

REVOCATION OF CONFIDENTIAL COMMUNICATION REQUEST FORM

This form is for use by a person who is covered by insurance and wishes to revoke a prior request to receive communications of insurance claim-related information from National Benefit Life by alternative means or at alternative locations if disclosing claim-related information could endanger the person. This Form can be mailed to the address above, faxed to (718) 361-3657 or emailed to PolicyMaintenance@NationalBenefitLife.com.

SECTION A: Covered individual requesting confidential communication:

Name: \_\_\_\_\_ Member I.D.: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Relationship to Primary Insured or Subscriber: \_\_\_\_\_

Current Address: \_\_\_\_\_

SECTION B: To the covered individual – please read the following and complete the information requested.

I, \_\_\_\_\_ am revoking my prior request that I receive communications of claim-related information from NBL by alternative means or at alternative locations if disclosing the claim-related information could endanger me. “Claim-related information” means all claim or billing information relating specifically to me, including your name, address, any services received, and the name and address of the provider of any services (such as your doctor).

In care of: \_\_\_\_\_  
(If you are using someone else’s address, then enter his or her name here.)

Alternative Address: \_\_\_\_\_

Alternative Phone Number: \_\_\_\_\_ Alternative Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION C: Parents, Guardians, or Legal Representatives

If the covered individual is a child younger than 18-years-old and the person revoking this request is the child’s parent or guardian, then please provide:

Parent or Guardian’s Name: \_\_\_\_\_ Relationship to Covered Individual: \_\_\_\_\_

If a legal representative, such as an attorney, is revoking this request on behalf of the covered individual, then please provide:

Legal Representative’s Name: \_\_\_\_\_ Relationship to Covered Individual: \_\_\_\_\_

Organization or Firm Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business E-mail Address: \_\_\_\_\_

Legal Representative’s signature: \_\_\_\_\_