



P.O. Box 7192 • Indianapolis, Indiana 46207-7192
Phone 800-428-3001 • Fax 317-692-8402



DOMESTIC ABUSE CONFIDENTIAL COMMUNICATION REQUEST FORM

If you are a victim of domestic violence or other abuse, you may use this form to request that United Home Life Insurance Company or United Farm Family Life Insurance Company send communications of policy-related information to you by alternative means or at alternative locations. If so requested, we will keep confidential all contact information relating specifically to you to the extent permitted by law, including your name, address, and telephone number.

Please complete all five sections of this form and submit to the mailing address or fax number above. Your request will remain in effect until you revoke it in writing.

1. Covered Individual Requesting Confidentiality: (Covered Individual is defined as an individual covered under or who owns a policy issued by an insurer who could be endangered by the disclosure of information by the insurer):

First & Last Name: _____

Current Address of Record: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Social Security Number: _____-____-_____

Policy Number(s): _____

2. Alternative Contact Information (Please select only one):

- I do not wish to change my contact information (address or phone number) at this time. However, I am requesting that my information be treated with enhanced security measures. (Note: if alternative contact information is not provided, then policy-related information will continue to be sent to your current address of record).
- I request that United Home Life / United Farm Family Life send communications of policy-related information to me at the following alternative location:

In Care of (if applicable): _____

Alternative Address: _____

City: _____ State: _____ Zip Code: _____

Alternative Phone Number: (____) _____-_____

3. Protective Order (Please select only one):

- I do not have a court-issued order of protection.
- I have a court-issued order of protection. Please submit a copy to the mailing address or fax number above.

4. Agent/Producer Confidentiality (Please select only one):

- I request that the writing/servicing agent/producer who originally sold this policy continue to have access to my contact information to provide future service to me.
- I request that United Home Life / United Farm Family Life keep my contact information confidential from the writing/servicing agent/producer who originally sold this policy going forward, as disclosure of this information could endanger me. I understand that the agent/producer may have my current or old contact information in his or her own records from prior correspondence or interactions.

5. Signature of Covered Individual, Parent, Guardian, or Legal Representative:

I am a victim of domestic violence or other abuse, and I request confidentiality as indicated in the completed sections above.

Signature: _____ Date: ____/____/____

Covered Individual/Parent/Guardian/Legal Representative

If the Covered Individual is a minor (under age 18) or is otherwise incapacitated and the person making this request is the parent, guardian, or legal representative then please provide:

Parent/Guardian/Legal Representative's Name: _____

Relationship to Covered Individual: _____

Parent/Guardian/Legal Representative's Phone Number: (____) _____-_____

Please submit a copy of any guardianship or Power of Attorney documentation to the mailing address or fax number above, being sure to include the policy number on any submitted documents.