

**STATE INSURANCE SPECIFIC CORRECTION/AMENDMENT/DELETION
REQUEST FORM**

This is a request for: Correction Amendment Deletion

These rights do not extend to information that relates to a claim or to a civil or criminal proceeding.

You have the right to request CAIC to make corrections, amendments, or deletions to the personal information we retain on your behalf if you believe something in that information is in error or needs to be changed. We are not always able to fulfill your request (e.g., if the medical record was created by your doctor, he/she would be responsible for modifying your records), but each request will be carefully reviewed. You will be notified when your request has been approved or denied.

Name: _____ Date of Birth: _____

Address: _____

Certificate Number(s): _____

Please provide as much detail as possible regarding the personal information we have about you that you are requesting be corrected, amended, or deleted. In order to review the request, we must be able to locate the record at issue and the exact entries or reports you want changed or deleted.

Please provide as much detail as possible regarding the purpose(s) for this request.

Signature

Date

Printed Name of Legal/Personal Representative
(If Signed by a Legal/Personal Representative)

Legal Relationship
(e.g., Legal Guardian, Power of Attorney)

Note: We will not process this request if the form has not been signed by you or your personal representative. If this document is being signed by a Legal/Personal Representative, please provide us with the court appointed documents granting this authority.