

Confidentiality Protocols for Victims of Domestic Violence

New York state law requires insurers to establish procedures to protect and limit access to certain personal information related to a victim of domestic violence, who owns or is the insured/annuitant under a life insurance policy, annuity contract or health insurance policy.

A victim of domestic violence, the legal representative of the victim, or, if the victim is a child, the child's parent or guardian (a requestor), may request to receive policy information or claims-related information by providing an alternative address, telephone number, or other method of contact. The requestor may submit a valid court order of protection ("protective order") or a reasonable Request for Confidentiality ("request") stating that disclosure of any policy or claims-related information could endanger the individual or his/her family.

If the requestor submits a valid protective order issued by a court of competent jurisdiction in the state of New York, Symetra, its producers, representatives and other persons with whom we contract, are prohibited for the duration of the protective order from disclosing certain personal information to the policyholder, another insured covered under the policy or to the person against whom the protective order applies.

Without the express consent of the requestor, the following information may not be disclosed:

1. the address, telephone number, or any other personally identifying information of the covered individual or any child residing with the covered individual; or
2. the name, address and telephone number of a person providing covered services to the victim.

In addition to the requirements of 1 and 2, if the requestor submits a Request for Confidentiality, applicable to the communication of health insurance claim-related information, the following information may not be disclosed:

3. the nature of any health care services provided to the covered individual;
4. the name, address, and telephone number of the provider of the covered health care services; or
5. any other information from which there is a reasonable basis to believe the foregoing information could be obtained.

If the victim of domestic violence chooses to submit or revoke a protective order or Request for Confidentiality, he/she must submit a written request to the following address:

First Symetra National Life Insurance Company of New York
Attn: Compliance Department, SC-11
P.O. Box 34690
Seattle, WA 98124-1690

For further information on domestic violence services, you can contact the NYS Domestic and Sexual Violence Hotline by dialing 1-800-942-6906 or by accessing the website for the New York State Office for the Prevention of Domestic Violence at the following link:
<http://www.opdv.ny.gov/help/dvhotlines.html>.

**REQUEST FOR CONFIDENTIAL COMMUNICATION OF
HEALTH INSURANCE CLAIM-RELATED INFORMATION**

This form is for use by a person who is covered by health insurance and wishes to make a reasonable request to receive communications of health insurance claim-related information from First Symetra National Life Insurance Company of New York (“First Symetra”) by alternative means or at alternative locations if disclosing claim-related information could endanger the person.

SECTION A: Covered individual requesting confidential communication:

Name: _____ Policy Number.: _____

Birth Date: _____ Relationship to Primary Insured or Subscriber: _____

Current Address: _____

SECTION B: To the covered individual – please read the following and complete the information requested.

You have the right to make a reasonable request that you receive communications of health insurance claim-related information from First Symetra by alternative means or at alternative locations if disclosing the claim-related information could endanger you. “Claim-related information” means all claim or billing information relating specifically to you, including your name, address, any services received, and the name, address and telephone number of the provider (such as your doctor) of any services. Your request will remain in effect until you revoke the request.

I, the covered individual, request that First Symetra send communications of health insurance claim-related information to me by the following alternative means or at the following alternative locations because disclosing the claim-related information could endanger me:

In care of: _____

(If you are using someone else’s address, then enter his or her name here.)

Alternative Address: _____

Alternative Phone Number: _____ Alternative Email Address: _____

Signature: _____ Date: _____

SECTION C: Parents, Guardians, or Legal Representatives

If the covered individual is a child younger than 18-years-old and the person making this request is the child’s parent or guardian, then please provide:

Parent or Guardian’s Name: _____ Relationship to Covered Individual: _____

If a legal representative, such as an attorney, is making this request on behalf of the covered individual, then please provide:

Legal Representative’s Name: _____ Relationship to Covered Individual: _____

Organization or Firm Name: _____

Business Address: _____

Business Phone Number: _____ Business E-mail Address: _____