

# Mphasis Employee Health and Welfare Benefit Plan

## REQUEST TO AMEND OR CORRECT PROTECTED HEALTH INFORMATION

Name: \_\_\_\_\_

SSNO: \_\_\_\_\_

I hereby request to amend "Protected Health Information" ("PHI") maintained about me by the (Mphasis Corporation) Employee Health and Welfare Benefit Plan (the "Plan"), pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

*Please Complete The Items Below:*

**Description of Amendment Requested:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reason for Requested Amendment:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By your signature below, you signify your assent to the following:

- I understand that if the PHI was not created by the Plan, the Plan is not required to honor my request.
- The Plan has 60 days to respond to this request. If additional time is necessary, the Plan may extend this period for an additional 30 days provided I am given written notice of the extension, prior to the expiration of the initial period, including the reason for the delay.
- If the request is denied in whole or in part, the Plan will provide me with a written notice of denial.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant