

## HIPAA REQUEST FORM

If you wish to include in your booklet certificate the HIPAA privacy language shown on the specimen "Sample Dental or Vision Booklet Certificate/SPD Language" provided to you by MetLife, please answer the following question(s), sign, and return this form to MetLife at the following address:

**MetLife**  
4150 N. Mulberry Drive/Suite 300  
Kansas City, MO 64116

Please provide the following information:

- a. Are there employees of the Plan Sponsor that may access PHI (Protected Health Information) provided by the Plan? If there are, please provide their title(s) or other identifiers below. Please do not provide their names, only title or other identifier.


- b. Should the term "Privacy Officer" be included in Section III. (C) "Sharing of PHI with the Plan Sponsor" of the Dental and/or Vision Plan Document?

Yes       No

- c. Should Section IV. "Participant's Rights" be included in the Dental and/or Vision Plan Document? (this is an optional section).

Yes       No

- d. Should Section V. "Privacy Complaints/Issues" be included in the Dental and/or Vision Plan Document? (this is an optional section).

Yes       No

As a duly authorized representative of the Customer named below and its group dental and/or vision plan, and consistent with such Customer's decision to amend its plan document to incorporate HIPAA privacy provisions, I hereby request that MetLife include in Customer's booklet certificate HIPAA privacy language reflecting Customer's choices on this form.

Customer Name \_\_\_\_\_

Customer Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_