

Confidentiality Protocol for Victims of Domestic Violence



To make a request for confidentiality

The safety of our customers is important to us. If you are a victim of domestic violence or other abuse, you may request that we send communications of claim-related or policy related information to you by alternative means or at alternative locations. Contact us at 1-800-732-5543 for information on how to provide us with an alternative address, telephone number, or other method of contact. Please be advised that we have up to three business days to implement your request. The National Domestic Violence Hotline is available at 1-800-799-7233 or 1-800-787-3224 (TTY).

To revoke a confidentiality request

If you previously submitted a request for confidentiality and wish to revoke that request, please call us 1-800-732-5543.

Information for Residents of New York

New York Insurance Law § 2612 provides victims of domestic violence with certain protections.

Solely because a person is or has been a victim of domestic violence, an individual, insurer or entity supervised by the New York Department of Financial Services is prohibited from:

- refusing to issue or renew, deny or cancel any insurance policy or contract;
- demanding or requiring a greater premium or payment from any person;
- designating domestic violence as a preexisting condition for which coverage will be denied or reduced; and
- using as an underwriting criterion the fact that a person is or has been a victim of domestic violence.

The law also requires that insurers establish procedures to protect and limit access to personal information related to a victim of domestic violence.

If any person covered by a life insurance policy delivers to an insurer a valid Order of Protection issued in New York against the policyholder or other covered person, then the insurer is prohibited for the duration of the order from disclosing to the policyholder or other person the name, address and telephone number of:

- the insured or the parent or guardian of the insured;
- any child residing with the insured; or
- a person or entity providing covered services to the insured.

The law also requires a health insurer to accommodate a reasonable request made by a person covered by an insurance policy 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.

Without the express consent of the person making the request, a health insurer may not disclose to the policyholder:

- the address, telephone number, or any other personally identifying information of the person who has made the request or child for whose benefit a request was made;
- the nature of the health care services provided; or
- the name or address of the provider of covered services.

To Make a Request for Confidentiality

If you are a John Hancock customer living in New York who is a victim of domestic violence or other abuse, and would like us to take steps to safeguard your information from others (such as the policyholder or others covered under the same policy), you or your legal representative can submit a valid court order of protection and/or a written request to receive communications of claim-related information by alternative means or at alternative locations to:

John Hancock Life Insurance Company of New York
100 Summit Lake Drive, Valhalla, New York 10595

Please include:

1. your policy number;
2. an alternative address, telephone number or other method of contact; and
3. a valid court order of protection issued by a New York State Court and/or a statement that disclosure of claim-related information could endanger the person seeking confidentiality;
4. If applicable, the time period for which the request applies;
5. If confidential handling of billing matters is also requested, the manner in which payment of premium will be made.

We will implement your request within three (3) business days of our receipt.

A confidentiality request may be revoked at any time by mailing a letter of instruction to the address above.

For further information about domestic violence, you may contact the New York State Domestic and Sexual Violence Hotline at 1-800-942-6906 (English) or 1-800-942-6908 (Spanish).

In New York City: 1-800-621-HOPE (4673)

TTY (deaf, hard of hearing, or speech-impaired): 711 or 1-866-604-5350.

Website: <https://www.nyscadv.org/find-help/program-directory.html>

Insurance products are issued by:

John Hancock Life Insurance Company of New York, Valhalla, NY 10595.

Additional Information for Residents of Illinois

Under Illinois Insurance Law 215 ILCS 5/355b, an insurance company that issues, delivers, amends, or renews an individual or group policy of accident and health insurance must accommodate a reasonable request by a person covered by a policy issued by the company to receive communications of claim-related information from the company by alternative means or at alternative locations if the person clearly states that disclosure of all or part of the information could endanger the person.

Except with the express consent of the person making the request, an insurer may not disclose to the policyholder:

- 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;
- the nature of the health care services provided; or
- the name or address of the provider of health care services.

Under Regulation 50 Illinois Admin Code 2928.30, the Illinois Department of Insurance also requires insurers to maintain confidentiality protocols.

To request confidentiality

You may submit a written request for confidential handling of health information to the company. The request must supply the following information:

- The manner in which you wish to receive confidential communications and the alternative address or other information necessary to deliver information in the requested manner;
- The information, or type of information, to be communicated in the confidential manner requested;
- If applicable, the time period for which the request applies;
- If confidential handling of billing matters is also requested, the manner in which payment of premium will be made.

Requests should be addressed to:

Attn: Privacy Office, C-5
John Hancock Life Insurance Company (U.S.A.)
197 Clarendon Street, Boston, MA 02116

A confidentiality request may be revoked at any time by mailing a letter of instruction to the address above.

For further information about domestic violence services in the state of Illinois, you can contact the Illinois Domestic Violence Helpline by dialing 1-877-863-6338 or visit the Illinois Department of Human Services Domestic Violence Victim Services website at <https://www.dhs.state.il.us/page.aspx?item=30275>

Insurance products are issued by:

John Hancock Life Insurance Company (U.S.A.), Boston, MA 02210 (not licensed in New York).