

Request for Alternate Communication

ENPOINTE FLEXIBLE SPENDING PLAN – MEDICAL REIMBURSEMENT ACCOUNT

Health Plan/OHCA Name

I hereby request that all communications involving my Protected Health Information be directed to the following locations and/or by the following means (check one or more):

☐ To my home address:

☐ To my home phone: _____

☐ To my work phone: _____

☐ To the following alternate address:

☐ To the following alternate phone: _____

☐ To the following e-mail address **(I understand that e-mail communications may not be secure and may be intercepted in transit and I hereby authorize this type of communication):**

Member Name:	
Name:	Relationship:
Signature:	Date: