



Horizon Blue Cross Blue Shield of New Jersey

## REQUEST FOR CONFIDENTIAL COMMUNICATIONS

**Instructions:** To request confidential communications, please complete the information below, sign in the space provided and return to: Horizon Blue Cross Blue Shield of New Jersey, Centralized Correspondence Unit, P.O. Box 820, Newark, New Jersey 07101-0820.

I, \_\_\_\_\_, request communication of my private information by Horizon BCBSNJ and its business associates, be sent to an alternative location or as otherwise agreed below. I understand this request applies only to communications from Horizon BCBSNJ to me. I also understand this will be in effect until I submit a written request to terminate or change it, and Horizon BCBSNJ processes such written request.

Reason: \_\_\_\_\_

Signature\*: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member's Name: \_\_\_\_\_

Member's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Member's SS #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Policy Identification #: \_\_\_\_\_

Do you have an alternate address you wish us to use:  Yes  No

**If Yes, provide the address below. If No, Horizon BCBSNJ will keep all your mail and you will have to contact the Privacy Office to retrieve it.**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Password: \_\_\_\_\_ (Must be 4 to 10 characters, letters or numbers, and a password only you will know)

**Is there some other means we may use to contact you (e.g. phone or email) if necessary?**

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

\* If someone other than the member is submitting this, sign your name and attach documentation showing you are authorized to act on behalf of the member.

**Mail form to the following address:**

Horizon Blue Cross Blue Shield of New Jersey  
Centralized Correspondence Unit (CCU)  
P.O. Box 820  
Newark, NJ 07101-0820