

Request for Summary Plan Description

TO: _____

FAX#: _____

DATE: _____

To Whom It May Concern:

This letter is to request that my Health Insurance **Summary Plan Description** be **faxed to fax #** _____ **to the attention of:**

_____/_____,
(Provider's name) (Patient's Name)

or mailed to the below address:

To: _____
(Patient' Name)
C/O _____ (Provider name and address)

Employee's/Subscrber's Name: _____

Employee's/Subscrber's Date of Birth: _____

Thank you for your immediate assistance.

Sincerely,

Printed Patient Name

Patient Signature

Date