



# CHURCH OF THE BRETHERN INSURANCE PLANS

a ministry of Church of the Brethren Benefit Trust, Inc.  
1505 Dundee Avenue, Elgin, IL 60120-1619  
800-746-1505 • 847-695-0200 • Fax 847-742-6336  
[www.brethrenbenefittrust.org](http://www.brethrenbenefittrust.org)

## Authorization to Release Personal Health Information

The form below authorizes the Church of the Brethren Benefit Trust, Inc. to release information when necessary to properly process a claim or otherwise serve you and other covered family members. Please read and sign the form and return it to the Brethren Benefit Trust with your enrollment materials. **Each family member for whom a claim may be submitted should sign the form.** Parents may sign for their minor children.

This is necessary in order for our insurance plans to comply with federal regulations. If you decide not to sign the form the Church of the Brethren Benefit Trust will be prohibited from releasing any personal health information about you or other family members to anyone. This includes discussing personal health information with insurers, medical providers, and others that may need the information in order to assist you.

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### Authorization

I have received and read a copy of the Church of the Brethren Benefit Trust's privacy policy and I hereby authorize the Church of the Brethren Benefit Trust, Inc. to release any and all individual health information about me to business associates, insurers, third party administrators, brokers, consultants, medical providers, and other organizations or individuals as necessary. I understand this information will be released only as deemed necessary and appropriate in accordance with the federal Health Insurance Portability and Accountability Act regulations. This document will be in effect from the date signed through the end of your plan year.

Name (Print)

Signature(s)

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