



Request to Terminate Confidential Communications and/or Restrictions

Read instructions on p. 2 before completing this form. ALL FIELDS MUST BE COMPLETED.

A separate form is required for each member on the policy or coverage, as needed. Please print legibly, or type, except where signature is needed.

To request to terminate a Confidential Communications and/or Restrictions, please complete the information below, sign in the space provided and return to: US Health and Life Insurance Company ("USHL"), 800 Tower Drive, Suite 300 Troy MI, 48098, or FAX: (586) 693-4321

SECTION A: Remove Confidential Communications (check whether request is for Subscriber or Dependent)

Name (Subscriber Dependent): _____

Member Identification #: _____

Date of Birth: / / Telephone # _____
MM DD YYYY

(Alternate) Address: _____

City: _____ State: _____ ZIP: _____

Fax Number: _____ Email Address: _____

Time Period for Communications: From: / / To: / /
MM DD YYYY MM DD YYYY

NOTE: If no time period is provided, this request will remain in effect until the member or his/her legal representative notifies USHL in writing requesting a change.

SECTION B: Remove Restrictions (Password Protection):

Type of Restriction to be removed:
 Claims Enrollment Premiums Appeals

SECTION C: Member Approval

I, _____ hereby authorize US Health and Life Insurance Company ("USHL") to remove certain safeguards placed on my account and Personal Health Information ("PHI") according to the request in Section A *and/or* Section B. I understand that by doing so USHL will no longer require responses based on the above request in Section A *and/or* Section B.

Signature of Member: _____ Date: / /
MM DD YYYY

Printed Name: _____

INSTRUCTIONS

REQUEST FOR CONFIDENTIAL COMMUNICATIONS AND/OR RESTRICTIONS

(NOTE: This form is not to be used for a member's change of address. For member change of address, please contact Customer Service or Enrollment)

General Instructions: All fields are required to be completed unless otherwise specified.

This form must be completed when a member wishes to remove Confidential Communications or Restrictions to their information. Confidential Communications refers to when a member requests that their PHI be re-routed to an alternate address, phone number, fax number, and/or e-mail address for the purpose of confidentiality. Restrictions refers to when a member would like to place password protection on any of the following types of information; Claims, Enrollment, Premium and Appeals. For assistance with completing this form please contact the Customer Service Phone Number on your Identification Card.

Section A: Confidential Communications

This section requests information related to the member for the purpose of removing confidential communications as defined under General Instructions. All applicable fields must be completed in order to remove confidential communications, otherwise the request for removal of confidential communications *may* be denied.

Section B: Restrictions

Members should use this section only if they would like to remove password protection to their account when making inquiries. Additionally, this section allows the member to select what type of information they want to remove password protection from. Please make sure to check the box by the applicable information you would like your passwords to no longer protect.

Section C: Member Approval

This section provides USHL approval from you (the member) to remove Confidential Communications *and/or* Restrictions to your account and PHI. This section must be completed in order to remove either Confidential Communications or Restrictions the member must agree to these terms.

Mail this form to:

US Health and Life, Attn: Customer Service
800 Tower Drive
Suite 300
Troy, MI 48098

Or Fax to: (586) 693-4321