



**INSURING LIVES
SUPPORTING WOMEN
SERVING COMMUNITIESSM**

REQUEST TO CORRECT INFORMATION

If you have received data maintained by Royal Neighbors of America on yourself through an information request and believe that the information we maintain is incorrect, we will correct the information if you provide us with certified documents showing correct information.

REQUESTOR

Name: _____ Certificate/Member Number _____

Address: _____ City, State, Zip: _____

Phone: _____ Email Address: _____

You are: General Member

Insured DOB: _____ Last 4 digits SSN _____ County/State of Birth _____

Owner Beneficiary Guardian

 DOB: _____ Last 4 digits SSN _____ Relationship to insured: _____

Payor DOB: _____ Last 4 digits SSN _____

Agent Writing No. _____ Active: Yes No

Explanation of information to be corrected: _____

Important: This completed form must be returned with certified copies of information to be corrected. Please return to the Royal Neighbors of America home office at 230 16th Street, Rock Island, Illinois 61201. In the event we were unable to verify the information provided, we will contact you for additional details.

Internal Use Only Information Corrected _____ Additional Information Requested _____

Completed by: _____ Date: _____