GOLDEN SHIELD LIFE INSURANCE

CONFIDENTIAL COMMUNICATION REQUEST FORM

Request safer communication

Use this form if sending insurance-related information to your usual address, phone number, email, or other contact method could endanger you or a covered child. You do not need to describe the abuse or unsafe situation.

SAFETY NOTICE

Use a device and contact method you believe are safe. Internet, email, telephone, and text activity may be monitored. In an immediate emergency, call 911.

SECTION A - PERSON MAKING THE REQUEST

Full legal name

Date of birth

I am the: ☐ Covered individual ☐ Parent or guardian ☐ Legal representative

Relationship to primary insured or policyholder

Issuing insurance company, if known

Policy or member ID, if known

Current address or contact information - complete only if safe

SECTION B - BASIS AND SCOPE OF REQUEST

Select at least one basis. Do not include details of abuse.

☐ I am making a reasonable request because disclosure could endanger me or a covered child.

☐ I am voluntarily providing or referring to a valid order of protection.

An order of protection is not required for Golden Shield to consider a reasonable confidentiality request.

Apply this request to:

☐ Communications controlled by Golden Shield Life Insurance

☐ Help me request confidential communications from the issuing insurance company

SECTION C - SAFE CONTACT INSTRUCTIONS

Preferred safe method(s) ☐ Mail ☐ Phone ☐ Text ☐ Email ☐ Other

In care of - optional

Alternate mailing address

Alternate phone number

Alternate email

Voicemail instructions ☐ May leave voicemail ☐ Do not leave voicemail

Safe days and times to contact you

SECTION D - PARENT, GUARDIAN, OR LEGAL REPRESENTATIVE

Complete this section only if you are making the request for a child or another covered individual. Golden Shield or the issuing carrier may request documentation showing your authority.

Representative's full name

Relationship to covered individual

Organization or firm - if applicable

Business or safe mailing address

Safe phone number

Safe email

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SECTION E - STATE ADDRESS CONFIDENTIALITY PROGRAM

☐ I participate in a state address confidentiality program and request use of my substitute address when permitted.

State

Program name - if known

Program substitute address - if different from Page 1

Acceptance of a substitute address varies by state and program. Golden Shield will make reasonable efforts to use it for communications within our control when permitted. An issuing carrier may require a physical address for underwriting, residency verification, policy administration, or claims. Contact your state Secretary of State or Attorney General for official program rules.

SECTION F - AUTHORIZATION AND ACKNOWLEDGMENT

Although state requirements vary, Golden Shield voluntarily applies similar confidentiality procedures to reasonable requests from any applicant or client, regardless of state of residence or policy situs, for communications within our control.

If requested above, I authorize Golden Shield Life Insurance LLC to contact the issuing insurance company and transmit this form or information reasonably necessary to help request confidential communications. I understand that the carrier may require its own form, identity verification, supporting documentation, or direct contact with me. Submitting this form to Golden Shield does not by itself change the carrier's records.

I certify that the information provided is accurate and that disclosure through my usual contact method could endanger me or a covered child. This request remains in effect for Golden Shield communications until I revoke it in writing or until applicable law or operational requirements provide otherwise.

Printed name

Date

Signature

SAFE SUBMISSION INSTRUCTIONS

Before sending this form, call or text 678-884-4653 from a safe device to confirm a delivery method that is safe for you. Do not send an order of protection, medical records, or details of abuse through ordinary email or website chat unless you determine that method is safe.

Mail option: Golden Shield Life Insurance LLC, Attn: Confidentiality Request
1954 Airport Rd, Atlanta, GA 30341

Golden Shield is not an emergency service or law firm. This form does not provide legal advice.

NEED SUPPORT? National Domestic Violence Hotline: 800-799-SAFE (7233) | Text START to 88788
Georgia 24-hour statewide hotline: 1-800-334-2836