

### **Confidentiality Procedures: Life Insurance**

If you are covered by a Life Insurance Company of Boston & New York life insurance policy (whether or not you are the owner of the policy) and are a victim of domestic violence, you may request that your information be kept confidential through the procedures outlined below.

- 1) Submit a written, signed request to Life Insurance Company of Boston & New York that your address and telephone number, as well as the name, address, and telephone number of anyone providing you with covered services, shall not be disclosed to the person against whom you have an order of protection. For example, that person may be the policyholder or another insured covered under the policy. This request may also encompass any child residing with you.
- 2) Supply the Life Insurance Company of Boston & New York home office with a valid order of protection against the person from whom you would like this information to be kept. The valid order of protection may also be submitted by your legal representative.

The information above may be faxed to 781-770-0490 Attention: Legal Department or sent through regular mail to:

Life Insurance Company of Boston & New York  
Attention: Legal Department  
277 North Avenue, Suite 200  
New Rochelle, NY 10801

If you are insured under an Individual policy and have questions about the above procedures, please contact the Client Services Department at 800-645-2317. If you are insured under a Group contract with a certificate of coverage, please contact the Group Department at 888-408-4355.

### **Confidentiality Procedures: Critical Illness, Accident, or Disability Income Insurance**

If you are covered by a Life Insurance Company of Boston & New York Critical Illness, Accident, or Disability Income insurance policy (whether or not you are the owner of the policy) and are a victim of domestic violence, you may request that your claim related information be kept confidential through the procedures outlined below.

- 1) Submit a written, signed statement to Life Insurance Company of Boston & New York explaining that disclosure of claim related information to which the request pertains could put you or your child in danger. You do not need to justify your request or provide a valid order of protection.
- 2) Specify an alternative address, telephone number, or other method of contact through which you can be reached.
- 3) You may revoke such a request by sending a sworn statement that you no longer feel disclosure of such information will put you or your child in danger. The statement should be notarized before a notary public.

The information above may be faxed to 781-770-0490 Attention: Legal Department or sent through regular mail to:

Life Insurance Company of Boston & New York  
Attention: Legal Department  
277 North Avenue, Suite 200  
New Rochelle, NY 10801

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