



PO Box 1650
Little Rock, AR 72203-1650

Individual Request to Correct or Amend a Record Maintained by US Able Life

Insured's Name: _____

Address: _____ Daytime Telephone: _____

Street

City

State

Zip Code

I request US Able Life to amend the protected health information of

_____ (name of the insured) in its designated

record set within the date range of _____ through _____

Specific Amendment Request

Specific Reason for Amendment Request

I understand that if the protected health information was not created by US Able Life, it is not required to honor my request. For example, if the information I wish to amend is a medical report created by my physician, I must ask the physician – not US Able Life – to amend the report. I also understand that if the information is not available for my inspection, is not part of the plan's designated record set or is already accurate and complete, I cannot amend the information.

I understand that US Able Life will respond in writing to my request within 60 days.

Signature: _____ Date: _____

Send completed form to: US Able 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