

California Privacy Rights Request Form

This form is for California residents who are current or former employees, job applicants, or contractors. After we receive this form, we will contact you to verify your identity. Only once you verify your identity may we process your request.

Please provide the following information:

First Name: _____

Middle Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

Address: _____

State whether you are a current or former employee, job applicant, or contractor:

Information Being Requested

Please provide specific details or information or rights being requested. Please include any additional information that you feel may help us confirm your identity.

Declaration: By signing and submitting this form you affirm that the information provided in this form is complete, accurate and up to date.

Print Name of Person Submitting this Form Signature of Person Submitting this Form Date

Please submit your completed form to:
cestrada@westernmutual.com

Or to: Western Mutual Insurance Group
Attn: Privacy Officer
PO Box 19626
Irvine, CA 92623-9626