New York Insurance Law section 2612. Discrimination Based on Being a Victim of Domestic Violence

New York Insurance Law §2612, with respect to all insurers regulated under the Insurance Law, including health maintenance organizations ("HMOs"), provides in relevant part that if any person covered by an insurance policy delivers to the insurer a valid order of protection against the policyholder or other person covered by the policy, 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. If the child is a covered person, then the right established by this section may be asserted by the child's parent or guardian.

Effective January 1, 2013, Insurance Law §2612 also requires a health insurer, as defined in that section, to accommodate a reasonable request made by a person covered by an insurance policy or contract 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. If a child is the covered person, then this right may be asserted by the child's parent or guardian. This request may be made by telephone, fax or in writing to us. If you would like to submit your request in writing or fax, a sample confidential communication request form is provided for your convenience: Confidential Communication Request Form

Ameritas Life Insurance Corp. of New York
PO Box 82595
Lincoln, NE 68501-2595

Phone: 800-659-5556
Fax: (402) 467-7336

Except with the express consent of the person making the request, we will not disclose to the policyholder or another insured covered under the policy: (1) 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; (2) the nature of the health care services provided; or (3) the name or address of the provider of the covered services.

The covered person may revoke this request by contacting us by telephone. As part of the verification process, the covered person who originally made the request will be asked to provide us with the alternate address that was initially disclosed to us.

Your local hotline can provide you with information on domestic violence resources in your community. For the hotline number of your local domestic violence program, call the NYS Domestic and Sexual Violence Hotline.

NYS Domestic and Sexual Violence Hotline 1-800-942-6906
(English & español*/Multi-language Accessibility)*

Deaf or Hard of Hearing: 711

In NYC: 1-800-621-HOPE (4673) or dial 311

TDD: 1-800-810-7444