

REQUEST FOR PROTECTED COMMUNICATIONS



An Independent Licensee of the Blue Cross Blue Shield Association

Purpose: Use this form to ask us to communicate with you by an alternate means to avoid putting you in danger.

Please Read This Notice

You can ask us to communicate with you in a different way, or at a different address, to protect you from danger. We will agree if:

- Your request is reasonable
- You could be in danger if we do not agree to the request
- You give us a reasonable way to communicate with you

We may still send payments to the person named on the policy even if we accept your request.

Member Information

Name:		Date of Birth:	
Street Address:	City:	State:	ZIP Code:
Phone:	Email:	Member ID:	

If you want us to communicate with you by an alternate way, please enter it here.

<input type="checkbox"/> Alternate Email:	<input type="checkbox"/> Alternate Phone:		
<input type="checkbox"/> Alternate Address:	City:	State:	ZIP Code:

Why do you need us to communicate with you by an alternate way or address?

What information do you want to protect by this request?

Signature

Signature:	Date:
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If you are the personal representative of the Member, complete this:

Representative's Name:	Relationship to Member:
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Note: If you are filling out this form for someone else, attach a copy of any legal paper(s) that apply.

Please send the completed form to us. You can mail it to:

AZ Blue Privacy Office
Mail Stop C300, P.O. Box 13466, Phoenix, AZ 85002-3466

Email: privacy@azblue.com **Fax:** 602-544-5661

For questions, or to request a copy of the signed form, call the Privacy Office at 602-864-2255 or 1-800-232-2345, ext. 2255, TTY: 711. You can get one free report every 12 months. We will charge you \$0.10 per page plus \$10 per hour for each additional report you request during the same 12-month period.