



Horizon Blue Cross Blue Shield of New Jersey

REQUEST FOR TERMINATION OF CONFIDENTIAL COMMUNICATIONS

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

I, _____, request termination of confidential communication of my private information by Horizon BCBSNJ and its business associates, including termination of the password protection that had been established for this purpose. I understand this request applies only to communications from Horizon BCBSNJ to me. I also understand this will be in effect upon receipt and processing by Horizon BCBSNJ of this written request.

Print Name: _____ Relationship to Subscriber: _____

Signature*: _____ Date: _____ / _____ / _____

Member's Name: _____

Member's Date of Birth: _____ / _____ / _____ Member's SS #: _____

Subscriber Name: _____ Policy Identification #: _____

Alternate address to be removed: _____

City: _____ State: _____ Zip: _____

Password to be removed: _____ (If you are unable recall the password please leave blank)..

* Only the member or the personal representative who originally set up the confidential communications may terminate the agreement.

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