

Privacy Complaint Form



Name: _____
Address: _____

City: _____ State: _____ Zip: _____ - _____
Home Telephone Number: () _____
Policy/Group Number: _____
Claim Number: _____

If this coverage is provided through an employer, provide the
Subscriber Number: _____

In order for us to fully review your concerns, please provide us with a detailed description of the circumstances surrounding your concern. If you require more space than is provided below to explain your concern, please attach any additional pages required. If you have specific documentation you wish to submit, please also attach it to your response.

If additional or clarifying information is determined to be necessary after our review of the information you are providing us, we will write to you requesting such information.

Print Name: _____
Relationship: _____
Signature: _____
Date: _____

Note that no privacy complaint 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