



Confidential Communications Request Form

Use this form to request that Dearborn National Life Insurance Company use an alternative location when communicating with you about your Protected Health Information (PHI). You have the right to request that we communicate with you about your PHI at an alternative location. **If you need assistance in completing this form, please call the Customer Service number listed on the back of your Member Identification Card.**

We will accommodate your request if all of the following criteria are met:

1. The request is reasonable;
2. You clearly state that failure to honor your request could endanger you;
3. You provide reasonable alternative means or location for communicating with you, and;
4. You provide a satisfactory explanation how any payments (if applicable) will be handled using the alternative means or alternative location that you request.

You may also use this form to terminate or modify a previously granted request for confidential communications.

WHEN COMPLETED AND SIGNED PLEASE MAIL TO:

**Privacy Coordinator
Dearborn Life Insurance Company
Administrative Office:
701 E. 22nd St Ste 300
Lombard, IL 60148
Fax: 1-630-495-0575**

Section A: Confidential Communication Request or Modification /Termination of Previous Request

Please choose one of the following:

- Initial Request** – This form is an initial Confidential Communications Request. (Complete entire form.)
- Modify a Previous Request** – This form is modifying (i.e., changing the alternative address) previously approved Confidential Communication Request. (Complete the entire form.)
- Terminate a Previous Request** – This form is terminating a previously approved Confidential Communication Request. (Complete Section B and proceed to Section D.)

Enter date to terminate previous request:

_____ **Date: month/day/year**

Section B: The individual for whom communication by alternative means or at an alternative location is being requested. Please complete the following:

Name	Group #	Identification\Subscriber #
Social Security Number	Date of Birth	
Address	City	State ZIP
Area Code & Telephone Number	E-mail address (if available)	



Section C: Please complete the following about the confidential communication request:

Will the failure to communicate your PHI through alternative means or at an alternative location endanger you? Yes No

I request that all of my PHI be communicated at the alternative location listed below:

Alternative Location:

Street Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Section C (cont): Please complete the following about the confidential communication request:

Please indicate how any payments (if applicable) will be handled using the alternative location that you request.

If this request is granted, please note the following:

1. The request will only apply to your current Group and Subscriber Numbers and benefits coverage. If your Group or Subscriber Numbers change, or your benefits coverage changes, you must submit a new Confidential Communications Request for the new group/subscriber number or benefit coverage.
2. Dearborn National Life Insurance Company and its Business Associates are only responsible for the PHI that they release to the alternative address you have designated in Section C.

Section D: Signature – This document must be signed by the individual, parent of minor child or the individual’s Personal Representative.

I request that Dearborn National Life Insurance Company release my PHI as specified in Section C above. I understand that Dearborn National Life Insurance Company is under no obligation to agree to my request. I understand I will receive a written determination regarding my request. I understand that if I am signing on behalf of a minor child, this request will expire upon the child reaching the age of 18, unless there is proof of legal guardianship.

Signature of Individual or Individual’s Personal Representative

Date: month/day/year

Section E: If Section C is signed by a Personal Representative, please complete the information below:

If you are signing as a Power of Attorney, Legal Guardian, Executor, or Administrator attach a copy of the Legal documents. You do **NOT** have to attach copies of these documents if they are already on file with Dearborn National Life Insurance Company.

Signature of Personal Representative

Relationship to Individual

Personal Representative’s Address

City

State

ZIP

Personal Representative’s Area Code & Telephone Number

Personal Representative’s E-mail address
(if available)