ACS Benefit Services, Inc.
Third Party Administration

CONFIDENTIAL COMMUNICATIONS
CHANGE IN ALTERNATIVE ADDRESS REQUEST FORM

Purpose: This form is used when a Member who has requested Confidential Communications and who has an alternative address on file with the Group Health Plan and with ACS Benefit Services, Inc. (ACS) needs to change the alternative address to a new alternative address.

Member With Confidential Communications Request On File:

Member's Name _____
First Middle Last

Member's Date of Birth _____/_____/_____ **Subscriber** ID Number _____
Month Day Year

Current Alternative Address:

_____
Care of *(if applicable)*

_____
Street or P. O. Box

_____
City State Zip Code

New Alternative Address: ***(Note: If the Group Health Plan and ACS consider this address as a reasonable alternative address to which the Group Health Plan and ACS may send all future communications, the effective date of this alternative address will be no earlier than the date that ACS enters the new reasonable alternative address into its system, typically within five (5) business days following receipt by the ACS Privacy Office.)***

_____
Care of *(if applicable)*

_____
Street or P. O. Box

_____
City State Zip Code

SIGNATURE REQUIRED:

Signature of Requestor: _____ Date: _____

If signed by an individual other than the Member:

Print your full name: _____

Relationship to Member (i.e., parent, personal representative, etc.):_____

Describe your authority to act for the Member (e. g. power of attorney, court order, parent of minor child, etc.)

_____

You must attach the legal document naming you as the personal representative if you have not previously submitted it.

RETURN THIS REQUEST TO THE PRIVACY OFFICIAL AT THE OFFICE OF THE EMPLOYER

Received by: _____ Date: _____
(Privacy Official – Employer's Office)

Employer's Name:_____