



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

CONNECTICUT INSURANCE DATA SECURITY LAW EXCEPTION CERTIFICATION FORM

CONTACT INFORMATION

Licensee: _____

NAIC #: _____

Contact Name: _____

Title: _____

Phone: _____

Email: _____

EXCEPTIONS

I certify that the above named licensee is in possession of protected health information subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and has established and maintains programs and procedures regarding information privacy, security, and breach notification that are prescribed by HIPAA and by Parts 160 and 164 of Title 45 of the Code of Federal Regulations established pursuant to HIPAA.

I certify that the above named licensee is in compliance with N.Y. Comp. Codes R. & Regs. Title 23, section 500, Cybersecurity Requirements for Financial Services Companies, effective March 1, 2017.

AFFIRMATION

I subscribe and affirm, under penalty of perjury, that the statements made in this form have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation.

(Authorized Representative - Signature)

(Printed Name)

Date: _____