

# Confidential Communication Request Form



Ameritas Life Insurance Corp., Ameritas Life Insurance Corp. of New York

**DO NOT USE THIS FORM TO REQUEST AN ADDRESS CHANGE.** Use this form to request Ameritas Life Insurance Corp. or Ameritas Life Insurance Corp. of New York to confidentially communicate with you in an alternative location or by an alternative means when the communication is about Protected Health Information (PHI). You must complete all fields on this form.

We will accommodate your request if all the following criteria are met: (1) your request is reasonable and feasible; (2) you indicate that our failure to honor this request could put you in danger; and (3) you provide a location or another reasonable alternative to communicate with you.

## 1. Member/Insured Information for Whom Communication at an Alternative Location is Being Requested:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Member ID: \_\_\_\_\_

## 2. Please read and complete the following:

Will the failure to communicate your PHI through an alternative location endanger you? . . . . .  Yes  No

If you select no, please call our customer service center to request an address change.

I hereby request that Ameritas no longer contact me at my address on file, and instead use the following alternative method to contact and/or correspond with me:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## 3. Please sign and date:

I understand that by signing this form, I request Ameritas to send my correspondences to an alternate location that I have provided on this form

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of patient/guardian/personal representative:

Legal relationship to Patient *(Must be completed if signed by guardian or personal representative):*

**Important: If legal documentation is not on file with Ameritas, the authorized representative, including the legal guardian, executor of an estate, or power of attorney, must attach a copy of legal documentation to this form.**

## 4. Please mail or fax the completed form to:

**Ameritas**  
Attn. Group Privacy  
PO Box 82520  
Lincoln, NE 68501-2520  
402-309-2580 (fax)