

**Request to Access, Inspect or Copy
Protected Health Information**



Complete, sign, date and mail or fax this form to:

Privacy Office, Sun Life Financial, P.O. Box 419052, Kansas City, MO 64141-6052

Fax no. 816.881.8508

Please complete the following:

Insured/Member name _____ Last four of SSN _____
If request for dependent, give name and relationship to insured/member _____
Street address _____ Date of birth _____
City/State/Zip _____ Day phone _____
Employer/Policyholder name _____ Policy/cert. no. or member ID _____

You have the right to request to access, inspect, or copy the protected health information that Union Security Insurance Company, Union Security Life Insurance Company of New York or an affiliated prepaid dental company ("the Companies") has about you in a designated record set. A record set may include information related to enrollment, eligibility, billing/premiums, claims, payment, or treatment.

Please check the box(es) for the category of information you are interested in accessing. If you need more writing space, attach a separate piece of paper.

- Enrollment and eligibility information (underwriting and application process). Please describe in detail. _____
- Claims, payment, or treatment information. Provide date(s) of service, provider(s), nature of medical condition, and pre-authorization, if applicable. _____
- Billing/premium information. Provide billing period in question and detail of issue involved. _____
- Entire designated record set.
- Other. Please describe in detail. _____

- Check this box if you would like us to copy the requested information and mail it to you. We should mail the records to: _____
- Check this box if you would like to inspect and/or copy the requested information in person at our offices in Kansas City, Missouri, at **your own** expense. We will contact you to arrange for a mutually convenient time. You will be charged the same fee for any copies you make or receive (*See below.*)

The Companies will honor your first request free-of-charge.

If you request to access, inspect or copy protected health information more than once in any 12-month period, you will be charged \$25.00 for each additional request.

Please include your check with your request.

By signing this form, I am confirming that it accurately reflects my wishes.

Signature of Requestor _____ Date _____

If signed by a Personal Representative:

Name of Personal Representative _____ Phone no. _____

Relationship to individual or nature of authority _____

Signature of Personal Representative _____ Date _____

(If you are the Personal Representative, other than a parent or legal guardian, please attach a copy of any documents verifying your position as Personal Representative.)

Please submit a separate form for each individual.

Insurance products are underwritten by Union Security Insurance Company (USIC) (Kansas City, MO) and administered by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA) in all states except New York. Prepaid dental products are provided by USIC and are administered by SLOC, and are provided by prepaid dental companies affiliated with SLOC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, insurance products and prepaid dental products are underwritten or provided by Union Security Life Insurance Company of New York (Fayetteville, NY) and administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).