



**CONFIDENTIAL COMMUNICATION REQUEST FORM**

You have the right to request that MedBen communicate with you on a confidential basis by requesting an alternative means or alternative location to receive communications we send. For instance, you may request that we will only call you at work. We will accommodate all reasonable requests.

If you wish us to contact you at an address or phone number other than your home address or home telephone, please provide the following information:

Covered Individual Name: \_\_\_\_\_

Address where you wish to receive communications: \_\_\_\_\_

Telephone number where you wish to be contacted: \_\_\_\_\_

Please describe in as much detail as possible any other alternative means you request we use in communicating with you or any other alternative location not detailed above. Please also tell us who not to contact on your behalf.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your request will affect payment of your bills to us, please describe how payment will be handled.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name of Covered Individual

\_\_\_\_\_  
Covered Individual's Signature & Date Signed

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

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Print Name of Representative

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Covered Individual's Representative's Signature & Date Signed

**No access request will be processed unless the Covered Individual or the Covered Individual's representative have signed this form.**