

## CONFIDENTIAL COMMUNICATION REQUEST FORM

This form is for use by a person who is covered by insurance and wishes to make a reasonable request to receive communications of insurance claim-related information from The Hartford by alternative means or at alternative locations if disclosing claim-related information could endanger the person.

### **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.**

You have the right to make a reasonable request that you receive communications of claim-related information from us by alternative means or at alternative locations if disclosing this information could endanger you. "Claim-related information" means all claim or billing information relating specifically to you, including your name, address, any services received, and the names and addresses of the service providers (such as your doctor).

I, \_\_\_\_\_, request that The Hartford send communications of claim-related information to me by the following alternative means or at the following alternative locations because disclosing the claim-related information could endanger me:

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 making 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 making 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: \_\_\_\_\_

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York and Illinois are underwritten by Hartford Life Insurance Company. Home Office of both companies is Simsbury, CT.  
7522438\_2 LAW