

## **The United States Life Insurance Company in the City of New York**

### **Notice Required by the State of New York**

#### **Confidentiality for Domestic Violence Victims and Endangered Individuals**

New York Insurance Law Section 2612, which applies to all insurers licensed in New York, has been enacted. This law provides that if any person covered by an insurance policy delivers to an insurer a valid order of protection against the policyholder or other person covered by the policy, then the insurer is prohibited for the duration of the order from disclosing to the policyholder or other person the address and telephone number of the insured, or of any person or entity providing covered services to the insured. If a child is a covered person, then the right established by this section may be asserted by the child's parent or guardian.

Insurance Law § 2612 also requires a health insurer to accommodate a reasonable request made by a person covered by a health insurance policy to receive communications of claim-related information by alternative means or at alternative locations if the person clearly states that disclosure of the information could endanger the person. If a child is the covered person, then this right may be asserted by the child's parent or guardian.

Except with the express consent of the person making the request, a health insurer may not disclose to the policyholder: (1) the address, telephone number, or any other personally identifying information of the person who made the request or child for whose benefit a request was made; (2) the nature of the health care services provided; or (3) the name or address of the provider of the covered services. Please continue reading to learn how you may make a reasonable request to The United States Life Insurance Company in the City of New York.

#### **NYS Domestic and Sexual Violence Hotline**

1-800-942-6906

Spanish language 1-800-942-6908

In NYC: 1-800-621-HOPE (4673) or dial 311

TTY: 1-866-604-5350

**Reasonable Request**

A reasonable request to receive communications of claim related information by alternative means or at alternative locations may be made by, or on behalf of, an individual covered by a policy of accident and health insurance or salary protection insurance issued by The United States Life Insurance Company in the City of New York (“US Life”).

Please make all such requests in writing by completing the following [Confidential Communication Request Form](#) and mailing the form to:

Individual Accident and Health Insurance Coverage  
US Life, Houston Service Center  
2727A Allen Parkway  
Houston, TX 77019

Group Accident and Health Insurance Coverage  
Chief Compliance Officer, AIG Benefit Solutions  
3600 Route 66  
Neptune, NJ 07753

Any such reasonable request may later be revoked by the person making the original reasonable request by sending a notarized request to the appropriate address as listed above.

**Order of Protection**

If you or another individual covered by any policy issued by The United States Life Insurance Company in the City of New York are a victim of domestic violence, you may send an Order of Protection to the appropriate address below. You may provide an alternative address, telephone number or method of contact with your correspondence.

Individual Life, Accident and Health Insurance Coverage  
US Life, Houston Service Center  
2727A Allen Parkway  
Houston, TX 77019

Group Life, Accident and Health Insurance Coverage –  
Chief Compliance Officer, AIG Benefit Solutions  
3600 Route 66  
Neptune, NJ 07753

Annuities –  
Annuity Service Center – Amarillo, Texas  
US Life  
205 E. 10<sup>th</sup> Avenue  
Amarillo, TX 79101

Annuity Service Center – Houston, Texas  
US Life  
2727A Allen Parkway  
Houston, TX 77019

Annuity Service Center – Wilmington, Delaware  
US Life  
405 King Street  
Wilmington, DE 19801

Annuity Service Center – Woodland Hills, California  
US Life  
21650 Oxnard Street, Suite 750  
Woodland Hills, CA 91367

The United States Life Insurance Company in the City of New York ("US Life")  
CONFIDENTIAL COMMUNICATION REQUEST FORM

This form is for use by a person who is covered by insurance and wishes to make a reasonable request to receive communications of insurance claim-related information from US Life 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/Member I.D.: \_\_\_\_\_

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 claim-related information from us 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 and address of the provider of any services (such as your doctor). Your request will remain in effect until you revoke the request.

I, the covered individual, request that US Life send communications of 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: \_\_\_\_\_