



Health Insurance Portability and Accountability Act (HIPAA) Complaint Form

Use this form to file a HIPAA complaint (including privacy and security) with Dearborn National Life Insurance Company. Dearborn National Life Insurance Company will not require an individual to waive any rights under federal or state or privacy laws or other laws to file this complaint. You may also file a privacy complaint with the United States Department of Health and Human Services (DHHS). **If you need assistance in completing this form, please call the Customer Service number listed on the back of your Member Identification Card.**

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**

NOTE: THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

Section A: Please complete the information below:			
Name _____		Group # _____	Identification\Subscriber # _____
Social Security Number _____	Date of Birth _____		
Address _____	City _____	State _____	ZIP _____
Area Code & Telephone Number _____	E-mail address (if available) _____		
Section B: Please give a concise statement of your complaint:			
_____ _____ _____ _____ _____			
Section C: Signature – This document must be signed by the individual, parent of a minor child or the individual's Personal Representative.			
I understand that I can only sign on behalf of a minor child under the age of 18, unless there is proof of legal guardianship.			
Signature of Individual or Individual's Personal Representative _____		Date: month/day/year _____	
Section D: 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, please attach a copy of the Legal document. You do NOT have to attach copies of these documents if they are already on file with Dearborn National Life Insurance Company.			
Personal Representative's Name _____		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) _____		