



Claimant Name  
Claimant Address  
City, State and zip code

CC# 12345678-123

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

An initiating document for a claim under New York State Workers' Compensation Law has been received and the above case number assigned. In processing this claim, certain personal information may be requested.

The authority to obtain information is found in Section 83 of the Workers' Compensation Laws supplemented by Section 450.6 and 450.7 of Chapter VI of Title 12(c) of the Official Compilation of Codes, Rules and Regulations of the State of New York.

The principal purpose for which information is sought is to assist The State Insurance Fund in processing a claim for benefits under the Workers' Compensation Law and its release is governed by the limitations of the Personal Privacy Protection Law.

Failure to provide requested information may result in the claim being denied.

All information will be maintained by the Director of Compensation Claims and Medical Administration, The State Insurance Fund.

Very Truly Yours,  
The State Insurance Fund