

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ hereby authorize US Able Mutual, their directors, officers, employees and agents, to disclose to \_\_\_\_\_  
\_\_\_\_\_ all information or data in any form, whether oral, written, electronic, video, or computer data, which relates to or references \_\_\_\_\_. The information which I hereby authorize to be disclosed shall include, but shall not be limited to any information showing, relating to or arising from: (I) any benefit claims, or the processing, payment, denial or appeal of such claims; or (ii) the services provided by US Able Mutual; or (iii) any medical records, notes, or documents of any kind; or (iv) any communications, notes or statements of any person or entity regarding or relating to any of the foregoing. This authorization shall remain valid and effective until such time as I have delivered written notice to either the person at US Able Mutual who obtained this authorization from me or to an officer of US Able Mutual that I intend to revoke the authorization. I understand and agree that this authorization shall apply to all information disclosed by US Able Mutual prior to the time that my written notice of revocation is actually received by either the person who obtained it from me or an officer of US Able Mutual, as referenced above.

I understand that after this information is disclosed, federal law might not protect it and the recipient might redisclose it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name – Printed

\_\_\_\_\_  
US Able Mutual ID#

Completed Form may be mailed to: US Able Mutual/Attn: Operations  
P.O. Box 1151  
Little Rock, AR 72203

## NON-DISCRIMINATION AND LANGUAGE ASSISTANCE NOTICE

**NOTICE:** Our Company complies with applicable federal and state civil rights laws and does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, or sex.

We provide free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in various formats (large print, audio, accessible electronic formats, other formats), and language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. **If you need these services, contact our Civil Rights Coordinator.**

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

### **Civil Rights Coordinator**

601 Gaines Street, Little Rock, AR 72201  
Phone: 1-844-662-2276; TDD: 1-844-662-2275

You can file a grievance in person, by mail, or by email. If you need help filing a grievance our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201  
Phone: 1-800-368-1019; TDD: 1-800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

---

<b>ATTENTION: Language assistance services, free of charge, are available to you. Call 1- 844-662-2276.</b>
---

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-662-2276 .

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-662-2276。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-662-2276

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-662-2276 번으로 전화해 주십시오.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-662-2276.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-662-2276.

**ملاحظة:** إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجاناً. دعوة 1-844-662-2276 العدد.

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-662-2276.

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-662-2276.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-662-2276.

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-662-2276.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-662-2276.

**注意事項 :** 日本語を話される場合、無料の言語支援をご利用いただけます。1-844-662-2276まで、お電話にてご連絡ください。

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-662-2276.

**ملاحظة:** إذا كنت تتحدث باللغة الفارسية، والخدمات اللغوية المقدمة مجاناً بالنسبة لك. يرجى الاتصال 1-844-662-2276

**સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-662-2276.

**ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-662-2276 पर कॉल करें।

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-662-2276.

**انتباه:** آپ اردو بولتے ہیں تو، زبان کی مدد کی خدمات بلا معاوضہ دستیاب مفت ہیں۔ کال کریں 1-844-662-2276

**ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-844-662-2276.

**LALE:** Ñe kwōj kōnono Kajin Majōl, kwomarōñ bōk jermal in jipañ ilo kajin ñe aṃ ejjeļok wōṇāān. Kaalok 1-844-662-2276