

CCPA Rights Request

To contact Sentinel Security Life Insurance Company (“we,” “us,” and “our”) to request to exercise rights under the California Consumer Privacy Act, as amended from time to time, as described in our Agent Privacy Policy for California Residents, please complete the form below.

First Name:	
Last Name:	
Email Address:	
Phone Number:	
Street Address:	
City:	
State:	
Zip/Postal Code:	
Authorized Agent Information:	<i>Note, only complete this section if you are submitting this request on another individual’s behalf. Please provide the name of that individual and the capacity in which you are submitting this request.</i>
Specific Details of Your Request:	<i>Please describe your request.</i>