



HEALTH SCREENING/GENETIC TESTING BENEFIT CLAIM KIT

INSTRUCTIONS FOR FILING A HEALTH SCREENING/GENETIC TESTING CLAIM

1. Please complete Section 1 - Claimant's Statement.
2. Please complete Section 2 - Health Screening/Genetic Testing Information.
3. Please review, sign and date the form.
4. Attach medical documentation which indicates the type of test performed and the date the test was performed.

SECTION 1 – CLAIMANT'S STATEMENT *(Please Print)*

Insured Name <i>(Last, First)</i>	Spouse Name <i>(if applicable)</i>	Policy #
Address <i>(City, State, Zip)</i>		
Telephone Number	Date of Birth <i>(mo-day-yr)</i>	Social Security #

SECTION 2 – HEALTH SCREENING/GENETIC TESTING INFORMATION

WHICH HEALTH SCREENING TEST DID YOU HAVE PERFORMED? DATE TEST PERFORMED _____

- | | |
|---|---|
| ☐ Stress Test on a Bicycle or Treadmill | ☐ Thermography |
| ☐ Lipid Panel <i>(Total Cholesterol Count)</i> | ☐ Bone Marrow Testing |
| ☐ CA 15-3 <i>(Blood Test for Breast Cancer)</i> | ☐ Mammography/Breast Ultrasound |
| ☐ Serum Protein Electrophoresis <i>(myeloma)</i> | ☐ Blood Test for Triglycerides |
| ☐ CEA <i>(Blood Test for Colon Cancer)</i> | ☐ Flexible Sigmoidoscopy |
| ☐ PSA <i>(Blood Test for Prostate Cancer)</i> | ☐ Pap Smear <i>(including ThinPrep Pap Test)</i> |
| ☐ Fasting Blood Glucose Test | ☐ Chest X-Ray |
| ☐ CA 125 <i>(Blood Test for Ovarian Cancer)</i> | ☐ Colonoscopy |
| ☐ Hemocult Stool Analysis | |
| ☐ GENETIC SCREENING TEST | |

CERTIFICATION – Under the penalties of perjury, I certify that the information provided on this form is true, correct and complete. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

X _____
Signature of Claimant Printed Name Date

If you should need assistance in the completion of this claim form

Please call (877) 274-1958

*** SEND COMPLETED CLAIM FORM TO ABOVE ADDRESS OR FAX TO (781) 770-0492 ***

NOTICE OF INFORMATION PRIVACY PRACTICES



Life Insurance Company of Boston & New York
(Herein referred to as "we", "us", "our")

PROTECTING YOUR INFORMATION

To protect your nonpublic personal information, we maintain: physical, electronic and procedural safeguards.

COLLECTING INFORMATION

We collect information about you in order to conduct business. Such uses are: to process requests for insurance products, to provide customer service, to process claims, to fulfill legal and regulatory requirements and for other lawful purposes. We collect this information from you, as well as from other sources. We restrict access to your information to those working on our behalf who have a need to know it in order for us to provide products and services to you. We require them to secure the information and keep it confidential.

► ***Information we collect may include all the information you share with us including, for example, your:***

- name
- address
- telephone number
- date of birth
- social security or tax identification number
- employer name and income
- beneficiary data
- financial account numbers
- medical information
- and other information you share with us

► ***We may also collect data we receive from other sources, as allowed by law, which may include:***

- medical information
- consumer report information in accordance with the Fair Credit Reporting Act
- participant information from organizations that purchase products or services from us for the benefit of their members or employees, such as group insurance
- information to assist us in complying with state and federal laws

SHARING INFORMATION

We do not share information about our customers or former customers with anyone, except as permitted or required by law.

► ***We may share your information with third parties without your authorization as permitted by law. Such information is used on our behalf by these third parties to:***

- process or service your insurance transactions with us
- perform underwriting, administrative, account maintenance and claims functions
- prevent fraud
- or perform other business functions on our behalf
- provide customer service or reinsurance coverage

► ***We may also share your information with:***

- a consumer reporting agency in accordance with the Fair Credit Reporting Act
- a third party to comply with federal, state or local laws, subpoenas, or summonses
- regulators
- or as otherwise permitted or required by law.

Third parties receiving information from us are required to: keep it confidential and to comply with all applicable federal and state privacy laws.

ACCESS TO YOUR INFORMATION WE HAVE IN OUR RECORDS

You have the right to request access to all the information we have on you. You must make your request in writing at the address below.

AMENDMENTS TO YOUR INFORMATION

You have the right to request an amendment, correction or deletion of information which we hold about you which you believe may be inaccurate. We are not obligated to make updates to your data based on your request. You must make the request in writing and state the reasons you are requesting the change. Write us at the address below.

If you have questions about this notice or would like more information about our privacy policies, please write us at:

Life Insurance Company of Boston & New York
Attention: Privacy Office
60 Main Street / Suite 4 / Hamburg, NY 14075