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Request for Mediation

Attention: Insurance Compliance
Member Dispute Resolution Program

Name of client	Account/Contract number	Date
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Statement of the nature of the dispute and the issues submitted for decision (attach additional sheets, if necessary)

Claim or relief sought (the amount of damages claimed, if any)

Name of party requesting mediation

Address	City	State	ZIP code
Phone	Fax	Email address	

Name of legal representative/attorney, if applicable

Name of firm, if applicable

Address	City	State	ZIP code
Phone	Fax	Email address	

The undersigned person requests mediation as part of the Member Dispute Resolution Program provided for in Section 11 of the Bylaws of Thrivent Financial for Lutherans.

Signature of party/legal representative/attorney

Send completed form to:

Thrivent
Member Dispute Resolution Program
4321 N Ballard Road
Appleton WI 54919-0001