900 SW Fifth Avenue Portland OR 97204-1203

Standard Insurance Company complies with privacy and data safeguarding laws to protect our customers' personal information. To comply with Illinois Insurance Law section 215 ILCS 5/355b and Insurance Regulation 50 Ill. Adm. Code 2028, you may request specific protection if you are a victim of domestic violence. Complete this form and return it to The Standard. You may select the following protections: 1) that we communicate with you by alternative means or at an alternative address; AND/OR 2) that your claims related information not be disclosed to the policyholder.

Insured's Name	Date of Birth
Social Security Number	Policy No.
Policyholder Name	

Specific Request(s)

By completing this form I am representing to The Standard that disclosure of all or part of my information could endanger me. If completing this form on behalf of someone else, I represent that disclosure of all or part of their information could endanger them.

If a protective order has been issued please provide a copy of the order with this completed form. If the individual is a minor under age 18 and you are not the parent, or is an individual with legal representation, please attach documentation of your legal status to the individual when submitting the completed form (e.g., Attorney in Fact, guardian or conservator).

Mailing	
E-mail	Telephone

Request #2: I request that Standard Insurance Company not disclose my claim related information to my policyholder (if not me). This includes claim or billing information, my name, address, telephone number or any other personally identifying information about me, or the child for whose benefit a request is being made, medical provider(s), or the name and address of my providers, or the nature of the health care service provided.

Signature		Date		
Relationship to Individual				
Phone Number	E-mail Address			

Please mail this completed form to the following address or fax to 971-321-6407

Standard Insurance Company ATTN: Legal and Compliance Department 900 SW Fifth Ave. Portland, OR 97204

Request #1: I request that Standard Insurance Company communicate with me/insured at the following addresses and numbers: