Mary Medical Center

December 31, 2015

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201
Room 735H

To the Secretary of Health and Human Services:

The following eligible organizations have a religious objection to providing coverage of all contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. This is original information being submitted on behalf of these entities.

St. Mary Medical Center Non-profit entity
St. Catherine Hospital Non-profit entity

The identified self-funded health and prescription plan(s) under religious objection is a high deductible plan (Plan F) for the above entities. Service provider for Plan F is a third party administrator:

Prairie States Enterprises
P.O. Box 23
Sheboygan, WI 53082-0023
1-800-615-7020
prairieontheweb.com

Any questions can be directed to:
Anthony Ferracane
Vice President
Community Foundation of Northwest Indiana, Inc.
907 Ridge Road
Munster, IN 46321
219-836-6705

Sincerely,

A handwritten signature in cursive script that reads 'Anthony Ferracane'.
Anthony Ferracane

Date: 2.22.16

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

_____.

(1) Name of eligible organization: Miller Contracting Services Inc.Contact information: Sara Kathryn Miller 618.994.4616 miller@millercontracting.usEligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
"Miller Contracting Services Inc. Employee Health Benefit Plan"	"MedBen Benefits Administrators, Inc."	800.423.3151	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____.


2.22.16

Signature of authorized representative of eligible organization

Date

Sara Kathryn Miller

Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: February 11, 2018

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: Earth Sun Moon Trading Company, Inc.

Contact information: Nick Grell - Director of Human Resources 724-455-1067, ext. 324

Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Earth Sun Moon Trading Health Plan	UPMC Health Plan	Mary Herlioz	☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
		800 Grant Street	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
		Pittsburgh, Pa. 15219	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
	herliozme@upmc.edu	412-454-5204	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:


 Signature of authorized representative of eligible organization

February 11, 2018

Date

Nathan A. Depew

Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: March 7, 2016

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: Luurtsema SalesContact information: Dean Luurtsema, 6072 Center Industrial Drive, Jenison, MI 49428 (616-669-9301)Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
HMO HSA 80-3	Priority Health	1231 E. Beltline NE	☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
		Grand Rapids, MI 49524	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
		616-942-0954	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Dean Luurtsema
Signature of authorized representative of eligible organization

March 7, 2016
Date

Dean Luurtsema
Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: March 23, 2016

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:* Abortion causing drugs, devices and sterilizations; patient education and counseling for all women with reproductive capacity.

(1) Name of eligible organization: Stephen W. Briscoe, Continuum Health Partnerships, Inc., Continuum Health Management, LLC, Mountain States Health Properties, LLC

Contact information: Steve Briscoe, P.O. Box 336250, Greeley, CO. 80633, steve.briscoe@continuumhealth.com

Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Continuum Health Management, LLC OAP Base Plan	CHLIC	Cigna Corporate Headquarters, 900 Cottage Grove Road, Bloomfield, CT 06002	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan
Continuum Health Management, LLC OAP Mid Plan	CHLIC	Cigna Corporate Headquarters, 900 Cottage Grove Road, Bloomfield, CT 06002	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan
Continuum Health Management, LLC OAP Choice Plan	CHLIC	Cigna Corporate Headquarters, 900 Cottage Grove Road, Bloomfield, CT 06002	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Stephen W. Briscoe, Continuum Health Partnerships, Inc., Continuum Health Management, LLC and Mountain States Health Properties, LLC (Continuum Health) are signing this Model Notice under protest. The Notice is signed under the threat of government imposed substantial fines, but the owner of Continuum Health and the company itself believe the federal government is not justified in requiring it.

The form initiates Continuum Health's participation in the provision of abortion causing drugs, devices, sterilization and patient education and counseling for all women with reproductive capacity in a manner that violates the sincerely held religious beliefs of its owner and the company. Neither Continuum Health nor its owner intended to waive the right to challenge this requirement in court, should they choose to do so.



Signature of authorized representative of eligible organization

MARCH 23, 2016

Date

Stephen W. Briscoe

Typed name of authorized representative of eligible organization

NOTICE OF RELIGIOUS OBJECTION

Date: 3/22/16

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: Fresh Unlimited Inc.
 Contact information: 837-498-4664
 Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

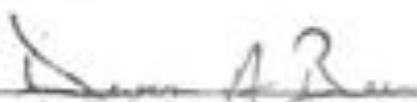
(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Fresh Unlimited Inc.	Anthem	1-866-848-1056	☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:

 3/22/16
 Signature of authorized representative of eligible organization Date

Devon Beer

Typed name of authorized representative of eligible organization

****This form is being signed and submitted by Fresh Unlimited, Inc., d/b/a Freshway Foods and Freshway Logistics, Inc., who, along with their owners, have a religious objection to providing and paying for coverage of all contraceptive services required by the HHS mandate (1) under protest because the government is violating the Religious Freedom Restoration Act (RFRA) through the HHS mandate and accommodation and (2) pending the outcome of the decision by the Supreme Court of the United States in the following consolidated cases, which involve the HHS mandate and accommodation at issue here: Case Nos. 14-1418, 14-1453, 14-1505, 15-35, 15-105, 15-119, and 15-191.**

Page 504 redacted for the following reason:

(b)(5)

Page 505 redacted for the following reason:

(b)(5)

Page 506 redacted for the following reason:

(b)(5)

Page 507 redacted for the following reason:

(b)(5)

CVS address for letters - per e-mail received on 6-9-15

e-mail	contractnotice@cvscaremark.com
Address	CVS Health 2211 Sanders Road NBT-10 Northbrook, IL 60062

United Healthcare address for letters - per e-mail on 9-8-15

ebesa700certform@uhc.com

Page 509 redacted for the following reason:

(b)(5)

Page 510 redacted for the following reason:

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Page 511 redacted for the following reason:

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Page 512 redacted for the following reason:

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Page 513 redacted for the following reason:

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Page 514 redacted for the following reason:

(b)(5)

EBSA FORM 700-- CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

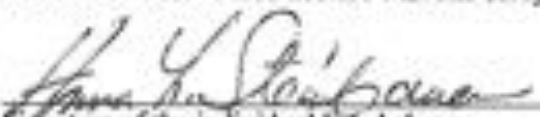
Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Dakota Tube Inc.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Anna Steinbauer VP of Administration/Co-Owner
Mailing and email addresses and phone number for the individual listed above	221 Airport Dr Watertown SD 57201 anna.steinbauer@dakotatube.com

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

10/29/15
Date

The organization or its plan using this form must provide a copy of this certification to the plan's health insurance issuer (for insured health plans) or a third party administrator (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a third party administrator for the plan that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that the eligible organization:

- (1) Will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) The obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

As an alternative to using this form, an eligible organization may provide notice to the Secretary of Health and Human Services that the eligible organization has a religious objection to providing coverage for all or a subset of contraceptive services, pursuant to 26 CFR 54.9815-2713A(b)(1)(ii)(B) and (c)(1)(ii), 29 CFR 2590.715-2713A(b)(1)(ii)(B) and (c)(1)(ii), and 45 CFR 147.131(c)(1)(ii). A model notice is available at: <http://www.cms.gov/ccio/resources/Regulations-and-Guidance/index.html#Prevention>.

This form or a notice to the Secretary is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1210-0150. An organization that seeks to be recognized as an eligible organization that qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing may complete this self-certification form, or provide notice to the Secretary of Health and Human Services, in order to obtain or retain the benefit of the exemption from covering certain contraceptive services. The self-certification form or notice to the Secretary of Health and Human Services must be maintained in a manner consistent with the record retention requirements under section 107 of the Employee Retirement Income Security Act of 1974, which generally requires records to be retained for six years. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, gather the necessary data, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email gsa.cgr@dol.gov and reference the OMB Control Number 1210-0150.

CERTIFICATION**(To be used for plan years beginning on or after January 1, 2014)**

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	CUMMINS-ALLISON CORP.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	JEFFREY G. KNOLL EXECUTIVE VICE PRESIDENT CORPORATE COUNSEL
Mailing and email addresses and phone number for the individual listed above	852 FEEHANVILLE DRIVE MT. PROSPECT, IL 60056 KNOLLJ@CUMMINSALLISON.COM 847-299-9559

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

9/2/2015

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

- (1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CERTIFICATION**(To be used for plan years beginning on or after January 1, 2014)**

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization

CUMMINS ILLINOIS, INC.

Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization

ROBERT D. JORDAN
SECRETARY

Mailing and email addresses and phone number for the individual listed above

852 FEEHANVILLE DR.
MT. PROSPECT IL 60056
JORDAN@CUMMINSILLINOIS.COM
847-299-9550

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

Date

9-8-2015

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

- (1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

JONES DAY

500 GRANT ST., SUITE 4500 • PITTSBURGH, PA 15219
TELEPHONE: + 1 412 381 3000 • FACSIMILE: + 1 412 384 7999

Direct Number: (412) 388-7000
mjboul@jonesday.com

June 30, 2015

Donald B. Verrilli, Jr.
Solicitor General
United States Department of Justice
950 Pennsylvania Avenue, N.W.
Washington, DC 20530-0001
(202) 514-2217

Mark B. Stern
Alisa B. Klein
Adam C. Jed
Patrick G. Nemeroff
Civil Division
U.S. Department of Justice
950 Pennsylvania Ave., NW, Rm. 7240
Washington, DC 20530
(202) 514-8280

Re: *Zubik v. Burwell*, No. 14A1065

Counsel:

Pursuant to the Supreme Court's order of June 29, 2015, we write to notify the Secretary of HHS, through you as her counsel, that our clients in the above-captioned case are nonprofit entities who hold themselves out as religious organizations, and that they oppose providing coverage for the contraceptive services required by 26 C.F.R. § 54.9815-2713(a)(1)(iv), 29 C.F.R. § 2590.715-2713(a)(1)(iv), and 45 C.F.R. § 147.130(a)(1)(iv).

Therefore, under the Court's order, the Government is enjoined from enforcing against the entities heretofore covered by the district court's injunction "the challenged provisions of the Patient Protection and Affordable Care Act and related regulations," *Zubik v. Burwell*, No. 14A1065 (U.S. June 29, 2015). This includes, but is not limited to, the following statutes and regulations: 42 U.S.C. § 300gg-13(a)(4) ("A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for . . . with respect to women, such additional preventive care . . . as provided for in comprehensive guidelines supported by the

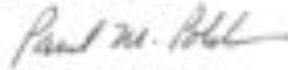
JONES DAY

June 30, 2015
Page 2

Health Resources and Services Administration for purposes of this paragraph."); 26 C.F.R. §§ 54.9815-2713, 54.9815-2713A, 54.9815-2713AT; 29 C.F.R. §§ 2590.715-2713, 2590.715-2713A; 45 C.F.R. §§ 147.130, 147.131.

Please provide a copy of this letter to the Secretary of Health and Human Services, and feel free to contact me should you wish to discuss this matter further.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Paul M. Pohl", written in a cursive style.

Paul M. Pohl



**BlueCross BlueShield
of Illinois**

Notice of Availability of Separate Payments for Contraceptive Services

Your employer or institution of higher education has certified that your health plan qualifies for an accommodation with respect to the federal requirement to cover all Food and Drug Administration-approved contraceptive methods for women, as prescribed by a health care provider, without cost sharing. This means that your employer or institution of higher education will not contract, arrange, pay or refer for contraceptive coverage. Instead, Blue Cross and Blue Shield of Illinois (BCBSIL) will provide or arrange separate payments for contraceptive services that you use, without cost sharing and at no other cost, for so long as you are enrolled in your health plan. Your employer or institution of higher education will not administer or fund these payments. If you have any questions about this notice, contact BCBSIL customer service at the number listed on your member ID card.

Certain contraceptive services are provided to you by BCBSIL without cost sharing when using an in-network provider*. To obtain contraceptive services, present your current BCBSIL member ID card. Mail-order pharmacy services may also be used to obtain contraceptive services.

The contraceptive services include, but aren't limited to:

- Emergency contraceptives and IUDs (unless otherwise provided under your group health coverage)

Mail Order Pharmacy Program-- When you receive covered drugs dispensed through the Mail-Order Program, you must complete and submit the mail service prescription drug claim form to the address on the claim form. Additional information may be obtained from your employer, from the carrier, the BCBSIL website at: www.bcbsil.com/member/rx_drugs.html, or by calling the customer service helpline listed on the back of your member ID card.

ERISA -- Statement of ERISA Rights, if applicable:

As a participant in this plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits:

- Examine all documents governing the plan at no charge to the participant.
- Obtain copies of documents governing the operation of the plan. There may be a reasonable charge for the copies.
- Receive a summary of the plan's annual financial report.

Continue Group Health Plan Coverage:

Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event.

Enforce Your Rights:

If your claim for a welfare benefit is denied or ignored, you have a right to know why, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.



**BlueCross BlueShield
of Illinois**

Assistance With Your Questions:

If you have any questions about the plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U. S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U. S. Department of Labor, 200 Constitution Avenue, N. W., Washington, D. C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Claims and Appeals -- If you receive a notice of “**Adverse Benefit Determination**” it means the claim has been denied, reduced or terminated, or that there was a failure to provide or make payment (in whole or in part). You may seek and obtain a full and fair review of any determination of a claim determination made by BCBSXX in accordance with the benefits and procedures detailed in your Plan.

If you believe BCBSIL incorrectly denied all or part of your benefits, you may have your claim reviewed. BCBSIL will review its decision within 180 days after you receive notice of an Adverse Benefit Determination. You may call the number on the back of your identification card to request a claim review. BCBSIL will need to know the reasons why you do not agree with the Adverse Benefit Determination.

Contraceptive Services – Retail Pharmacy or Mail-Order Information

The following contraceptives are available to you at a participating pharmacy with no cost-share. Only the contraceptives listed below are eligible for separate payment. This list is reviewed periodically and is subject to change.

Emergency Contraceptives:**

Levonorgestrel

Ella

*To locate a provider in your network, you can access Provider Finder at www.bcbsil.com or call the customer service number on the back of your member ID card. To be eligible for this separate payment, a network provider should be utilized for all contraceptive services. Payment is not available for services received from an out-of-network provider.

**A prescription is required for emergency contraceptives to be paid without cost sharing at a participating pharmacy.

If you have questions about contraceptive services and payments, including your appeal rights, please call the customer service number listed on your member ID card.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



October 14, 2015

UnitedHealthcare – Oxford
ebsa700certform@uhc.com

Re: Platinum Freedom Direct Plan, Carolyn's Place, Inc.

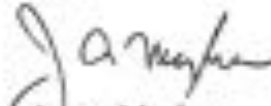
Dear UnitedHealthcare,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Carolyn's Place, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Carolyn's Place, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Platinum Freedom Direct: "all contraceptive benefits".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,


James Mayhew
Acting Director
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 779H



VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

November 23, 2015

Lisa Williams
CIGNA HealthCare, Atlanta Select Sales Office
Two Securities Centre, Suite 200
3500 Piedmont RD N.E.
Atlanta, GA 30305

Re: Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan

Dear Ms. Williams,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Management, Analysis and Utilization, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Management, Analysis and Utilization, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan: "the provision of emergency contraception including, without limitation: Ella, Plan B, Plan B One Step, Next Choice, Next Choice One Dose, My Way, and Take Action".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jacob Ackerman".

Jacob Ackerman
Acting Director, Division of Market Regulation
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

June 2, 2015

Amy Klawitter
Director Account Management
UnitedHealthcare of WI, Employer & Individual
10701 W Research Drive
Milwaukee, WI 53226
E-mail: Amy_Klawitter@uhc.com

Re: St. Raphael Health Plan

Dear Ms. Klawitter,

This is to inform you that the Department of Health and Human Services has received notice from all employers participating in the St. Raphael Health Plan, a church plan, that they are either an exempt religious employer as defined in 45 CFR 147.131(a)¹ or an eligible organization as defined in 45 CFR 147.131(b) and that your organization is a third party administrator in a contractual relationship with the exempt or eligible organizations or their plan to provide administrative services to the plan.

The organizations participating in the St. Raphael Health Plan have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, St. Raphael Health Plan: all contraceptive benefits.

Church plans are exempt from ERISA pursuant to ERISA section 4(b)(2). As such, a third party administrator of a self-insured church plan cannot become the plan administrator by operation of 29 CFR 2510.3-16, although such a third party administrator may voluntarily provide or arrange separate payments for contraceptive services and seek reimbursement for associated expenses under the process set forth in 45 CFR 156.50. If your organization chooses to do so, you may:

(1) Provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries; or

¹ The employers who are exempt have indicated to CMS that they wish to avail themselves of the accommodation.

(2) Arrange for an issuer or other entity to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries.

The costs of providing or arranging such payments may be reimbursed through an adjustment to the Federally-facilitated Exchange (FFE) user fee for a participating issuer pursuant to 45 CFR 156.50(d).

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Samara Lorenz". The signature is fluid and cursive, with a long, sweeping underline.

Samara Lorenz
Director, Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

June 2, 2015

Michael Hoffmann
Director, Consumer Programs, CVS/Caremark
CVS Health
9501 E. Shea Blvd.
Scottsdale, AZ 85260
E-mail: Michael.Hoffmann@CVSCaremark.com

Re: St. Raphael Health Plan

Dear Mr. Hoffmann,

This is to inform you that the Department of Health and Human Services has received notice from all employers participating in the St. Raphael Health Plan, a church plan, that they are either an exempt religious employer as defined in 45 CFR 147.131(a)¹ or an eligible organization as defined in 45 CFR 147.131(b) and that your organization is a third party administrator in a contractual relationship with the exempt or eligible organizations or their plan to provide administrative services to the plan.

The organizations participating in the St. Raphael Health Plan have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, St. Raphael Health Plan: all contraceptive benefits.

Church plans are exempt from ERISA pursuant to ERISA section 4(b)(2). As such, a third party administrator of a self-insured church plan cannot become the plan administrator by operation of 29 CFR 2510.3-16, although such a third party administrator may voluntarily provide or arrange separate payments for contraceptive services and seek reimbursement for associated expenses under the process set forth in 45 CFR 156.50. If your organization chooses to do so, you may:

(1) Provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries; or

¹ The employers who are exempt have indicated to CMS that they wish to avail themselves of the accommodation.

(2) Arrange for an issuer or other entity to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries.

The costs of providing or arranging such payments may be reimbursed through an adjustment to the Federally-facilitated Exchange (FFE) user fee for a participating issuer pursuant to 45 CFR 156.50(d).

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Samara Lorenz".

Samara Lorenz
Director, Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Michael C. Radvansky
Michael James Sales Tax Solutions, LLC
1100 Circle 75 Parkway, Suite 960
Atlanta, GA 30339
E-mail: metheredge@mjsalestax.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Radvansky,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
<http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf>.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following

information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf>.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 779H



August 19, 2015

Adam Hatcher
General Counsel
Management Analysis and Utilization, Inc.
501 Greene Street
Augusta, Georgia 30901
E-mail: adam.hatcher@maui.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Hatcher,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

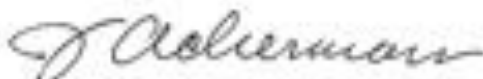
The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
<http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf>.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (i.e., whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf>.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Michael Muraski
President, Kent Manufacturing Company
2200 Oak Industrial Drive, NE
Grand Rapids, MI 49505
E-mail: mikem@kent-mfg.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Muraski,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

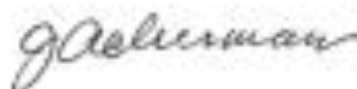
If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
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Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following

information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (i.e., whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf>.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Stephen T. Best
J.E. Dunn Construction Group, Inc.
1001 Locust Street
Kansas City, MO 64106
E-mail: steve.best@jedunn.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Best,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Anna Steinbauer
VP of Administration
Dakota Tube Inc.
E-mail: anna.steinbauer@dakotatube.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Ms. Steinbauer,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

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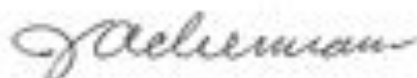
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Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Michael A. Cybulski,
Director, Risk Management
Cummins-Allison Corp
852 Feehanville Drive
Mt. Prospect, IL 60056
E-mail: CybulskiM@cumminsallison.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Cybulski,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

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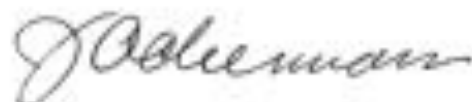
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Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 73901



August 19, 2015

J Keith Kelly
CEO, Contract Packaging, Inc.
14481 Lochridge Blvd.
Covington, GA 30014
E-mail: Keith@kellyreg.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Kelly,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

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Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Doug Graham,
President, Continuant Inc.
5050 20th St. E.
Fife, WA 98424
E-mail: dougg@continuant.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Graham,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

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Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Gregory Paul Conley
President
Carithers-Wallace-Courtenay, LLC
4343 Northeast Expressway
Atlanta, GA 30340
E-mail: paul.conley@c-w-c.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Conley,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Michael Worrell
Director, Human Resources
Bingaman and Son Lumber Inc.
PO Box 247
1195 Creek Mountain Rd
Kreamer, PA 17833
E-mail: mworrell@bingamanlumber.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Worrell,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

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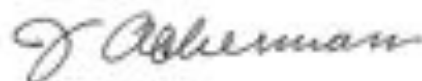
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Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



August 19, 2015

Anna Steinbauer
VP of Administration
Dakota Tube Inc.
E-mail: anna.steinbauer@dakotatube.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Ms. Steinbauer,

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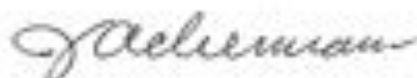
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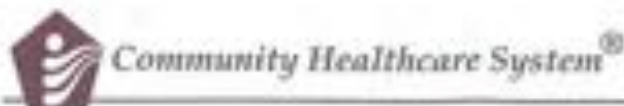
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Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group



Community Foundation of Northwest Indiana, Inc.

Community Hospital
St. Catherine Hospital
St. Mary Medical Center

December 31, 2015

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201
Room 735H

To the Secretary of Health and Human Services:

The following eligible organizations have a religious objection to providing coverage of all contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. This is original information being submitted on behalf of these entities.

St. Mary Medical Center Non-profit entity
St. Catherine Hospital Non-profit entity

The identified self-funded health and prescription plan(s) under religious objection is a high deductible plan (Plan F) for the above entities. Service provider for Plan F is a third party administrator:

Prairie States Enterprises
P.O. Box 23
Sheboygan, WI 53082-0023
1-800-615-7020
prairieontheweb.com

Any questions can be directed to:
Anthony Ferracane
Vice President
Community Foundation of Northwest Indiana, Inc.
907 Ridge Road
Munster, IN 46321
219-836-6705

Sincerely,

A handwritten signature in cursive script that reads "Anthony Ferracane".
Anthony Ferracane



*** RECEIVED ***
Dec 22, 2014 15:30:05
OSNUM: 122220141016
OFFICE OF THE SECRETARY
OFFICE OF DOCUMENTS AND
REGULATIONS MANAGEMENT
(ODRM)

2014 DEC 22 PM 3 21

December 15, 2014

Secretary Sylvia Mathews Burwell
Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Burwell,

Our board of directors have affirmed that the insurance coverage contraceptive drugs/devices that are abortifacient in nature mandated under the Affordable Care Act as implemented by HHS violates our corporation's sincerely held religious beliefs regarding the sanctity of human life. The board also objects to the narrowly tailored religious exemption allowed under the ACA rules that exempts only churches and not other religious organizations with religious objections to the mandate. However, in consideration of the vital necessity of continuing health insurance coverage for its employees, the board has reluctantly chosen the HHS accommodation by filing EBSA Form 700 Certification with our health insurance provider.

The board supports those organizations that are litigating this matter against the HHS and is hopeful that this will be resolved in favor of religious freedom and conscience.

Sincerely,

Hal Donaldson
President

CONVOY OF HOPE, Inc.

MAIL:

330 S. Patterson Ave.
Springfield, MO 65802
(417) 823-8998
(417) 823-8244 (FAX)

GOVERNMENT RELATIONS:

1455 Pennsylvania Ave. NW, Suite 400
Washington, DC 20004
(202) 280-2002
(202) 652-2309 (FAX)

ONLINE:

convoyofhope.org
blog.convoyofhope.org
FB [/convoyofhope](https://www.facebook.com/convoyofhope)
TW [@convoyofhope](https://twitter.com/convoyofhope)

DONATIONS:

P.O. Box 218368
Kansas City, MO 64121-9368
donate.convoyofhope.org

MODEL NOTICEDate: November 19, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

- Plan B (levonorgestrel) and its generic equivalents
- ella (ulipristal acetate)
- ParaGard (copper IUD)
- Mirena and Skyla (levonorgestrel-releasing IUDs)

(1) Name of eligible organization: J.E. Dunn Construction Group, Inc.
 Contact information: 1001 Locust Street
 Kansas City, MO 64106
steve.best@jedunn.com
 (678) 781-2512

Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
JE Dunn Construction Group Welfare Benefits Plan	Blue Cross & Blue Shield of Kansas City	One Pershing Square 2301 Main PO Box 419071 Kansas City, MO 64141 steve.price@bcbskc.com	TPA	N/A
Same as above	MedTrak Services	7101 College Blvd., #1000 Overland Park, KS 66210 bmcguire@medtrakservices.com	TPA	N/A

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.


11-19-2014

Signature of authorized representative of eligible organization

Date

Stephen T. Best

Typed name of authorized representative of eligible organization

EBSA FORM 700— CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

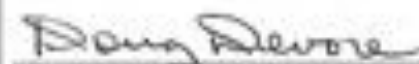
Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	ILLINOIS BAPTIST CHILDREN'S HOME AND FAMILY SERVICES
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	DOUG DEVORE EXECUTIVE DIRECTOR
Mailing and email addresses and phone number for the individual listed above	949 COUNTY ROAD 1300 N CARMEL IL 62821 doug.devore@bchfsu.com 618/382-4164

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.



Signature of the individual listed above

1/21/15

Date

MICHAEL | JAMES

SALES TAX SOLUTIONS, LLC.

MODEL NOTICE

Date: May 22, 2015

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Any and all abortifacients

*Michael James Sales Tax Solutions also requires the Department of Health and Human Services exclude our service provider from making abortifacients available free of charge to employees on our plan. We request this due to religious beliefs and the US Supreme Court decision in *BURWELL, SECRETARY OF HEALTH AND HUMAN SERVICES, ET AL. v. HOBBY LOBBY STORES, INC.*

(1) Name of eligible organization: Michael James Sales Tax Solutions, LLC.

Contact information: Michael Radvansky, 1100 Circle 75 Parkway, Suite 960 Atlanta, GA 30339 • 770-857-1010

Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization
a closely held for profit entity

(2) Service provider information

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan Type (if applicable)
Gold 531 \$60-\$2500 HSA, NPHSA	Coverity Healthcare of GA	P.O. Box 71111 London, KY 40342	☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information. *If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:*
1/1/2015



Signature of authorized representative of eligible organization

5-22-2015

Date

Michael C. Radvansky

Typed name of authorized representative of eligible organization

EBSA FORM 700

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	PEOPLE OF PRAISE MINNESOTA, INC.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	JOEL KIBLER PRESIDENT
Mailing and email addresses and phone number for the individual listed above	JOELKIBLER@GMAIL.COM 601 RIVER RIDGE PARKWAY EAGAN, MN 55121 (651) 789-2888

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

DEC 11, 2014
Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

- (1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is ~~0938-XXXX~~. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EBSA FORM 700

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

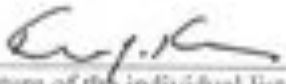
Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	TRINITY SCHOOLS, INC. DIB/A TRINITY SCHOOL AT RIVER RIDGE
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	KERRY J. KOLLER PRESIDENT
Mailing and email addresses and phone number for the individual listed above	107 SO. GREENLAWN AVE. SOUTH BEND, IN 46617 KJKOLLER@TRINITYSCHOOLS.ORG (574) 234-5088 EXT 113

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

DEC 11, 2014
Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

- (1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

GREENVILLE

COLLEGE

December 1, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Greenville College opposes abortifacient contraception and requests exemption of Plan B, Ella and certain abortifacient IUD's from its insurance coverage for employees effective on January 1, 2015.

(1) Name of eligible organization: Greenville College

Contact information: 315 E. College Avenue, Greenville, IL 62246
Phone: 618-664-2800

Eligible organization is a: ☒ Non-profit entity; OR ☐ Other eligible organization

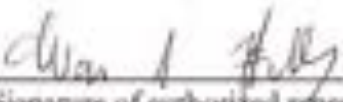
(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
\$500 Deductible Plan - PPO	Blue Cross Blue Shield	www.bcbsil.com ; 800-458-6024	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan
\$1,500 Deductible Copay Plan - PPO	Blue Cross Blue Shield	www.bcbsil.com ; 800-458-6024	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan
\$3,000 HSA Plan - HSA	Blue Cross Blue Shield	www.bcbsil.com ; 800-458-6024	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____



 Signature of authorized representative of eligible organization

12/1/2014
 Date

Dr. Ivan Filby, President

Typed name of authorized representative of eligible organization

10/26/2015

Via U.S. Mail and Electronic Mail

United States Department of Health and Human Services
Attn: Sylvia Burwell, Secretary of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201
Room 739H
marketreform@cms.hhs.gov



THIR GREAT LAKES PARKWAY

Hiram, OH 44048 U.S.A.

www.electrolock.com

TEL: 440.834.7500

FAX: 440.834.7525

Re: Religious Objection to all contraceptive services pursuant to 26 CFR 54.2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131

Dear Secretary Burwell,

This letter serves as our formal religious objection to providing all contraceptive services in our employee health plan. This objection covers the following organizations: Electrolock, Inc., Dunstone Co., Inc. and Stone River Mgmt. Co. LLC. All three organizations provide employee health insurance benefits to their eligible employees through Electrolock, Inc. Employee Health & Welfare Benefit Plan. All three organizations are eligible, for-profit companies that are closely held, as described by 26 CFR 54, 29 CFR 2590, 2590, 45 CFR 147, and 80 Fed. Reg. 41317 (July 14, 2014). The contact information for the eligible organizations is as follows:

Name of eligible organization 1: Electrolock, Inc.

Contact information: 17930 Great Lakes Pkwy., Hiram OH 44234 Phone: (440) 834-7500, Email: joc3@electrolock.com

Name of eligible organization 2: Dunstone Co, Inc

Contact information: 17930 Great Lakes Pkwy., Hiram OH 44234 Phone: (440) 834-7500, Email: joc3@electrolock.com

Name of eligible organization 3: Stone River Mgmt. Co. LLC

Contact information: 17930 Great Lakes Pkwy., Hiram OH 44234 Phone: (440) 834-7500, Email: joc3@electrolock.com

The Eligible Organization is a: Other eligible organization.

(2) Below please find the information you require pertaining to the eligible organizations' plan.



Service Provider Information:

(a) Plan Name	(b) Service Provider's Name	(c) Service Provider Contact Information	(d) Service Provider Category	(e) Plan Type (if applicable)
Electrolock, Inc. Employee Health & Welfare Benefit Plan	Business Administrators & Consultants, Inc.	Richard Sheldon 614-863-8780 rsheldon@bactpu.com	Third Party Administrator "TPA"	

The information submitted is original information, required by you for the first time in response to 80 Fed. Reg. 41317 (July 14, 2015) that goes/went into effect on September 14, 2015. If you require additional information or if you find this notice to be unsatisfactory for any reason, please contact my legal counsel as soon as possible at the Thomas More Law Center, Attn: Erin Mersino, 24 Frank Lloyd Wright Drive, Suite 393, Ann Arbor, Michigan, 48106, Telephone: 734-827-2001. I have also attached the permanent injunction obtained by the eligible organization(s) for your reference as Exhibit 1.

Sincerely,


 Joseph A. Williams, III
 CEO Electrolock, Inc.
 Member Stone River Mgmt. Co. LLC
 Vice President Dunstone Co. Inc.

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JOSEPH A. WILLIAMS, III, et al.,

Plaintiffs,

v.

SYLVIA M. BURWELL, et al.

Defendants.

Case No. 1:13-cv-01699 (CRC)

ORDER

In light of the Supreme Court's decision in *Burwell v. Hobby Lobby Stores, Inc.*, 134 S. Ct. 2751 (2014), and upon the parties' Joint Motion for Entry of Injunction and Judgment [ECF No. 10], it is hereby

ORDERED that defendants, their employees, agents, and successors in office are permanently enjoined

(a) from enforcing

(1) the "June 30, 2014 Contraceptive Coverage Requirement," defined here to include those provisions of federal law in existence on June 30, 2014, when the Supreme Court decided *Hobby Lobby*, that require plaintiffs Electrolock Inc., Stone River Management Co., and Dunstone Co. to provide their employees with health coverage for contraceptive methods, sterilization procedures, and related patient education and counseling to which plaintiffs object on religious grounds, *e.g.*, 26 C.F.R. § 54.9815-2713(a)(1)(iv); 29 C.F.R. § 2590.715-2713(a)(1)(iv); 45 C.F.R. § 147.130(a)(1)(iv); and

(2) any penalties, fines, or assessments for noncompliance with the June 30, 2014 Contraceptive Coverage Requirement, including those found in 26 U.S.C. § 4980D and 29 U.S.C. §§ 1132 and 1185d; and

(b) from taking any other actions based on noncompliance with the June 30, 2014 Contraceptive Coverage Requirement

against plaintiffs Electrolock Inc., Stone River Management Co., and Dunstone Co., their employee health plan(s), the group health coverage provided in connection with such plan(s), and/or these plaintiffs' health insurance issuers and/or third-party administrators with respect to these plaintiffs' health plan(s); and it is further

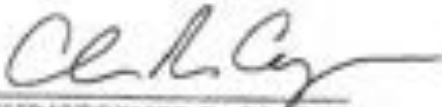
ORDERED that judgment is entered in favor of plaintiffs and against defendants on plaintiffs' claim under the Religious Freedom Restoration Act, 42 U.S.C. §§ 2000bb *et seq.*; and it is further

ORDERED that all other claims against Defendants are DISMISSED; and it is further

ORDERED that pursuant to Local Civ. R. 54.2, the Parties will meet and confer to reach agreement on attorneys' fees and costs. The Parties will file a joint status report, including a recommendation for further proceedings, by no later than January 7, 2014. If there is no resolution of the attorneys' fees and costs matter, Plaintiffs may file a motion for attorneys' fees and costs within thirty days of January 7, 2014, pursuant to Fed.R.Civ.P. 54; and it is further

ORDERED that this Injunction and Judgment does not apply with respect to any changes in statute or regulation that are enacted or promulgated after this date, and nothing herein prevents plaintiffs from filing a new civil action to challenge any such future changes.

SO ORDERED.


CHRISTOPHER R. COOPER
United States District Judge

Date: November 5, 2014

NOV 16 2015



1575 Midway Pl.
Menasha, WI 54952

October 28, 2015

The U.S. Department of Health & Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary of Health and Human Services:

Network Health Administrative Services LLC serves as the third party administrator (TPA) for Ascension Health.

Enclosed is the EBSA Form 700 Certification associated with the federal requirements to cover certain contraceptive services.

If you require additional information or have any questions, please contact me at (920) 720-1218.

Sincerely,

A handwritten signature in cursive script that reads "Lori Zettel".

Lori Zettel
Network health

EBSA FORM 700— CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organizations listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Ascension Health Alliance d/b/a Ascension and all of its current and future subsidiaries that are "eligible organizations" as defined in the regulations
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Eric Feinstein Senior Vice President, Total Rewards
Mailing and email addresses and phone number for the individual listed above	11775 Borman Drive St. Louis, MO 63146 efeinstein@ascensionhealth.org

On behalf of Ascension Health Alliance d/b/a Ascension and all of its current and future Subsidiaries that are "eligible organizations" as defined in the regulations, I certify the organizations are eligible organizations (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that have a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Eric Feinstein
Signature of the individual listed above

9/21/2015
Date

An organization or its plan using this form must provide a copy of this certification to the plan's health insurance issuer (for insured health plans) or a third party administrator (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a third party administrator for the plan that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that the eligible organization:

- (1) Will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) The obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

As an alternative to using this form, an eligible organization may provide notice to the Secretary of Health and Human Services that the eligible organization has a religious objection to providing coverage for all or a subset of contraceptive services, pursuant to 26 CFR 54.9815-2713A(b)(1)(iii)(B) and (c)(1)(ii), 29 CFR 2590.715-2713A(b)(1)(ii)(B) and (c)(1)(ii), and 45 CFR 147.131(c)(1)(ii). A model notice is available at: <http://www.cms.gov/cciio/resources/Regulations-and-Guidance/index.html#Prevention>.

This form or a notice to the Secretary is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1210-0150. An organization that seeks to be recognized as an eligible organization that qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing may complete this self-certification form, or provide notice to the Secretary of Health and Human Services, in order to obtain or retain the benefit of the exemption from covering certain contraceptive services. The self-certification form or notice to the Secretary of Health and Human Services must be maintained in a manner consistent with the record retention requirements under section 107 of the Employee Retirement Income Security Act of 1974, which generally requires records to be retained for six years. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, gather the necessary data, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebssa.opri@dol.gov and reference the OMB Control Number 1210-0150.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

August 11, 2015

Alan Shulman
Vice President and Actuary
Commercial Travelers Mutual Insurance Company
70 Genesee Street
Utica, NY 13502
E-mail: ashulman@commercialtravelers.com

Re: Student Health Insurance for Oral Roberts University

Dear Mr. Shulman,

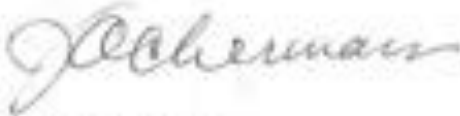
This is to inform you that the Department of Health and Human Services (HHS) has received notice from Oral Roberts University that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its student health insurance coverage (Plan Policy Number 2015i5a97, Plain Form Number NBH-280(2014OK)). Oral Roberts University has notified HHS of its religious objection to the coverage of the following contraceptive services for its student health insurance plan: "EC Plan B One-step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus."

As the issuer of health insurance coverage for the eligible organization's student health insurance plan, your organization is responsible for complying with Public Health Service Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for student enrollees and their covered dependents without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the student health insurance plan, or student enrollees or their covered dependents. You may not require any documentation or other information from the eligible organization.

Page 2 of 2

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ackerman".

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 759H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

October 2, 2015

Christina Salatrik,
Sales Manager
Blue Cross Blue Shield Michigan/Blue Care Network
600 E. Lafayette Blvd, Mail Code 519C
Detroit, MI 48226
E-mail: csalatrik@bcbsm.com

Re: W&P Management LLC Weingartz

Dear Ms. Salatrik,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Weingartz Supply Co., Inc. and W & P Management LLC that they are eligible organizations as defined in 45 CFR 147.131(b) and that your organization is the issuer of their group health insurance coverage. Weingartz Supply Co., Inc. and W & P Management LLC have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, W&P Management LLC Weingartz: all contraceptive benefits.

As the issuer of the eligible organizations' health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organizations, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organizations.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "Ackerman", is positioned above the printed name of the sender.

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group



Ph: 800-233-7309
Fax: 717-864-2307

December 29, 2014

Honorable Sylvia Burwell
Secretary, Health & Human Services
The U.S. Department of Health and Human Services
c/o Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
Room 739H
200 Independence Avenue, SW
Washington, DC 20201

Notification of Objection

Dear Ms. Burwell:

DAS Companies, Inc. is a closely-held corporation organized in Pennsylvania. The sole shareholder of the corporation is a (b)(6) and adheres to the tenets of his faith. As a closely-held family corporation with deep religious convictions and based on the United States Supreme Court's decision in Burwell v. Hobby Lobby Stores, Inc., 134 S. Ct. 2751 (U.S. 2014), DAS objects to providing coverage of all contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815.

DAS will continue to provide comprehensive health care plans for its employees. Based on its religious objections to the mandate to provide contraceptives, however, no form of contraceptives will be offered in the health care plans provided for its employees. The DAS health plan is the DAS Companies, Inc. PPO. It is administered by a Third Party Administrator: Highmark Blue Shield, 1800 Center Street, Camp Hill PA 17089.

Should you have any questions regarding this letter, please feel free to contact the undersigned.

Sincerely,

(b)(6)

Chief Financial Officer & Assistant Secretary

Corporate Office
724 Ligon Road
Palmers, PA 17078
www.dasinc.com

ERSA FORM 700- CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Society of the Precious Blood
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Amy Day, HR Manager
Mailing and email addresses and phone number for the individual listed above	2860 US Rt 127 Celina, OH 45822 hrmanager@cpps-preciousblood.org

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

1-22-15
Date

MODEL NOTICE

Date: 1-22-15

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

- (1) Name of eligible organization: Society of the Precious Blood
 Contact information: Amy Day, 414-925-4516 ext 727
 Eligible organization is a: ☒ Non-profit entity; OR ☐ Other eligible organization

- (2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)	
<u>Healthcare</u>	<u>Ta Health Div</u>	<u>866-782-5614</u>	☒ Issuer or ☐ TPA	☐ Church plan	☐ Student plan
	<u>McFadden Beabnd</u>	<u>937-253-1100</u>	☐ Issuer or ☒ TPA	☐ Church plan	☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan	☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan	☐ Student plan

- (3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Amy Day
 Signature of authorized representative of eligible organization

1-22-15
 Date

Amy Day
 Typed name of authorized representative of eligible organization

EBSA FORM 700- CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	OLIVET NAZARENE UNIV
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	David Pickering Director of Business and Human Resources
Mailing and email addresses and phone number for the individual listed above	1 UNIVERSITY AVE Bourbonnais, IL 60914 dpickering@olivet.edu 1-815-939-5239

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.



Signature of the individual listed above

January 29, 2015

Date

MODEL NOTICEDate: January 29, 2015

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☐ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

All Pharmaceutical Abortifacients-substance causing abortion

- (1) Name of eligible organization: Olivet Nazarene University
 Contact information: 1 University Ave, Bourbonnais, IL 60914
 Eligible organization is a: ☒ Non-profit entity; OR ☐ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Olivet Health Plan	BCBS OF ILL	Chicago, IL	☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____


January 29, 2015

Signature of authorized representative of eligible organization

Date

David Pickering, Dir of Business and Human Resources

Typed name of authorized representative of eligible organization

ERISA FORM 700- CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Society of the Precious Blood

Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Amy Day, HR Manager

Mailing and email addresses and phone number for the individual listed above	2860 US Rt 127 Celina, OH 45822 hrmanager@cpps-preciousblood.org

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.


Signature of the individual listed above

1-22-15
Date

MODEL NOTICE

Date: 1-22-15

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

- (1) Name of eligible organization: Society of the Precious Blood
 Contact information: Amy Day, AP-925-4516 ext 727
 Eligible organization is a: ☒ Non-profit entity; OR ☐ Other eligible organization

- (2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
<u>Healthcare</u>	<u>Ta Health Div</u>	<u>866-782-5614</u>	☒ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
	<u>Refuah Beabnd</u>	<u>937-253-1100</u>	☐ Issuer or ☒ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

- (3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Amy Day
 Signature of authorized representative of eligible organization

1-22-15
 Date

Amy Day
 Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: 7/1/15

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☒ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

all contraceptive services(1) Name of eligible organization: Carolyn's Place, Inc.

Contact information: _____

Eligible organization is a: ☒ Non-profit entity; OR ☐ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
<u>Platinum Freedom</u>	<u>United Healthcare</u>	<u>-</u>	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
<u>Direct</u>	<u>Oxford</u>	<u>888-201-4216</u>	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
			☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Virginia C. Baudinet
Signature of authorized representative of eligible organization7-1-15
DateVirginia C. Baudinet
Typed name of authorized representative of eligible organization

NOV 19 2015



November 10, 2015

Sylvia Mathews Burwell
 Secretary of Health and Human Services
 Centers for Medicare & Medicaid Services
 Center for Consumer Information & Insurance Oversight
 ATTN: Notice of Religious Objection to Contraceptive Services
 200 Independence Avenue, S.W. Room 739H
 Washington, DC 20201

RE: Notice of Religious Objection to Contraceptive Services

Dear Ms. Burwell,

The following eligible organization has a religious objection to providing coverage of ☐ all or ☒ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815.

If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage.

The eligible organization objects to the provision of emergency contraception including, without limitation: Ella, Plan B, Plan B One Step, Next Choice, Next Choice One Dose, My Way, and Take Action.

1. Name of eligible organization: Management, Analysis & Utilization, Inc.
 Contact information: 501 Greene Street, Augusta, GA 30901, 706-823-2349
 Eligible organization is a: ☐ Non-profit entity; OR ☒ Other eligible organization

2. Service provider information:

(a) Plan Name	(b) Service Provider Name	(c) Service Provider Contact Information	(d) Service Provider Category	(e) Plan type
Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan	Cigna	Lisa Williams CIGNA HealthCare, Atlanta Select Sales Office Two Securities Centre, Suite 200 3500 Piedmont RD N.E. Atlanta, GA 30305 (860) 902-4577	☒ Issuer or ☐ TPA	N/A (employer group health plan)
	Blue Cross Blue Shield of South Carolina	Jim Shew 1000 Executive Center Drive Greenville, SC 29615 (864) 567-6214	☒ Issuer or ☐ TPA	N/A (employer group health plan)
	Essential Staff Care	P.J. Green 250 Commonwealth Drive, Suite 107 Greenville, SC 29615 (864) 527-7939	☐ Issuer or ☒ TPA	N/A (employer group health plan)

3. Information being submitted is (check one):

☒ Original information; OR ☐ Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Adam M. Hatcher
Signature of authorized representative of eligible organization

November 10 2015
Date

Adam Hatcher

Typed name of authorized representative of eligible organization

cc: Jim Shew, P.J. Green, Lisa Williams

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 799H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

May 19, 2015

John J. Marek
St. Raphael Health Plan
3501 South Lake Drive
PO Box 070912
Milwaukee, WI 53207-0912

Dear Mr. Marek,

We received notifications from the employers participating in the St. Raphael Health Plan that they have religious objections to providing coverage of all contraceptive services.

Please note that group health plans established or maintained by religious employers, as defined in the regulations (and group health insurance coverage provided in connection with such plans), are exempt from the requirement to cover contraceptive services under section 2713 of the Public Health Service Act, as incorporated into the Employee Retirement Income Security Act and the Internal Revenue Code. Under final regulations published in July 2013, an organization that is organized and operates as a nonprofit entity and is referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code, as amended, is considered a religious employer for purposes of the religious employer exemption.

It appears that the following employers meet the definition of a religious employer and therefore are exempt from the requirement to provide coverage of contraceptive services:

1. Annunciation Parish
2. The Archdiocese of Milwaukee
3. Blessed John Paul II
4. Blessed Sacrament Congregation
5. Blessed Savior Congregation
6. Blessed Teresa of Calcutta Parish
7. Blessed Trinity Parish
8. Carmelite Sisters of the Divine Heart of Jesus
9. Congregation of St. John Cathedral
10. Christ Child Christian Formation
11. Christ King Parish

12. Discalced Carmelites of Holy Hill
13. Divine Mercy Parish
14. Divine Savior Parish
15. Good Shepherd Catholic Church
16. Congregation of the Great Spirit
17. Holy Angels Parish, West Bend, WI
18. Holy Cross Catholic Church
19. Holy Family Congregation, Inc.
20. Holy Family Congregation
21. Holy Name of Jesus Parish
22. Holy Trinity Congregation
23. Holy Trinity Cong. – Newburg, WI
24. Immaculate Conception – St. Mary Parish
25. Immaculate Conception (Ronald E. Kotecki, Pastor)
26. Immaculate Conception (Father Nathan Reesman, Pastor)
27. Immaculate Conception Parish
28. Immaculate Heart of Mary Congregation
29. Lumen Christi Congregation
30. Mother of Good Counsel Church
31. Nativity of the Lord Congregation
32. Old Saint Mary Parish
33. Our Lady of Divine Providence Parish
34. Our Lady of the Holy Rosary Catholic Church
35. Our Lady of Good Hope
36. Our Lady of the Lakes Catholic Congregation
37. Our Lady of Lourdes Congregation
38. Our Lady of Mt. Carmel Congregation
39. Our Lady Queen of Peace Parish
40. Pallottine Fathers and Brothers, Inc.
41. Presentation of the BVM
42. Queen of Apostles Congregation
43. Sacred Heart Parish
44. Sacred Heart Croatian Catholic Church
45. Sacred Heart Congregation
46. Sacred Heart of Jesus Parish
47. SS Peter and Paul Parish
48. St. Agnes Congregation
49. St. Aloysius Congregation
50. St. Alphonsus Congregation
51. St. Andrew Congregation
52. St. Anne Catholic Church
53. St. Anthony Parish
54. St. Anthony
55. St. Anthony Congregation
56. St. Augustine Congregation, Milwaukee, WI
57. St. Benedict Congregation

58. St. Bernadette
59. St. Bernard Congregation
60. St. Boniface Congregation
61. St. Bruno Parish
62. St. Catherine of Alexandria
63. St. Catherine of Siena
64. St. Charles Parish and School
65. St. Adalbert School and Parish
66. St. Alphonsus Parish and School
67. St. Charles Borromeo Parish
68. St. Claire Congregation
69. St. Clement Parish
70. Ss. Cyril & Methodius
71. St. Dominic Catholic Church
72. St. Dominic Parish
73. St. Elizabeth Congregation
74. St. Elizabeth Ann Seton Parish
75. St. Eugene Parish
76. St. Florian Congregation
77. St. Frances Cabrini Congregation
78. St. Francis Borgia Congregation
79. St. Francis de Sales Seminary
80. St. Francis de Sales Church
81. St. Francis of Assisi Church
82. St. Francis Xavier Catholic Church
83. St. Gabriel Congregation
84. St. Gregory Parish and School
85. St. Isidore the Farmer Parish
86. St. James Catholic Church
87. St. James Congregation
88. St. James Catholic Church
89. St. James Parish
90. St. Jerome Congregation
91. St. Joan of Arc/St. Catherine of Alexandria (Mapleton)
92. St. John Kanty
93. St. John Nepomuk Congregation
94. St. John Neumann Catholic Church
95. The Tri-Parishes of Dodge County - St. John the Baptist Catholic Church, Holy Family Catholic Church & St. Columbine Catholic Church
96. St. John the Baptist Congregation
97. St. John the Evangelist Catholic Church and School
98. St. John the Evangelist Parish
99. St. John Vianney Parish
100. The Basilica of St. Josaphat
101. St. Joseph Congregation, Grafton, Wisconsin
102. St. Joseph Congregation (Rev. Kevon McManamon, Vice President)

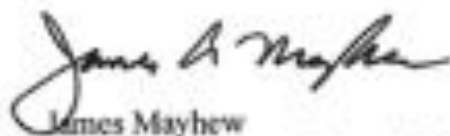
103. St. Joseph Congregation, Lyons, WI
104. St. Joseph Congregation (Rev Steve Varghese, Pastor)
105. St. Joseph Catholic Church
106. St. Joseph Parish (Michael L. Wild, Pastor)
107. St. Joseph Congregation – Wauwatosa)
108. St. Jude the Apostle Congregation
109. St. Kilean Congregation
110. St. Leonard Catholic Church and School
111. St. Louis Congregation, Caledonia, Wisconsin
112. Saint Luke Congregation
113. St. Margaret Mary Congregation
114. St. Mark Parish
115. St. Martin De Porres Catholic Church
116. St. Martin of Tours Parish
117. St. Mary's Visitation Parish
118. St. Mary Catholic Faith Community
119. St. Mary Congregation, Kenosha, WI
120. St. Mary Catholic Church
121. St. Mary's Church and School
122. St. Mary's Parish – Maytown
123. St. Mary Congregation – Menomonee Falls, WI
124. St. Mary Congregation (Patrick R. Wendt, Team Moderator)
125. St. Mary by the Lake
126. St. Mary Catholic Church
127. St. Matthew Parish (Rev. Alois Van Beek, Pastor)
128. St. Matthew's Congregation and School
129. St. Matthias Parish - Milwaukee
130. St. Michael Congregation
131. St. Monica Parish
132. St. Patrick Parish
133. Our Lady of Guadalupe & St. Patrick Parishes
134. St. Patrick Congregation
135. St. Paul Catholic Parish
136. St. Paul Parish
137. St. Paul the Apostle Parish
138. St. Peters Parish
139. St. Peter Catholic Church
140. St. Peter Congregation
141. St. Peter of Alcantara Congregation
142. St. Peter Claver Parish
143. St. Pius X Congregation
144. St. Raphael the Archangel Congregation and Parish School
145. St. Richard Parish, Racine, Wisconsin
146. St. Rita Parish (Rev. Richard A. Young, OSA - Pastor)
147. St. Rita Parish (Charles G. Zabler, Authorized Representative)
148. St. Robert of Newminster Parish

149. St. Robert Bellarmine
150. Saint Roman Congregation
151. St. Stephen Congregation
152. St. Theresa Parish
153. St. Therese Congregation
154. St. Veronica Parish
155. St. Vincent de Paul (Robert Ramstack, Pastor)
156. St. Vincent Pallotti
157. St. William Catholic Church
158. The Sisters of St. Elizabeth
159. Sisters of the Divine Savior
160. Sons of Zebedee Ss. James and John
161. Three Holy Women Catholic Congregation

Please let us know by June 15, 2015 if this is a correct listing of all exempt religious employers participating in the St. Raphael Health Plan. Also by June 15, 2015, please let us know whether any exempt religious employers instead prefer to avail themselves of the accommodation, whereby they do not have to contract, arrange, pay or refer for contraceptive coverage. Under the accommodation, separate payments for contraceptive services may be available for women in the health plan from third-parties, at no cost to the women or to the organizations.

If we do not receive a response from you by Monday, June 15, 2015, we will regard this as an acknowledgement by you that the 161 employers identified above all qualify as exempt religious employers that do not wish to avail themselves of the accommodation, and that the remainder of the notifying employers addressed in your letter are eligible nonprofit organizations that do wish to avail themselves of the accommodation. After June 15, 2015, HHS will work with the Department of Labor to notify the third party administrators identified in the notifications submitted by the employers availing themselves of the accommodation in accordance with the August 2014 final regulations. If you have any questions, you may contact us at marketreform@cms.hhs.gov.

Sincerely,



James Mayhew
Director, Division of Regulations and Policy
Oversight Group