



NEW YORK STATE
CONFIDENTIALITY FOR VICTIMS OF DOMESTIC VIOLENCE AND ENDANGERED INDIVIDUALS
REQUEST FOR ALTERNATE ADDRESS OR METHOD OF CONTACT

Pursuant to New York State Insurance Regulation 168 (11 NYCRR 244), a covered individual may submit a reasonable request to modify contact information and provide an alternative means or alternative location for written or verbal contact by a health insurer. Should you like to make such a request, please complete the below information and return the form by mail, fax or email to the address listed below. Should you choose to revoke such request; please submit a written request by mail, fax or email to the address listed below.

Alternative contact information:

CLAIMANT ALTERNATIVE CONTACT INFORMATION			
NAME			
ALTERNATE ADDRESS	ALTERNATE CITY	ALTERNATE STATE/ZIP	ALTERNATE PHONE
OTHER METHOD(S) OF CONTACT			
EMPLOYER INFORMATION			
CLAIM NO. (If Known)	DATE OF INJURY	NATURE OF INJURY OR ILLNESS	INJURED PERSON'S SOC. SEC. NO.
EMPLOYER NAME		EMPLOYER ADDRESS/PHONE NUMBER	

I hereby request and authorize (name of company) to update my contact information as provided above. If necessary to revoke this request, I shall submit a written request.

Claimant's Signature _____ Date _____

Return form to:

Janet Warley – Personal & Confidential
300 Interpace Parkway
Morris Corporate I
Parsippany, NJ 07054
Phone: 973-394-5889 / Fax: 973-394-5102
janet.warley@zurichna.com