

IMPORTANT NOTICE FOR NEW YORK VICTIMS OF DOMESTIC VIOLENCE AND ENDANGERED INDIVIDUALS

American National Life Insurance Company of New York
Farm Family Casualty Insurance Company
Garden State Life Insurance Company
United Farm Family Insurance Company
(each and together the “Company,” “we,” or “us”)

New York Insurance Law § 2612 and Insurance Regulation 168 govern confidentiality protocols for victims of domestic violence and endangered individuals.

A person covered by an insurance policy issued to another person, or a person covered by a group insurance policy, has the right to limit the disclosure of certain information and designate alternative contact information if the person delivers to the insurance company:

- a valid protection order against the policyholder; or
- a request to designate alternative contact information stating that disclosure of claim related information could endanger the person.

Upon receiving the valid protection order or request to designate alternative contact information, the insurance company is prohibited from disclosing to the policyholder or other person covered by the group insurance policy:

- the address, telephone number, or other method of contact for the insured, or for any person or entity providing covered services to the insured;
- any personally identifiable information of the insured;
- the nature of the covered services provided to the insured; or
- claim related information to any mailing address, telephone number, or other method of contact other than as designated in the request.

This prohibition will remain in place for the duration of the protection order or until the request designating alternative contact information is cancelled by the requesting person in writing.

If a child is the person covered by the insurance policy, this right may be asserted by and extends to the parent or guardian of the child. For your reference, “claim related information” means all claim or billing information relating specifically to the person covered by the insurance policy.

PROCEDURES TO SUBMIT A VALID PROTECTION ORDER OR REQUEST TO DESIGNATE ALTERNATIVE CONTACT INFORMATION

To limit the disclosure of certain information and designate alternative contact information, you may submit either:

- a copy of your valid protection order; or
- a request to designate alternative contact information by completing the confidential communications form.

American National requires a request to designate alternative contact information to:

- be in writing;
- state that the disclosure of all or part of the claim related information could endanger the insured; and
- specify an alternative mailing address, telephone number, or other method of contact.

You may submit a copy of your valid protection order or your completed confidential communications form to American National by:

- Contacting us at (877) 662-6722;
- Sending an email to PrivacyCompliance@AmericanNational.com; or
- Mailing a written request to: Privacy Compliance, PO Box 1896, Galveston, Texas 77553-9902.

The limitations will remain in place for the duration of the protective order or until you submit a written request to cancel your designation of alternative contact information at the email address or mailing address listed above.

For additional help, you may also want to contact the
New York State Domestic and Sexual Violence Hotline at 1-800-942-6906

CONFIDENTIAL COMMUNICATION REQUEST FORM

This form is for use by a person who is covered by a policy of insurance issued in the state of New York by American National Life Insurance Company of New York, Farm Family Casualty Insurance Company, Garden State Life Insurance Company, or United Farm Family Insurance Company and wishes to make a reasonable request to limit the disclosure of certain information and to designate alternative contact information.

SECTION A: Covered Individual:

Name: _____ Birth Date: _____

Current Address: _____

Policy Number: _____ Company Name: _____

Relationship to Policy Owner or Other Insured: _____

SECTION B: Request to Designate Alternative Contact Information:

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 name, address, telephone number, or other method of contact, or for any person or entity providing covered services to the insured (such as a doctor). This request will remain in place until it is cancelled by you in writing.

I, the covered individual, request that the company 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 Email Address: _____