



HAWAII INSURANCE DIVISION

Hawaii Insurance Data Security Law

Information Security Program Exemption Certification Form

(Name of the Licensee and NAIC Number)

I, the undersigned, hereby certify that the above-named licensee is exempt from the Information Security Program requirements of Part II of Act 112, Session Laws of Hawaii 2021, based on one or more of the following exemptions (**check all that apply**):

Having fewer than ten employees, including any independent contractors.

Being subject, and is in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and has established and maintains an information security program pursuant to the statutes, rules, regulations, procedures, or guidelines established by HIPAA.

Being an employee, agent, representative, or designee of a licensee, who is also a licensee, to the extent that the employee, agent, representative, or designee is covered by the Information Security Program of the other licensee.

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.

Signature

Date

Printed Name/Title

Contact Email/Phone Number