

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