

# Personal Data Request

## INSTRUCTIONS

Please fill in all fields with a red asterisk to submit a Personal Data Request. We will send you an acknowledgement with a Request Number for your reference, and your Personal Data Request response will be sent to you within 45 days.

We'll use this information to support the processing of any updates or requests you submit. We may also use it to help improve our compliance processes. The information won't be used for marketing, shared with third parties, or used for any other purposes.

***If you need an accessible format, such as Braille, Audio CD, Screen Reader Accessible or Large Font, please call us at 866-858-5158.***

**SECTION 1: Please complete the following with the information of the individual for whom the data is requested (*Note: This section is required in order to complete your request*)**

\*First Name \_\_\_\_\_

\*Last Name \_\_\_\_\_

\*Street Address \_\_\_\_\_

\*Policy Number \_\_\_\_\_

\*Phone Number \_\_\_\_\_

\*Email Address \_\_\_\_\_

\*Request Type (*select 1 only*):

- See data request
- Delete data request
- Correct data request

# Personal Data Request

Incorrect data:

Corrected data:

Do you need a portable format of the See Data response? (i.e., Excel file)

No

Yes

Who is this request for?

Yourself – **Complete Section 1 only**

Someone Else:

Individual (i.e., a family with a Power of Attorney or a parent of a child) - **Complete Sections 1 & 2**

Organization (i.e., a lawyer within a law firm who has a Power of Attorney) – **Complete Sections 1 & 3**

**SECTION 2: Information of the individual who is making the request on behalf of someone else (Note: If this is a self-request, fill out the information in Section 1 only. If this is someone from an organization who is making a request on behalf of someone, please fill out Sections 1 & 3 only)**

\*Requestor's First Name

\*Requestor's Last Name

\*Requestor's Street  
Address

\*Requestor's Phone  
Number

\*Requestor's Email Address

\*Proof of Requestor's  
Authorization (select 1 only)

Power Of Attorney

# Personal Data Request

**Action Required:** Email a PDF copy of the selected documents [tihcompliance@tihinsurance.com](mailto:tihcompliance@tihinsurance.com) to complete this request

- Guardianship Papers  
 Birth Certificate (if for a minor)

## **SECTION 3: Information of an organizational requestor who is making the request. (i.e., law office)**

\*Organization Name

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\*Organization Street Address

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\*Organization TIN

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\*Proof of Company

- Articles of Incorporation

**Action Required:** Email a PDF copy of the selected documents [tihcompliance@tihinsurance.com](mailto:tihcompliance@tihinsurance.com) to complete this request

\*Requestor's First Name

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\*Requestor's Last Name

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\*Requestor's Phone Number

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\*Requestor's Work Email Address

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\*Proof of Authorization (select 1 only)

- Power Of Attorney

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- Guardianship Papers  
 Birth Certificate (if for a minor)

**SUBMIT a copy of this form to [tihcompliance@tihinsurance.com](mailto:tihcompliance@tihinsurance.com)**