

The Standard Life Insurance Company of New York complies with privacy and data safeguarding laws to protect our customers' personal information. To comply with New York Insurance Law section 2612 and Insurance Regulation 11 NYCRR 244, you may request specific protection if you are a victim of domestic violence. Complete this form and return it to The Standard. You may select the following protections: 1) that we communicate with you by alternative means or at an alternative address; AND/OR 2) that your claims related information not be disclosed to the policyholder or other insureds under the same insurance policy.

Insured's Name	Date of Birth
Social Security Number	Policy No.
Policyholder Name	

Specific Request(s)

By completing this form I am representing to The Standard that disclosure of all or part of my information could endanger me. If completing this form on behalf of someone else, I represent that disclosure of all or part of their information could endanger them.

If a protective order has been issued please provide a copy of the order with this completed form. If the individual is a minor under age 18 and you are not the parent, or is an individual with legal representation, please attach documentation of your legal status to the individual when submitting the completed form (e.g., Attorney in Fact, guardian or conservator).

Request #1: I request that The Standard Life Insurance Company of New York communicate with me/insured at the following addresses and numbers:

Mailing	
E-mail	Telephone

Request #2: (*initial all that apply*) I request that The Standard Life Insurance Company of New York not disclose my claim related information (claim or billing information, my name, address, medical provider(s), or the name and address of my providers, or any dates of medical services) to:

- _____ My policyholder (if not me)
- _____ Anyone else insured under the same insurance policy
- _____ Named individual: _____

Signature		Date
Relationship to Individual		
Phone Number	E-mail Address	

Please mail this completed form to the following address or fax to 800-378-8361:

The Standard Life Insurance Company of New York
 ATTN: Administrative Assistant
 PO Box 5031
 White Plains, NY 10602