

Confidential Communication Request Form



As a customer of Mutual of Omaha, you have the right to request that we communicate with you on a confidential basis by requesting an alternative means or alternative location to receive your communications. For instance, you may request that we will only call you at work.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Home Telephone Number: () _____

Policy/Group Number: _____

If this coverage is provided through an employer, provide the

Subscriber Number: _____

If you wish us to contact you at an address or phone number other than your home address or home telephone, please provide the following information:

Address: _____

City: _____ State: _____ Zip: _____ - _____

Home Telephone Number: () _____

Describe in as much detail as possible any other alternative means you request we use in communicating with you or any other alternative location not detailed above:

Please describe the reason for the request:

Print Name: _____

Relationship: _____

Signature: _____

Date: _____

Note that no request will be processed unless you or your authorized representative have signed this form.

If you are an authorized representative (other than a parent of a minor child), you will need to provide documentation or an explanation of your authority to act for the customer (e.g., Power of Attorney).

Please return completed form and any additional attachments to Mutual of Omaha at:

Mutual of Omaha
Attn: Privacy Office
Mutual of Omaha Plaza
Omaha, NE 68175-1029