



**INSURING LIVES  
SUPPORTING WOMEN  
SERVING COMMUNITIES<sup>SM</sup>**

**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 16<sup>th</sup> 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: \_\_\_\_\_