



BCS Insurance Company; 4 Ever Life Insurance Company; BCS Financial Corporation

CONFIDENTIAL COMMUNICATION REQUEST

You have the right to request that we utilize alternative means or addresses when we communicate with you about your protected health information. We will accommodate your request, to the extent permitted by law, if you provide reasonable alternative means or locations for communicating with you. To exercise this right, please complete the information below.

Individual requesting confidential communication.

Name: _____ Date of Birth: _____
 Insurance ID #: _____ Insurance Group #: _____

Tell us how we should contact you. Some laws require that certain communications must be sent in writing, so you must provide us with an email or mailing address to ensure confidentiality. Please select your preferred method of contact from the options below. If you check more than one box, please rank your choice by putting a "1" next to your first choice, a "2", and so on.

- Email to this email address: _____
- US mail to this address: _____
- Phone call to the following number: _____
- Send to my authorized health care provider or representative (you must provide name and contact information – if this is the sole option selected, contact information must include an email or mailing address):

IMPORTANT! The following section MUST be completed:

Please provide a phone number or email address to contact you if there are questions regarding this request.

Phone Number: _____ Email Address: _____
 Signature: _____ Date: _____

Once you have completed and signed this form, you may return it to us using one of the following methods:

- Mail to: Privacy Officer, BCS Financial, 2 Mid America Plaza Suite 200, Oakbrook Terrace, IL 60181
- Email the form to privacyofficer@bcsf.com
- Fax the completed form to the attention of the Privacy Officer at (630) 472-7822
- You may also submit a request telephonically by contacting the Privacy Office directly at (833) 227-4512

PLEASE NOTE: You may use a similar form to submit a request for confidential communication, as long as it contains the same information as set forth above.

WASHINGTON STATE RESIDENTS: The Washington State Office of the Insurance Commissioner developed a form that you may use to request confidential communications. It can be found [here](#).