



Request to Access Protected Health Information (PHI)

By law an individual has the right to inspect and obtain a copy of his or her PHI in the Designated Records Set(s) that Dearborn National Life Insurance Company or its Business Associates maintain, as well as to request this information. **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
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: The individual for whom access 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 B: Please place an "X" in the box next to the records you wish to inspect or obtain a copy of and indicate specific dates:					
Enrollment Records	From:	To:	Claim Records	From:	To:
<input type="checkbox"/> Application/Underwriting/Attending Physician Statement Record	_____	_____	<input type="checkbox"/> Dental	_____	_____
<input type="checkbox"/> Premium Payment/Billing History	_____	_____			

Section C: By placing an "X" in the appropriate box, please indicate the manner in which you wish to receive/review your information. (Select only one option):
<input type="checkbox"/> Paper copy of information via US Mail
<input type="checkbox"/> Send me an electronic copy, if available. Note: You must provide an email address
<input type="checkbox"/> Allow me to view my records in person. I understand that I will be contacted to arrange for this

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 provides access to my PHI as specified in Section B above. 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 E: If Section D 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 documents. 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)
_____ Country