

Individual Request to Correct or Amend a Record Maintained by USAble Life

PO Box 1650 Little Rock, AR 72203-1650

Insured's Name:		
Address:	Daytime Telephone:	
Street		
City	State	Zip Code
I request USAble Life to am	end the protected health information	on of
	(name of the insured) in its designated	
record set within the date rar	range of through	
Specific Amendment Requ	uest	
Specific Reason for Amer	ndment Request	
not required to honor my remedical report created by mamend the report. I also	ected health information was not crequest. For example, if the information yet physician, I must ask the physic understand that if the information he plan's designated record set on the information.	ation I wish to amend is a ian – not USAble Life – to is not available for my
I understand that USAble Li	fe will respond in writing to my requ	uest within 60 days.
Signature:	Dat	te:
Send completed form to:	USAble Life Customer Service P.O. Box 1650 Little Rock, AR 72203-1650 Fax number: (501) 235-8413 Telephone number: (501) 375-72 E-mail: custserv@usablelife.com	