



**MEDICAL BENEFITS MUTUAL LIFE INSURANCE CO.
MEDICAL BENEFITS ADMINISTRATORS, INC.
("MedBen")**

PRIVACY COMPLAINT FORM

MedBen values the privacy of the protected health information. If you believe that anyone at MedBen has inappropriately used or disclosed your protected health information, please let us know by completing this form and submit it to MedBen's Chief Privacy Officer at the address shown below. Your complaint will be reviewed by MedBen's Chief Privacy Officer or designee and all reasonable efforts will be made to resolve any problems found.

Please provide enough information that we may understand the scope of the complaint you are making. Attach additional pages, if necessary.

Are there other documents available that we should look at for additional information regarding your complaint? If so, please provide information on the description and location of these documents.

The following information is optional:

Print Name of Covered Individual

Social Security Number of Covered Individual

Covered Individual's Signature & Date Signed
(continued on other side)

If you are the **Covered Individual's representative**, provide documentation or explanation of your authority to act for the Covered Individual and sign below.

Print Name of Representative

Covered Individual's Representative's Signature & Date Signed

May we contact you if we need more information?

Yes.
No.

Telephone number where we can reach you? _____

Medical Benefits Mutual Life Insurance Co.
Medical Benefits Administrators, Inc.
1975 Tamarack Road
Newark, Ohio 43055