

COMPLAINT

Purpose: This form is used for an individual to lodge a complaint about our privacy practices or compliance.



You have the right to file a complaint with us about our privacy practices or our compliance with our Privacy Policies and Procedures or federal or state privacy laws. We will investigate your complaint and provide you a written response. We will not require you to waive any right you may have under federal or state privacy laws to file your complaint, nor will filing your complaint adversely affect your enrollment in our health plan or your eligibility for benefits or claims payment under our health plan. We will not retaliate against you in any way for filing your complaint. To exercise your right to complain, please complete Sections A and B below, you may attach additional papers if needed, sign your complaint, then submit it to us at:

Contact Office: Affordable Benefit Administrators, Inc.

Address: P. O. Box 10787, Burbank, CA 91510-0787

Telephone: (818) 842-0147

Fax: (818) 842-0225

If you have questions or need additional information or assistance to complete your complaint, please contact us at the above location. You may, in addition or in the alternative to filing a complaint with us, file a complaint with the United States Department of Health and Human Services. For information on the procedures for doing that, please contact us at the above location.

SECTION A: Individual lodging complaint.

Name: _____

Address: _____

Telephone: _____

E-mail: _____

Identification Number: _____

Social Security Number: _____

SECTION B: Individual's complaint.

Please give a concise, plain statement of your complaint:

Please give a concise, plain statement of the resolution you seek for your complaint:

INDIVIDUAL'S SIGNATURE.

I certify that the statements made in this complaint are true and correct to the best of my information and belief.

Signature: _____

Date: _____

If this complaint is lodged by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

YOU ARE ENTITLED TO A COPY OF THIS COMPLAINT.