



# Allstate<sup>®</sup>

## Benefits

**AMERICAN HERITAGE LIFE INSURANCE COMPANY  
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 return this completed form to:**  
American Heritage Life Insurance Company  
Attn: Privacy Office  
1776 American Heritage Life Dr.  
Jacksonville, FL 32224

**If you have questions, please call: 1-800-521-3535**