

Shurland Defreitas 3rd Floor 725 Nostrand Ave Brooklyn NY 11216

09/22/2021

We are writing in reference to: Claimant: Shurland Defreitas

Claim Number: 04572546210010 998177121

Date of Claim Event: 06/15/2021

You are a valued customer. So that we can review and evaluate the claim for all benefits that may apply, please send us the information as outlined below.

We attempted to verify this information with the employer by telephone, but we were unsuccessful.

The doctor confirmed total disability from 03/20/2020 to 12/01/2021 on the attending physician statement. According to our records, total disability benefits were provided from 03/12/2020 to 09/15/2020 under claim number 996786328 with a date of loss of 03/12/2020.

Please provide a statement from the employer, or a copy of your paystubs, that confirm the date that you returned to work full-time from the prior period of disability.

Please be sure that any information from the doctor's office, medical facility or employer includes the correct name, address and phone number, so we can contact them if necessary.

You may send this information to us at:

Colonial Life & Accident Insurance Company Claims Department PO Box 100195 Columbia SC 29202

OR fax it to us at 1-800-880-9325.

Thank you for your assistance. As soon as we receive this information, we will promptly review the claim.

Sincerely,

Para obtener ayuda en español, puede llamar gratis al 1-800-325-4368 al Centro de Servicio de The Paul Revere Life Insurance Company y hablar con un representante bilingüe. Paul Revere está a su disposición para informarle en su idioma.

Claims Department
Colonial Life & Accident Insurance Company

For additional assistance, contact our Customer Service Center at 1-800-325-4368. Service specialists are available Monday - Friday, 8 a.m. - 8 p.m., ET.

For your convenience, we also offer an Automated Services Center at the number above where you can:

- Order forms.
- Hear instructions about how to complete a claim form.
- Receive a current claim status.
- Change your mailing address.

Reference:

E43988970000 Cabs Home Attendants Service

A1 DVB

Enclosure(s): Privacy Notice Form

Return Envelope

If you wish to refer this matter to the New York Department of Financial Services, you may write or visit their Consumer Service Bureau at the following location:

New York Department of Financial Services Consumer Services Bureau One Commerce Plaza Albany, New York 12257

The policy under which you are insured has a provision which states, in part, that no action in law or in equity shall be brought to recover on the policy after the expiration of three years after the time written proof of loss is required.



# **Privacy Notice**

This Privacy Notice applies to Unum Group's United States insurance operations and is being provided on behalf of its affiliates listed below ("Unum" "we"), as required by the Gramm-Leach Bliley Act and state insurance laws. This Notice describes how we collect, share, and protect nonpublic personal information (NPI).

# **COLLECTING INFORMATION**

We collect NPI about our customers to provide them with insurance products and services, perform underwriting, provide stop loss coverage, and administer claims. The types of NPI we collect for these purposes may include telephone number, address, Social Security number, date of birth, occupation, income, and medical history, including treatment. We may receive NPI from your applications and forms, medical providers, other insurers, employers, insurance support organizations and service providers.

#### SHARING INFORMATION

We share the types of NPI described above primarily with people who perform insurance, business and professional services for us, such as helping us perform underwriting, provide stop loss coverage, pay claims, detect fraud, and to provide reinsurance or auditing. We may share NPI with medical providers for insurance and treatment purposes and with insurance support organizations. The organizations

may retain the NPI and disclose it to others for whom it performs services. In certain cases, we may share NPI with group policyholders for reporting and auditing purposes, with parties for a proposed or final sale of insurance business or for study purposes. We may also share NPI when otherwise required or permitted by law, such as sharing with governmental or other legal authorities. When legally necessary, we ask your permission before sharing NPI about you. Our practices

apply to our former, current and future customers.

We do not share your health NPI to market any product or service. We also do not share any NPI to market non-financial products and services.

The law allows us to share NPI as described above (except health information) with affiliates to market financial products and services. The law does not allow you to restrict these disclosures. We may also share with companies that help us market our insurance products and services, such as vendors that provide mailing services to us. We may share with other financial institutions to jointly market financial products and services. When required by law, we ask your permission before we share NPI for marketing purposes.

When other companies help us conduct business, we expect them to follow applicable privacy laws. We do not authorize them to use or share NPI except when necessary to conduct the work they are performing for us or to meet regulatory or other governmental requirements.

Unum companies, including insurers and insurance service providers, may share NPI about you with each other. The NPI might not be directly related to our transaction or experience with you. It may include financial or other personal information such as employment history. Consistent with the Fair Credit Reporting Act, we ask your permission before sharing NPI that is not directly related to our transaction or experience with you.

# SAFEGUARDING INFORMATION

We have physical, electronic and procedural safeguards that protect the confidentiality and security of NPI. We give access only to employees who need to know the NPI to provide insurance products or services to you.

#### **ACCESS TO INFORMATION**

You may request access to certain NPI we collect to provide you with insurance products and services. You must make your request in writing, providing your full name, address, telephone number and policy number, to the address below. We will reply within 30 business days of receipt. If you request, we will send copies of the NPI to you or make available to you at our office. If the NPI includes health information, we may provide the health information to you through a health care provider you designate. We will also send you information related to disclosures. We may charge a reasonable fee to cover our copying costs.

This section applies to NPI we collect to provide you with coverage. It does not apply to NPI we collect in anticipation of a claim or civil or criminal proceeding.

## CORRECTION OF INFORMATION

If you believe the NPI we have about you is incorrect, please write to us and include your full name, address, telephone number and policy number if we have issued a policy, and the reason you believe the NPI is inaccurate. We will reply within 30 business days of receipt. If we agree with you, we will correct the NPI and notify you and insurance support organizations that may have received NPI from us in the preceding 7 years. We will also, if you ask, notify any person who may have received the incorrect NPI from us in the past 2 years.

If we disagree with you, we will tell you we are not going to make the correction and the reason(s) for our refusal. We will also tell you that you may submit a statement to us. Your statement should include the NPI you believe is correct and the reason(s) why you disagree with our decision not to correct the NPI in our files. We will file your statement with the disputed NPI to be accessible. We will include your statement any time the disputed NPI is reviewed or disclosed. We will also give the statement to insurance support organizations that gave us NPI and to any person designated by you, if we disclosed the disputed NPI to that person in the past two years.

#### **COVERAGE DECISIONS**

If we decide not to issue coverage to you, we will provide you with the specific reason(s) for our decision. We will also tell you how to access and correct certain NPI. You may submit a written request for the reason(s) for our decision within 90 business days of our decision. We will reply within 21 business days of receipt with the specific reasons, if not initially furnished, and specific items of information that supported our decision.

## **CONTACTING US**

For additional information about Unum's commitment to privacy and to view a copy of our HIPAA Privacy Notice, please visit: unum.com/privacy or coloniallife.com. You may also write to: Privacy Officer, Unum, 2211 Congress Street, B267, Portland, Maine 04122 or at Privacy@unum.com.

We reserve the right to modify this notice. We will provide you with a new notice if we make material changes to our privacy practices.

Unum is providing this notice to you on behalf of the following insuring companies: Unum Life Insurance Company of America, Unum Insurance Company, First Unum Life Insurance Company, Provident Life and Accident Insurance Company, Provident Life and Casualty Insurance Company, Colonial Life & Accident Insurance Company, The Paul Revere Life Insurance Company and Starmount Life Insurance Company.

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