



**HEALTH SCREENING/GENETIC TESTING BENEFIT CLAIM KIT**

**INSTRUCTIONS FOR FILING A HEALTH SCREENING/GENETIC TESTING CLAIM**

1. Please complete Section 1 - Claimant's Statement.
2. Please complete Section 2 - Health Screening/Genetic Testing Information.
3. Please review, sign and date the form.
4. Attach medical documentation which indicates the type of test performed and the date the test was performed.

**SECTION 1 – CLAIMANT'S STATEMENT (Please Print)**

Insured Name ( <i>Last, First</i> )	Spouse Name ( <i>if applicable</i> )	Policy #
Address ( <i>City, State, Zip</i> )		
Telephone Number	Date of Birth ( <i>mo-day-yr</i> )	Social Security #

**SECTION 2 – HEALTH SCREENING/GENETIC TESTING INFORMATION**

**WHICH HEALTH SCREENING TEST DID YOU HAVE PERFORMED? DATE TEST PERFORMED \_\_\_\_\_**

- |   |  |
|---|--|
| <input type="checkbox"/> Stress Test on a Bicycle or Treadmill<br><input type="checkbox"/> Lipid Panel ( <i>Total Cholesterol Count</i> )<br><input type="checkbox"/> CA 15-3 ( <i>Blood Test for Breast Cancer</i> )<br><input type="checkbox"/> Serum Protein Electrophoresis ( <i>myeloma</i> )<br><input type="checkbox"/> CEA ( <i>Blood Test for Colon Cancer</i> )<br><input type="checkbox"/> PSA ( <i>Blood Test for Prostate Cancer</i> )<br><input type="checkbox"/> Fasting Blood Glucose Test<br><input type="checkbox"/> CA 125 ( <i>Blood Test for Ovarian Cancer</i> )<br><input type="checkbox"/> Hemocult Stool Analysis<br><br><input type="checkbox"/> GENETIC SCREENING TEST | <input type="checkbox"/> Thermography<br><input type="checkbox"/> Bone Marrow Testing<br><input type="checkbox"/> Mammography/Breast Ultrasound<br><input type="checkbox"/> Blood Test for Triglycerides<br><input type="checkbox"/> Flexible Sigmoidoscopy<br><input type="checkbox"/> Pap Smear ( <i>including ThinPrep Pap Test</i> )<br><input type="checkbox"/> Chest X-Ray<br><input type="checkbox"/> Colonoscopy |
|---|--|

**CERTIFICATION – Under the penalties of perjury, I certify that the information provided on this form is true, correct and complete. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

X \_\_\_\_\_  
 Signature of Claimant Printed Name Date

**If you should need assistance in the completion of this claim form**

**Please call (877) 274-1958**

**\*\*\* SEND COMPLETED CLAIM FORM TO ABOVE ADDRESS OR FAX TO (781) 770-0492 \*\*\***



## NOTICE OF INFORMATION PRIVACY PRACTICES

Life Insurance Company of Boston & New York  
(Herein referred to as "we", "us", "our")

### **PROTECTING YOUR INFORMATION**

To protect your nonpublic personal information, we maintain: physical, electronic and procedural safeguards.

### **COLLECTING INFORMATION**

We collect information about you in order to conduct business. Such uses are: to process requests for insurance products, to provide customer service, to process claims, to fulfill legal and regulatory requirements and for other lawful purposes. We collect this information from you, as well as from other sources. We restrict access to your information to those working on our behalf who have a need to know it in order for us to provide products and services to you. We require them to secure the information and keep it confidential.

➤ *Information we collect may include all the information you share with us including, for example, your:*

- name
- address
- telephone number
- date of birth
- social security or tax identification number
- employer name and income
- beneficiary data
- financial account numbers
- medical information
- and other information you share with us

➤ *We may also collect data we receive from other sources, as allowed by law, which may include:*

- medical information
- consumer report information in accordance with the Fair Credit Reporting Act
- participant information from organizations that purchase products or services from us for the benefit of their members or employees, such as group insurance
- information to assist us in complying with state and federal laws

### **SHARING INFORMATION**

We do not share information about our customers or former customers with anyone, except as permitted or required by law.

➤ *We may share your information with third parties without your authorization as permitted by law. Such information is used on our behalf by these third parties to:*

- process or service your insurance transactions with us
- perform underwriting, administrative, account maintenance and claims functions
- provide customer service or reinsurance coverage
- prevent fraud
- perform other business functions on our behalf

➤ *We may also share your information with:*

- a consumer reporting agency in accordance with the Fair Credit Reporting Act
- a third party to comply with federal, state or local laws, subpoenas, or summonses
- regulators
- or as otherwise permitted or required by law.

Third parties receiving information from us are required to: keep it confidential and to comply with all applicable federal and state privacy laws.

### **ACCESS TO YOUR INFORMATION WE HAVE IN OUR RECORDS**

You have the right to request access to all the information we have on you. You must make your request in writing at the address below.

### **AMENDMENTS TO YOUR INFORMATION**

You have the right to request an amendment, correction or deletion of information which we hold about you which you believe may be inaccurate. We are not obligated to make updates to your data based on your request. You must make the request in writing and state the reasons you are requesting the change. Write us at the address below.

If you have questions about this notice or would like more information about our privacy policies, please write us at:

**Life Insurance Company of Boston & New York**

Attention: Privacy Office

4300 Camp Road / PO Box 331 / Athol Springs, NY 14010

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