

Restriction Termination Request

Purpose: This form is used to make a request that your insurer terminate a restriction previously requested and agreed upon.

Please type or print neatly and complete each field; we will not process incomplete or illegible forms.

Section A: INDIVIDUAL'S INFORMATION THAT IS SUBJECT TO THE RESTRICTION AGREEMENT

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____

Member ID#: _____ Date of Birth: ____/____/____

Section B: TERMINATION OF RESTRICTION AGREEMENT

Date of restriction agreement: ____/____/____

(Attach a copy of your Restriction Request and our Agreement).

Effective date of Termination: ____/____/____

I attest that the above information is correct.

Signature: _____ Date: _____

Print Name: _____

Please mail or fax the completed form to:

Privacy Office
10455 Mill Run Circle
Owings Mills, MD 21117
Fax: 410-505-6692

Please keep a copy of this request for your records.