



**The State of New Hampshire
Insurance Department**

21 South Fruit Street, Suite 14
Concord, NH 03301

Telephone: 603-271-2261

Fax: 603-271-7066

TDD Access: Relay NH 1-800-735-2964

Email: consumerservices@ins.nh.gov

nh.gov/insurance

**NEW HAMPSHIRE 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)

Telephone 603-271-2261

• Fax 603-271-1406

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Notarization

STATE of _____
COUNTY of _____

This instrument was acknowledged before me this _____ (date) by
_____ (Name of person signing this document).

(SEAL)

(Notary Public Signature) _____

(Printed Name) _____

Commission Expires: _____