

OREGON REQUEST FOR CONFIDENTIAL COMMUNICATION

If you are covered by either a State Farm Insurance Company individual health insurance policy or the Agents' Group Medical PPO Plan, you have the right to have protected health information* sent to you at a different mailing address, instead of the address of the person who pays for your health insurance plan.

To make this request, complete, sign, and send this form to:

State Farm Mutual Automobile Insurance Company
Total Rewards – Benefits, C-1
One State Farm Plaza
Bloomington, IL 61710-0001

You may also contact us at 309-766-6459.

Please note: It can take up to 30 days from the date we receive your hard-copy request to process it. Requests made by telephone will be implemented within seven days of receipt.

Your name

Your date of birth

Your insurance member # (if available)

Your insurance group # (if available)

Please tell us how we should contact you. If you mark more than one way, put a "1" next to your first choice, "2" next to your second choice, and so on. Your health plan must contact you through at least one of the communication methods noted below:

Email to the following email address:

U.S. Mail at this address:

Text to the following phone #:

Message through online insurance patient portal:

Phone call to the following number:

IMPORTANT! The following two sections MUST be completed:

1. If a communication cannot be sent in the above selected formats, or if you want information by U.S. mail, provide the address below:

2. Is there a phone number or email to use if there are questions regarding this request?

Signature

Date

PLEASE NOTE: If you change insurance companies, you will need to make a new request to the new insurance company. Until your request is processed, the insurance company may continue to send your protected health insurance to the person who is paying for your health insurance.

*Protected Health Information means individually identifiable health information your insurer has or sends out in any form. Confidential communication of protected health insurance covered under this request includes:

- An explanation of benefits notice
- Information about an appointment
- A claim denial
- A request for additional information about a claim
- A notice of a contested claim
- The name and address of a provider, a description of services provided, and other visit information
- Any written, oral, or electronic communication described on this list to a policyholder, certificate holder, or enrollee that contains protected health information