



APWU Health Plan Confidential Communications

With this form, you may exercise your right to Confidential Communication. All mail correspondence or inquiries will be directed to the address and phone number you enter below. You have the option to **Add, Remove or Change** a confidential communication indicator. You must complete, sign, date, and submit this form to APWUHP. This request will become effective once it has been entered into our systems, typically within 15 calendar days of receipt.

Please print neatly to ensure accurate processing and to avoid delays in service.

1. Notification

- Add** a Confidential Communication Restrict Indicator
- Remove** a Confidential Communication Restrict Indicator
- Change** a Confidential Communication Restrict Indicator

2. Member Information

Policy Holder/Member's ID# _____

First Name: _____ MI: _____

Last Name: _____ Date of Birth: ___/___/___

Member's Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: ___-___-___ Work Phone Number: ___-___-___

Policy Holder's Name: _____

3. I am requesting the APWU Health Plan send all correspondence and inquiries to the following address and phone number:

Address: _____

Phone Number: _____

4. I am also requesting all correspondence and inquiries about the following dependent(s) be directed to the address and phone number above:

Dependent #1 Name:	_____	Date of Birth:	_____
Dependent #2 Name	_____	Date of Birth:	_____
Dependent #3 Name	_____	Date of Birth:	_____
Dependent #4 Name	_____	Date of Birth:	_____

5. Right to Revoke (Cancel)

I understand that I may revoke this request at any time by sending a letter to the APWU Health Plan. Revoking this designation will not affect any action that the APWU Health Plan took prior to receiving the written notice of revocation. The revocation should be sent to the APWUHP, Privacy Specialist, at 799 Cromwell Park Drive, Suites K-Z, Glen Burnie, MD 21061

6. Signature: _____ **Date:** _____

7. Please mail this Confidential Communication Request to:

APWU Health Plan
Attn:Privacy Specialist
799 Cromwell Park Drive, Suites K-Z
Glen Burnie, MD 21061
1-800-222-2798

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