



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

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 (or the current address and telephone number we have in our system), please provide the following information:

Covered Person 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.

Please sign and return the form to the address at the bottom of page 2 of this form.

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.

Print Name of Covered Person's Personal Representative

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

No access request will be processed unless the Covered Person or the Covered Person's representative has signed this form.

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