

Authorization for Release of Protected Health Information

Health plan sponsor(s) of Reformed Benefits Association

By signing below, as a member enrolled in health/dental/life insurance or dependent age 15 or older (including a spouse, or child), I authorize the use or disclosure of my individually identifiable health information by or to any family member, member of my household, any health care provider, the plan sponsor, the insurer/TPA of the plan, or any other entity providing services in connection with the plan sponsor in order to process my enrollment in the plan or to process any claim for my plan benefits. I also authorize the use or disclosure of my individually identifiable health information to send me marketing communications regarding products or services in connection with the plan. This authorization is effective until the date I terminate enrollment in the plan. I have read and I understand the following: (1) I may revoke this authorization at any time before its expiration date by notifying the plan in writing, but the revocation will not have any effect on any actions the plan took before it received the revocation; (2) I may see and copy the information described on this authorization if I ask for it; (3) I am not required to sign this authorization to receive my health care benefits (enrollment, treatment, or payment); and (4) The information that is used or disclosed pursuant to this authorization may be re-disclosed by the receiving entity.

X Member Signature	X Date Signed
X Member Print Name	
X Dependent Signature	X Date Signed
X Dependent Print Name	
X Dependent Signature	X Date Signed
X Dependent Print Name	
X Dependent Signature	X Date Signed
X Dependent Print Name	

OR Individual's Representative, must attach documentation noting authority for status as representative.

Printed name of the Individual's personal representative: _____

Relationship to the individual, including authority for status as representative: _____

Return to: Reformed Benefits Association
1700 28th Street SE
Grand Rapids MI 49508-1407
EMAIL: benefits@reformedbenefits.org
FAX: 616-224-5896