



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 US Able Life**

As an insured, you have the right to receive an accounting of certain non-routine disclosures of your identifiable health information made by US Able 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 US Able Life, you must submit your request in writing to the US Able Life Customer Service 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: US Able Life  
Customer Service  
P. O. Box 1650  
Little Rock, AR 72203-1650  
Fax number: (501) 235-8413  
Telephone number: (501) 375-7200 or (800) 648-0271  
E-mail: [custserv@usablelife.com](mailto:custserv@usablelife.com)