



P.O. Box 419052
Kansas City, MO 64141-6052

December 2016

Gramm-Leach-Bliley (GLB) Privacy Notice

As you are aware, privacy laws require that we provide an annual privacy notice to all of our current policyholders describing how we collect, share, and protect the personal information of our customers. The current Notice is attached. Policyholders located in Montana should distribute the GLB Privacy Notice to all certificateholders.

If you have any questions, please contact Customer Advocacy at 800.733.7879 or the Privacy Office at SLF_US_Privacy@sunlife.com.

Attachment

Insurance products are underwritten by Union Security Insurance Company (USIC) (Kansas City, MO) and administered by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA) in all states except New York. Prepaid dental products are provided by USIC and are administered by SLOC, and are provided by prepaid dental companies affiliated with SLOC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, insurance products and prepaid dental products are underwritten or provided by Union Security Life Insurance Company of New York (Fayetteville, NY) and administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).

©2016 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. Sun Life Financial and the globe symbol are registered trademarks of Sun Life Assurance Company of Canada. Visit us at www.sunlife.com/us.

Gramm-Leach-Bliley (GLB) Privacy Notice

Union Security Insurance Company*, Union Security Life Insurance Company of New York* and the prepaid dental companies* seek to provide cost effective benefit solutions for our policyholders, contractholders and insureds. These solutions help to create a sense of security for our customers, not only from the protection our products afford but, equally important, from the care we take in protecting our customers' personal information even if the formal customer-client relationship ends.

Your trust in us in protecting this information is of utmost importance to us. Please read this Notice of Insurance Information Practices, and, if applicable, share it with those individuals receiving coverage under your policy or plan. The term "customer" as it is used in this notice refers to individual claimants, insureds, members, beneficiaries or applicants. This notice details the types of information we collect, who we might share that information with, the security measures we have in place to respect the privacy and confidentiality of the information we collect and certain rights that individuals have with respect to personal information we maintain about them.

I. Personal information we collect:

- Any information that is provided to us through the completion of the following forms:
 - Claim forms
 - Enrollment forms
 - Beneficiary designation/Assignment forms
 - Any other form necessary to effectuate coverage, administer coverage or administer and pay a claim.
- Any information from others that is necessary for us to properly process a claim, underwrite the coverage, or to otherwise complete a transaction requested by our customer, policyholder or contractholder. This may include information from third parties such as insurance-support organizations and credit reporting agencies. Information we obtain from a report prepared by an insurance-support organization may be retained by the insurance-support organization and disclosed to other persons.
- Any information that our customer authorizes us to collect from others.
- The information collected can include name, Social Security number, address, date of birth, phone number, marital status, gender, dependent information, bank account information and employment information. While this list is not exhaustive it should give you an idea of the types of information we are referring to in this notice.

II. Personal information we may disclose and to whom:

- We do not disclose any of the above-described personal information about our current and former customers to any third parties except as permitted by law, such as for completing a requested transaction and/or if authorized by our customer.
- For various business reasons, we may need to provide our customer's personal information to our affiliates or others, including a policyholder's or contractholder's broker, third-party administrator, reinsurer, employer or plan sponsor. These disclosures may be made to others for the purpose of performing administrative services on our behalf, helping us administer or review a claim, where we feel it necessary to protect our interests or as requested by a governmental agency.
- We may disclose the above-described personal information to other non-affiliated third parties in order for them to help us provide superior products and services. Should we determine that these disclosures are necessary, we will seek assurances that these third parties will not further share the information beyond its stated purpose.

III. Health information:

- We will not share any of our customers' health information unless allowed by applicable law and/or the customer has provided us the appropriate authorization. Upon written request, you have the right to a record of certain disclosures of your health information that we have made within the previous two years.



IV. Confidentiality and integrity:

- We use physical, electronic, and procedural controls, including physically secured areas and computer access controls.
- We assess the integrity of our systems through auditing, monitoring and data management processes.
- We have policies to direct and procedures to limit access of a customer's information.
- Our employees are continually trained on how to keep our customers' information safe.

V. Individual rights:

You have the right to access recorded personal information that we have about you. If you want copies of your recorded personal information, we may charge you a fee. You also have the right to request correction, amendment or deletion of recorded personal information in our possession. If we approve your request, we will make reasonable efforts to furnish the correction, amendment, or deletion to inform others, including people you name, about the correction to your personal information. If we deny your request, we will provide you a written explanation of our decision. We also will explain your right to file a statement disputing our decision and to have that statement included with any future disclosures of your personal information. To exercise these rights, you must send a written request to SLF_US_Privacy@sunlife.com.

VI. Questions?

We hope this notice has been helpful in explaining our insurance information practices. Please note, we reserve the right to change this notice. If we do, we will notify you of any changes made. If there are any questions concerning this notice, please direct your questions to SLF_US_Privacy@sunlife.com.

* In this notice, "we," "us," and "our" refer to insurance products underwritten by Union Security Insurance Company (Kansas City, MO) and administered by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA) and prepaid dental products provided by prepaid dental companies affiliated with SLOC in certain states except New York. Prepaid dental companies are DentiCare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc. and United Dental Care of Utah, Inc., In New York, insurance products and prepaid dental products are underwritten or provided by Union Security Life Insurance Company of New York (Fayetteville, NY) and administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL, DENTAL AND VISION INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice applies to our HIPAA covered healthcare plans, including dental, vision, cancer only, hospital indemnity, and critical illness.

Our Commitment

Union Security Insurance Company, Union Security Life Insurance Company of New York, and the prepaid dental companies* are committed to protecting the personal information entrusted to us by our customers. The trust you place in us when you share your personal information is a responsibility we take very seriously and is the cornerstone of how we conduct our business.

The Health Insurance Portability and Accountability Act (HIPAA) provides guidelines and standards to follow when we use or disclose your Protected Health Information (PHI). This law also gives you, our customer, numerous rights regarding your ability to see, inspect, and copy your PHI. Because our commitment to privacy means complying with all privacy laws, we are providing you this notice outlining our privacy practices. The following information is intended to help you understand what we can and cannot do with your PHI and what your rights are under HIPAA.

Our Use and Disclosure of Your PHI

HIPAA allows us to use and disclose your PHI for treatment, payment, and healthcare operations without asking your permission. For instance, we may disclose information to a healthcare provider to assist the provider in properly treating you or a dependent (Treatment). We may disclose certain information to the healthcare provider in order to properly pay a claim or to your employer in order to collect the correct premium amount (Payment). We may disclose your information in order to help us make the correct underwriting decision or to determine your eligibility (Operations).

Other examples of possible disclosures for purposes of healthcare operations include:

- Underwriting our risk and determining rates and premiums for your healthcare plan;
- Determining your eligibility for benefits;
- Reviewing the competence and qualifications of healthcare providers;
- Conducting or arranging for review, legal services, and auditing functions, including fraud and abuse detection and compliance;
- Business planning and development;

Insurance products are underwritten by Union Security Insurance Company (USIC) (Kansas City, MO) and administered by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA) in all states except New York. Prepaid dental products are provided by USIC and are administered by SLOC, and are provided by prepaid dental companies affiliated with SLOC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, insurance products and prepaid dental products are underwritten or provided by Union Security Life Insurance Company of New York (Fayetteville, NY) and administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).

- Business management and general administrative duties such as cost-management, customer service, and resolution of internal grievances;
- Other administrative purposes.

We can also make disclosures under the following circumstances without your permission:

- As required by law, including response to court and administrative orders, or to report information about suspected criminal activity;
- To report abuse, neglect, or domestic violence;
- To authorities that monitor our compliance with these privacy requirements;
- To coroners, medical examiners, and funeral directors;
- For research and public health activities, such as disease and vital statistic reporting;
- To avert a serious threat to health or safety;
- To the military, certain federal officials for national security activities, and to correctional institutions;
- To the entity sponsoring your group healthcare plan but only for purposes of enrollment, disenrollment, eligibility or for the purpose of giving the plan sponsor summary information when necessary to help make decisions regarding changes to the plan. If the plan sponsor has certified that its plan documents have been amended to include certain privacy provisions, we may also disclose protected health information to the plan sponsor to carry out plan administration functions that the plan sponsor performs on behalf of the plan;
- To a spouse, family member, or other personal representative if they can show they are assisting in your care or payment of your care and then, without an authorization, only basic information about the status or payment of a claim.

Unless you give us written authorization, we cannot use or disclose your PHI for any reason except as otherwise described in this notice, including uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute the sale of protected health information. We are prohibited from using or disclosing your protected health



9978000402000

information that is genetic information for underwriting purposes. You may revoke your written authorization at any time by writing us at the address indicated at the end of this notice.

Your Individual Rights

You have the following rights with regard to your Protected Health Information:

- **To Restrict our Use or Disclosure.** You have the right to ask us to limit our use or disclosure of your PHI. While we will consider your request, we are not legally required to agree to the additional restrictions. If we do agree to all or part of your request, we will inform you in writing. We cannot agree to limit any use and disclosure of your PHI if the use or disclosure is required by law.
- **To Access your PHI.** You have the right to view and/or copy your PHI at any time by contacting us. If you want copies of your PHI, or want your PHI in a special format, we may charge you a fee. You have a right to choose what portions of your PHI you want copied and to have prior notice of copying costs. If for some reason we deny your request for access to your PHI, we will provide a written explanation of why your request was denied and explain how you can appeal the denial.
- **To Amend your PHI.** You have the right to amend your PHI, if you believe it is incomplete or inaccurate. Your request must be in writing, with an explanation of why you feel the information should be amended. If we approve your request to amend your PHI, we will make reasonable efforts to inform others, including people you name, about the amendment to your PHI. We may deny your request for various reasons, for example, if we determine that the information is correct and complete, or if we did not create the information. If we deny your request, we will provide you a written explanation of our decision. We also will explain your rights regarding having your request and our response included with all future disclosures of your PHI.
- **To Obtain an Accounting of our Disclosures.** You have the right to receive a listing from us of all instances in the past six years in which we or our business associates have disclosed your PHI for purposes other than treatment, payment, health care operations, or as authorized by you. The accounting will tell you the date we made the disclosure, the name of the person or entity to whom the disclosure was made, a description of the PHI that was disclosed, and the reason for the disclosure. There may be a charge for accounting disclosures if requested more than once a year.
- **To Request Alternative Communications.** You have the right to ask us to communicate with you about your confidential information by a different method or at another location. We will accommodate all reasonable requests.
- **To Be Notified of a Breach:** You will be notified in the event that unsecured protected health information is compromised.
- **To Receive Notice.** You are entitled to receive a copy of this notice that outlines our HIPAA privacy

practices. We reserve the right to change these practices and the terms of this notice at any time. We will not make any material changes to our privacy practices without first sending you a revised notice. If you receive this notice on our web site or by electronic mail, you may request a paper copy.

Who to Contact for Questions and Complaints

If you want more information about our privacy practices, wish to exercise any of your rights with regard to your PHI, or have any questions about the information in this notice, please use the contact information below. If you believe we may have violated your privacy rights, or if you disagree with a decision that we made in connection with your PHI, you may file a complaint using the contact information below. You may also submit a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. You may locate the regional office nearest to you by visiting their web site, <http://www.hhs.gov/ocr/>. We fully support your right to the privacy of your PHI, and will not retaliate in any way if you choose to file a complaint.

Mailing Address: **Sun Life Financial**
Privacy Officer
P.O. Box 419052
Kansas City, MO 64141-6052

Telephone: 800.733.7879

Email: SLF_US_Privacy@sunlife.com

Web Site: www.sunlife.com/us

For New York business:

Mailing Address: **Union Security Life Insurance Company of New York**
Privacy Officer
Administered by:
Sun Life Financial
P.O. Box 419052
Kansas City, MO 64141-6052

Telephone: 888.901.6377

Email: SLF_US_Privacy@sunlife.com

Organizations Covered by This Notice

This notice applies to the privacy practices of the organizations referenced below. These organizations may share your PHI with each other as needed for payment activities or health care operations relating to the healthcare plans that we provide.

Effective Date of This Notice: April 14, 2003.

Revised: October 21, 2016

* In this notice, "we," "us," and "our" refer to **Union Security Insurance Company, Union Security Life Insurance Company of New York and the following prepaid dental companies:** DentiCare of Alabama, Inc., Union Security DentalCare of Georgia, Inc., UDC Dental California, Inc., UDC Ohio, Inc., United Dental Care of Arizona, Inc., United Dental Care of Colorado, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., United Dental Care of New Mexico, Inc., United Dental Care of Texas, Inc., United Dental Care of Utah, Inc., Union Security DentalCare of New Jersey, Inc.