



***Health Care Service Corporation, A Mutual Legal Reserve Company***  
**Fort Dearborn Life Insurance Company, A Stock Life Insurance Company**

**Notice of Information Practices**

This description of the Information Practices of Health Care Service Corporation (HCSC) a Mutual Legal Reserve Company and Fort Dearborn Life Insurance Company (FDL), a Stock Life Insurance Company, (collectively referred to herein as “we,” “our” or “us”), is provided to you in accordance with the requirements of the Illinois Insurance Information and Privacy Protection Law.

**Collection of Information**

In order to properly underwrite and administer your insurance coverage, we must collect a certain amount of necessary and helpful information. The amount and type of information may vary depending on the amount and type of coverage applied for, but in general we will be seeking information about your age, occupation, physical condition and health history.

You are our most important source of information, but we may also collect or verify information by contacting medical professionals and institutions which have provided care to you or members of your family proposed for coverage, employers and business associates, friends and neighbors, and other insurance companies you have applied to. We may collect information by exchanges of correspondence, by phone or by personal contact.

**Circumstances of Disclosure**

In some circumstances, we may make disclosures of personal or privileged information to third parties without your authorization. Following is a description of the types of persons who may receive such information without your authorization and some of the circumstances that might give rise to such disclosures.

- We might use an unaffiliated organization or person to perform a professional, business or insurance function for us. If, for example, we hired an independent organization to assist in the administration of a group insurance plan of which you are a participant, information relating to your insurance coverage would be disclosed to that organization in order for it to adequately perform its function. This would also be the case with respect to any organization or person, which performs a professional, business or insurance function for us.
- We may disclose information concerning your coverage to our agents and producers in order to provide you with adequate service, including the updating and improvement of your insurance program.
- We may disclose information to other insurance institutions, agents, insurance-support organizations or self-insurers, which is necessary (a) to prevent criminal activity, fraud, material misrepresentation or material non-disclosure in connection with insurance transactions, or (b) for either of us or such company to perform its function in connection with an insurance transaction involving you or a member of your family insured under your coverage. For example, if you are a participant in an HCSC or FDL group insurance plan, and if you, your spouse or dependents are insured under other group plans, the companies involved may be required to share claims information pursuant to coordination of benefits provisions in their respective policies. The object, of course, is to make sure that you receive total benefits from all companies no greater than the cost of health care received.
- We may disclose information to the Illinois Insurance regulatory authority in connection with its regulation of our business.
- We may disclose information to a law enforcement or governmental authority to protect our interest in preventing or prosecuting the perpetration of fraud upon us, or if we reasonably believe that illegal activities have been conducted we will also disclose information when permitted or required by law to do so.
- Various industry and professional organizations conduct scientific and actuarial research studies to learn more about the risk experience of our insureds. Other organizations conduct studies relating to medical research. These studies are purely scientific in nature, never identify individuals in their reports, and always maintain information provided in a highly confidential manner. When asked to provide information to such organizations, we ordinarily will do so because the results of such studies are of benefit to our customers and the public at large. You will not be individually identified in any report that results from the research, and material that we give to the person or organization performing the research will be returned to us or destroyed when it is no longer needed.
- If you are covered under an HCSC and/or FDL group policy, we may disclose information as is reasonably necessary to the group for purposes of administration of the group policy and to permit the group to audit, review and evaluate the performance of HCSC and FDL under the group policy.
- We are sometimes approached by persons or organizations that are interested in the opportunity to market products or services to our customers. When this happens, we may provide some limited information. However, if we want to give information to persons not affiliated with us, we will give you an opportunity to indicate to us that you do want information to be disclosed for this purpose. We will give information to our affiliates so that our customers may be aware of the insurance products and services offered by our affiliates.

Please understand that the above is intended to describe some of the disclosures which might be made, not disclosures which are always or even often made, in any event, the information disclosed without your authorization will be only as much as reasonably necessary to accomplish the intended purpose.

## **Your Right to Access Personal Information**

As an individual, you have certain rights in regards to access to recorded personal information, which is reasonably locatable and retrievable. In order to maintain the security of that information, access will be permitted only after proper identification has been submitted to us.

1. If you have any question about what information we may have on file about you, please write us at the address indicated at the end of this notice. We will need your complete name, address, date of birth and all policy numbers under which you are insured. Tell us what information you would like to receive. Within 30 days of our receipt of your written request, we will:
  - a) Inform you of the nature and substance of the recorded personal information in writing, by telephone or by other communication;
  - b) Permit you to see and copy, in person (by appointment only,) the recorded personal information which applies to you or provide you with copies of this information by mail;
  - c) Any insurance-support organization that furnished the personal information that has been corrected, amended or deleted.
2. If you disagree with a refusal to correct, amend or delete recorded personal information, you may file a:
  - a) Concise document setting forth what you think is the correct, relevant or fair information, and a
  - b) Concise statement of the reasons why you disagree with the refusal to correct, amend or delete recorded personal information.
3. If you file either of the statements described above, we will:
  - a) File the statement with the disputed personal information and provide a means by which anyone reviewing the disputed personal information will be made aware of the statement and have access to it;
  - b) In any subsequent disclosure of the recorded personal information that is the subject of disagreement, clearly identify the information in dispute and provide the statements along with the recorded personal information being disclosed;
  - c) Furnish the statement to any of the three categories of persons and organizations covered in the preceding point "2."
4. Your rights to correct, amend or delete recorded personal information exist to the extent that the information is collected and maintained in connection with an insurance transaction. These rights do not extend to information about you that relates to and is collected in connection with or in reasonable anticipation of a claim or civil or criminal processing.

Please understand that the above is intended to describe some of the disclosures which might be made, not disclosures which are always or even often made. In any event, the information disclosed without your authorization will only be as much as reasonably necessary to accomplish the intended purpose.

## **Your Privacy Is Our Concern**

Should you have any questions about our procedures or information maintained about you, please contact us at the following address:

**Health Care Service Corporation, (A Mutual Legal Reserve Company)**  
**300 East Randolph**  
**Chicago, IL 60601**  
**Attn: SSD – Privacy Act Information**

## ***This Important Notice is for coverages provided by Fort Dearborn Life Insurance Company***

Fort Dearborn's underwriting process (evaluation and classification of risks) is necessary to assure reasonable cost of insurance and to provide a mechanism by which policyholders and certificate holders pay their fair share of the cost. In considering your application, Fort Dearborn considers information from various sources, including your own statements, the results of your physical examination (if required), and any obtained from doctors or medical facilities where you have been treated.

Information regarding your insurability will be treated as confidential. Fort Dearborn, or its reinsurer(s), may, however, make a brief report thereon to the Medical Information Bureau, Inc. a nonprofit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau Member Company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such a company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange a disclosure of any information it may have in your file. If you question the accuracy of the information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

Fort Dearborn, or its reinsurer(s) may also release information in their file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

The purpose of the Bureau is to protect its member and their policyholders from the extra expense created by those who omit or conceal information relevant to their insurability. Information furnished by the Bureau may serve to alert the company to a need for further investigation but under Bureau rules cannot be used either wholly or partly as the basis for increasing the charge for or denying the issuance of insurance. Information in the Bureau gives no indication regarding the action taken on an application (i.e., whether accepted standard, accepted with increase premium or declined).