



HIPAA Privacy Compliance Request Form

Online Program Available September 2018!

Company Name:			
Contact Name:		Title:	
Type of Organization:	<input type="checkbox"/> School District	<input type="checkbox"/> Municipality	<input type="checkbox"/> Corporation <input type="checkbox"/> Other
Address:			
Phone:			
Email:			
Total Number of Full/Part Time Employees:			
Number of Insured Health Plans:			
Number of Self Insured Health Plans:			
Number of Dental Plans:			
Number of Full/Part Time Employees:			
Do You Have:	<input type="checkbox"/> Long Term Care Insurance	<input type="checkbox"/> Vision Insurance	<input type="checkbox"/> Employee Assistance Plan <input type="checkbox"/> HRA Plan

Once this form is completed, please email it to info@keybenefits.com. Upon receipt, we will then prepare a HIPAA Privacy Compliance Program proposal for you, which includes the pricing for this service.

Key Benefit Concepts

200 W. Summit Ave.
Suite 270
Wales, WI 53183



(262) 522-6415



info@keybenefits.com



www.keybenefits.com