



Notice on Illinois Insurance Confidentiality Law Victims of Domestic Violence

Illinois Code 215 ILCS 5/355b requires that a company that issues a health insurance policy shall accommodate a reasonable request by a person covered by the issued policy to receive claims-related information by alternative means or at an alternative location if the person clearly states that disclosure of all or part of the information could endanger the person. If a child is covered by a policy, then the child's parent or guardian may make a request. This law also directs insurers that receive a valid request under this law cannot, except with the express consent of the person making a request, 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 the health care services.

If you wish to receive claims-related information at an alternative address or by alternative means

Wellfleet will accommodate a request, made by a person covered by a Wellfleet policy, to receive communications of claims-related information at an alternative address or by an alternative means if such person clearly states that the disclosure of such information could endanger himself or herself. If the covered person is a child, then the child's parent or legal guardian may make the request to Wellfleet.

Making the request to receive claims-related information at an alternative address or by an alternative means of communications

To make a request, please provide us with the following information:

- Name, current address, date of birth and policy number; and
- A statement that disclosing all or part of the claims-related information to which the request pertains could endanger the insured or child; and
- The alternative address, telephone number or other method of contact requested.

You **must** sign and date your request. Please send your request to:

Wellfleet Group, LLC
P.O. Box 15369
Springfield, MA 01115
Attn: Privacy and Security Officer

If you wish to revoke this request, please send a signed revocation to the same address above.

Additional Resources

For further information on domestic violence services, you may contact the following services:

- Illinois Domestic Violence Help Line: 877-863-6338
- National Domestic Violence Hotline: 800-799-7233 / TTY 800-787-3224