



PO Box 1650
Little Rock, AR 72203-1650

Individual Request for Accounting of Certain Disclosures of Protected Health Information for Business Operations Purposes Made by USABLE Life

As an insured, you have the right to receive an accounting of certain non-routine disclosures of your identifiable health information made by USABLE Life for business purposes.

Your request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003.

The first list you request within a 12-month period will be provided free of charge. For additional lists during the same 12-month period, you may be charged for the costs of providing the list; however we will notify you of the cost involved and you may choose to withdraw or modify your request.

To request an accounting of disclosures for business operation made by USABLE Life, you must submit your request in writing to the USABLE Life Privacy Office.

Please inform me of where my protected health information (PHI) has been sent for purposes other than payment and business operations.

Name: _____

Address: _____

Street

City

State

Zip Code

Daytime Phone Number: _____

Policy Number: _____

Signature: _____

The request for an accounting of disclosures will be responded to within 60 days of the receipt of the request unless a 30-day extension is requested by us. After the first accounting request each year, there will be a fee for additional accounting requests.

Please mail request to: USABLE Life
Privacy Office
P. O. Box 1650
Little Rock, AR 72203-1650
Fax number: (501) 235-8484
Telephone number: (501) 212-8871 or
(800) 648-0271, Extension 8871
E-mail: privacyofficer@usablelife.com