



### Request to Amend Protected Health Information (PHI)

By law an individual has the rights to amend his or her PHI in the Designated Record Set(s) that Dearborn National Life Insurance Company or its Business Associates maintain, as well as to request an amendment to your Protected Health Information (PHI). **If you need assistance completing the form, please contact 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**

**Section A: The individual for whom amendment 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 are requesting be amended, include specific dates:**

Enrollment Records	From:	To:	Claim Records	From:	To:
<input type="checkbox"/> Application/Underwriting/Attending	_____	_____	<input type="checkbox"/> Dental Claim Records	_____	_____
<input type="checkbox"/> Dentist Statement Record	_____	_____			
<input type="checkbox"/> Premium Payment/Billing History (if applicable)	_____	_____			

Please state the reason(s) you feel these records should be amended:  
\_\_\_\_\_

**Section C: Please list the name(s) and address(es) of individuals to notify should we agree to make this amendment.**

Name _____	Name _____
Address _____	Address _____
City/State/ZIP _____	City/State/ZIP _____

**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 amend 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 \_\_\_\_\_ 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) _____		