Kentucky Department of Insurance
Division of Consumer Protection and Market Conduct
500 Mero Street, 2 SE 11 Frankfort, Kentucky 40601
Phone: (502) 564.6082 | Fax: (502) 564.4604
INSURANCE.ky.gov| DOI.FinancialStandardsMail@ky.gov

CYBERSECURITY EXEMPTION ATTESTATION FORM

By signature below, the undersigned hereby certifies under penalty of perjury that, as a duly designated owner, officer, director, principal, and/or partner of the licensee, the licensee:

Indicate the option for which you are claiming exemption:

- ◯ Is subject to, governed by, and compliant with the privacy, security, and breach notification rules issued by the United States Department of Health and Human Services, Parts 160 and 164 of Title 45 of the Code of Federal Regulations, established pursuant to the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191, HIPAA), and the Health Information Technology for Economic and Clinical Health Act (Public Law 111-5, HITECH); or
- ◯ Has fewer than fifty employees, including independent contractors; or
- ◯ Is a financial institution, as defined in KRS 304.9-135, that is subject to, governed by, and compliant with the privacy, security, and breach notification standards issued under Section 501 of the Gramm-Leach-Bliley Act of 1999, 15 U.S.C. sec. 6801, as amended;

Signature: _____ Date: _____

Typed or Printed Name: _____

Title: _____

Business Entity Name and DOI ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____