CONFIDENTIALITY REQUEST FOR VICTIMS OF DOMESTIC VIOLENCE OR ABUSE

Covered Individual Requesting Confidentiality

I am a victim of domestic violence or abuse, and I request confidentiality.

Name: _____

Current Address of Record: _____

Date of Birth: _____

Primary Insured and Coverage Information

Name of Primary Insured: _____

Relationship to Covered Individual: _____

Coverage Number(s) (if not known, please list product types):

_____

_____

Alternative Contact Information

I request that communications of claim related information be sent to me by alternative means or at an alternative location because the disclosure of all or part of the information to the address or telephone number you currently have on file could endanger me. Please communicate claim related information to me at the following address(es) and/or number(s):

In care of*: _____

**If you are using someone else's address, then enter their name here*

Alternative Address: _____

Alternate Phone Number: _____

Alternate Email: _____

Protective Order

Please select one:

- ☐ **I have a court-issued order of protection** (please submit a copy of the order with this request)
- ☐ **I do not have a court-issued order of protection.**

Parents or Guardians

If the covered individual is a child younger than 18 years old, and the person making this request is the child's parent or guardian, please provide the following information and submit guardianship documentation (if applicable) with this request.

Parent or Guardian's Name: _____

Relationship to Covered Individual: _____

Phone Number: _____

Email: _____

Legal Representatives

If a legal representative, such as an attorney, is making this request on behalf of the covered individual, then please provide the following information and submit Power of Attorney documentation with this request.

Legal Representative's Name: _____

Relationship to Covered Individual: _____

Phone Number: _____

Email: _____

_____ _____

Signature **Date**

Please visit https://www.alliedbenefit.com/ContactUs or call the number on the back of your ID card if you are interested in making a Confidential Communication Request.