CONFIDENTIAL COMMUNICATION REQUEST FORM

This form is for use by a person who is covered by insurance and wishes to make a reasonable request to receive communications of insurance claim-related information from [insert insurer name] by alternative means or at alternative locations if disclosing claim-related information could endanger the person.

SECTION A	**Covered individual requesting confidential communication**		
Name:		Member ID:	
Birth Date:		Relationship to the Primary Insured or Subscriber:	
Current Address:			
SECTION B	**To the covered individual – read the following and provide the information requested.**		
You have the right to make a reasonable request to receive communications of claim-related information from us by alternative means or at alternative locations if disclosing the claim-related information could endanger you. "Claim-related information" means all claim or billing information relating specifically to you, including your name, address, any services received, and the name and address of the provider of any services (such as your doctor). Your request will remain in effect until you revoke the request.			
I, the covered individual, request that [insert insurer name] send communications of claim-related information to me by the following alternative means or at the following alternative locations because disclosing the claim-related information could endanger me:			
In care of: (If you are using someone else's address, enter their name):			
Alternative Address:			
Alternative Phone Number:		Alternative Email Address:	
Signature:		Date:	
SECTION C	**Parents, Guardians, or Legal Representatives:**		
If the covered individual is a child younger than 18-years-old and the person making this request is the child's parent or guardian, please provide the following information:			
Parent or Guardian's Name:			
Relationship to the Covered Individual:			
If a legal representative, like an attorney, is making this request on behalf of the covered individual, provide:			
Legal Representative's Name:			
Relationship to the Covered Individual:			
Organization or Firm Name:			
Business Address:			
Business Phone Number:		Business Email Address:	