



REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Date of request: _____
(Month/Day/Year)

Member's Name: _____
First Middle Last

Member's ID Number: _____

Member's Date of Birth: _____
(Month/Day/Year)

Member's Address: _____
Street Address
City State ZIP code

Requestor's Name (If different than member): _____
First Middle Last

Requestor's Relationship to the Member: _____
(Note: Written permission must be on file with Anthem so the information being requested can be released. If this permission is not on file, request a form to designate a Personal Representative and submit it to Anthem. This is not necessary for the parent of a minor child.)

Requestor's Phone Number: _____

Reason for using different address:

Please complete both sides of this form.

This request is for all mail delivered in the future. This will not change the member's address listed with the state or Social Services Administration (SSA). All future Anthem communications will be sent to the address you list below:

Street Address

City

State

ZIP code

Phone Number (If different than the one listed above):

Name and signature of requestor or member:

Print Name

Signature

Date

Enclosures: Get help in another language
Nondiscrimination notice

anthem.com/inmedicaid

**Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect**

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