
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 "us")

New York Insurance Law § 2612 and Insurance Regulation 168 govern confidentiality protocols for victims of domestic violence and endangered individuals. The regulation states that if any person covered by an insurance policy issued to another person who is the policyholder or if any person covered under a group policy delivers to the insurer that issued the policy, a valid order of protection against the policyholder or other person, 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.

Insurance Law § 2612 also requires a health insurer to accommodate a reasonable request made by a person covered by a policy of accident and health insurance 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. Except with the express consent of the person making the request, the insurer shall not disclose to the policyholder (i) 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; (ii) the nature of the health care services provided; or (iii) the name or address of the provider of the covered services. If a child is the covered person, then this right may be asserted by the child's parent or guardian.

PROCEDURE TO MAKE A REQUEST AND/OR TO PROVIDE ALTERNATE CONTACT INFORMATION

If you (i) are covered by a policy issued by us in the state of New York, (ii) have been the victim of domestic violence and, (iii) have obtained a valid order of protection against a policyholder or other person insured by us, you may make a request by contacting us at 1-800-933-5954, LIA.Compliance@americannational.com, or by mailing a written request to: American National, Administrative Office-LIA Compliance, PO Box 1890, Galveston, TX 77553. Please be advised that the requestor will be required to provide a valid order of protection and an alternate method of contact.

If you are covered under a policy of disability income insurance or health insurance issued in the State of New York by American National Life Insurance Company of New York and you are a victim of domestic violence, you may make a request to receive communications of claim related information by alternative means or at alternate locations by completing the Confidential Communication Request Form on the following page and mailing or emailing it to the address indicated above. If you would like to revoke your request, you must do so in writing to the address or email address indicated 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 policy of disability income insurance or health insurance issued in the state of New York by American National Life Insurance Company of New York and wishes to make a reasonable request to receive communications of claim-related information 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 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 American National Life Insurance Company of New York 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: _____