

Requests for Confidential Communications of Protected Health Information Due to Life Endangerment

Can you tell me what this right is?

You have the right to request that Assurant Health communicate with you by alternative means or at an alternative location if you can document that your life would be endangered if Assurant Health communicated with you through its current means.

Assurant Health is not required by law to agree to your request for confidential communications.

How much will this cost me?

There is no cost to you.

How do I make a request?

Print and complete the form below. Don't forget to sign and date the form. Mail the completed form, along with documentation that supports your claim that your life is being endangered (such as a restraining order or court ordered judgment, etc.) to: Assurant Health, PO Box 354, Milwaukee, WI 53201-0354.

Please do not include these instructions with your request.

A written response, indicating the approval or denial of your request, will be sent to the address you provide on the form.

