Guardian®

Privacy Complaint Form

Contact Information: (Individual filing the complaint)

Name: _____ Date of Birth: _____
(First, Middle, Last) (Month/Day/Year)

Address: _____
City State Zip Code

Telephone Number: _____
(including area code)

If a member, please provide:
Employer Name: _____ Group Plan #: _____

Employee Name: _____

In order for us to fully review your concerns, please provide us with a detailed description of the circumstances surrounding your concern. If you require more space than is provided below to explain your concern, please attach any additional pages required. If you have specific documentation you wish to submit, please also attach it to your response.

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If additional or clarifying information is determined to be necessary after our review of the information you are providing us, we will contact you requesting such information. If you prefer to be contacted at information different from that provided above, please provide your preferred contact information.

Print Name: _____ Relationship: _____

Signature: _____ Date: _____

Please send this form to:

The Guardian Life Insurance Company of America
Market Conduct & Compliance
10 Hudson Yards
New York, NY 10001