

**MEDICAL BENEFITS MUTUAL LIFE INSURANCE CO.
MEDICAL BENEFITS ADMINISTRATORS, INC.
MEDBEN MARKETING SERVICES, INC.
VISIONPLUS OF AMERICA, INC.
("MedBen")**

REQUEST FOR PERSONAL IDENTIFICATION NUMBER

I, _____ (Insert Covered Person's Name) hereby request that MedBen provide the individual Covered Person listed below with a Personal Identification Number (PID) for use with the Covered Person's treatment, the processing of the Covered Person's health care claims, and other health care operations of the Covered Person's Group Health Plan, or the business operations of MedBen associated with the Covered Person's Group Health Plan.

I understand that this Request Form is the first in a two-step process for obtaining a Personal Identification Number. I understand that upon receipt of this signed Form, I will be sent a letter describing the potential issues associated with the use of a Personal Identification Number instead of a Social Security Number and my responsibility regarding same. I understand that MedBen must receive a copy of the letter signed by the Covered Person agreeing to the letter's conditions before a Personal Identification Number will be assigned.

I understand that neither MedBen nor the Group Health Plan is required to agree to this request; both are only required to attempt to accommodate reasonable requests when appropriate. I further understand that both MedBen and the Group Health Plan reserve the right to terminate an agreed-to restriction if it feels that termination is appropriate, and that I also have the right to terminate, in writing, any restriction by sending a termination notice to MedBen Chief Privacy Officer. You are hereby notified that MedBen's and/or the Group Health Plan's accommodation of certain restrictions may result in the loss of certain benefits under the Group Health Plan.

Print Name of Covered Person

Covered Person's Signature & Date Signed

If you are a **Covered Person's personal representative**, attach documentation and an explanation of your authority to act for the Covered Person and sign below. No access request will be processed unless the Covered Person or the Covered Person's Personal Representative has signed this form.

Print Name of Covered Person's Personal Representative

Covered Person's Personal Representative's Signature & Date Signed

MedBen
Chief Privacy Officer
1975 Tamarack Road
Newark, Ohio 43055
(800) 423-3151
(740) 522-8425