



United Home Life Insurance Company  
225 South East Street  
P.O. Box 7192  
Indianapolis, IN 46207-7192

## Notice of Insurance Information Practices

### Information Collected

We may collect personal information from you and from persons other than you. Depending upon the circumstances, the sources and types of personal information we collect about you may include information we receive:

- From you on your applications or other forms, such as name, address, Social Security number, birth date, assets and income.
- From consumer-reporting agencies such as credit history, credit worthiness and public records.
- About your transactions and experience with us, such as products purchased, your policy values and payment history.
- From insurance support organizations, such as MIB, about your insurability received in a coded form.
- From pharmacy records.
- From your health care providers such as copies of your medical records.
- From your employers about your occupation and earnings.
- From family members and others who may have knowledge about your character, habits and lifestyle.
- From other insurers, reinsurers or financial institutions such as other insurance coverage applied for or in force and account information.
- From governmental agencies such as a motor vehicle report.

### Information Collection Techniques

Techniques that may be used to collect information about you include:

- Personal or telephone interview
- Written correspondence
- Examination or assessment
- Investigative consumer report
- Coded reports from MIB

### Sharing Information With Others

As required or permitted by law, we may disclose all the information we have about you as follows:

- To others to enable them to perform services for us or on our behalf to underwrite insurance, process transactions and administer claims.
- To health care providers to verify insurance coverage or benefits; inform you of medical history you may not be aware of; and to verify medical treatment or services.
- To an insurance regulatory authority to comply with audits and to respond to complaints.
- To a law enforcement or other governmental authority to protect us against perpetration of fraud or other illegal activities.
- To organizations conducting actuarial or research studies; however, no individually identifiable medical information is disclosed.
- To our affiliates to provide you with better customer service and account maintenance; to help you make decisions about your products, services and benefits; and to inform you of other products, services and benefits that may be of interest to you.

We may disclose identifying information we have about you, such as name, address and telephone number with approved organizations to market products or services that may be of interest to you.

### Access to Recorded Personal Information

You have the right to access recorded personal information we have about you that you can describe and that we can reasonably locate and retrieve. This right does 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 proceeding involving you. You also have the right to know the specific reasons for an adverse underwriting decision.



If you submit a written request to us describing the recorded information you want to access or requesting the reason for the adverse action decision, we shall do the following within twenty-one (21) business days from the date the request is received:

1. Inform you of the nature, substance and source of your recorded personal information or the reason for the adverse underwriting decision in writing;
2. Permit you to see and copy, in person, your recorded personal information or to obtain a copy of your recorded personal information by mail, whichever you prefer. If the recorded personal information is in coded form, an accurate translation in plain language shall be provided in writing. However, where permitted by law, copies of your medical information will be supplied to a medical provider designated by you and licensed to provide medical care with respect to the condition to which the information relates.
3. Disclose to you the identity, if recorded, of those persons to whom we disclosed your personal information within two (2) years prior to your request, and if the identity is not recorded, the names of those persons to whom such information is normally disclosed; and
4. Provide you with a summary of the procedures by which you may request correction, amendment or deletion of recorded personal information.

We may charge a reasonable fee to cover the costs incurred in providing a copy of recorded personal information to you.

### **Correction, Amendment or Deletion of Recorded Personal Information**

If you want to correct, amend or delete the recorded personal information we have about you, submit a written request to us. Within thirty (30) business days from the date of receipt of a written request, we will either:

1. Correct, amend or delete the portion of the recorded personal information in dispute; or
2. Notify you of our refusal to make such a correction, amendment or deletion; the reason for the refusal; your right to file a statement stating what you think is the correct, relevant or fair information; and the reasons why you disagree with our refusal to correct, amend or delete the recorded personal information.

If we correct, amend or delete recorded personal information, we will provide written notification to:

- Any person specifically designated by you who may have, within the preceding two (2) years, received such recorded personal information;
- MIB;
- Any insurance support organization whose primary source of personal information is from insurance institutions and to whom we disclosed personal information within the preceding seven years, such as MIB, Inc.; and
- Any insurance support organization that furnished the personal information that has been corrected, amended or deleted.

If we refuse to correct, amend or delete your recorded personal information and you disagree, you have the right to file a concise statement with us that sets forth what you think is the correct, relevant or fair information; and the reasons why you disagree. In the event you file a statement, we will provide access to your statement with the disputed information to anyone reviewing it, and include it in any subsequent disclosures.

### **Access to and Correction, Amendment or Deletion of Recorded Personal Information from MIB**

We may provide information about your insurability in coded form to MIB, formerly known as Medical Information Bureau, a not-for-profit membership association of life insurers. MIB is a leading provider of information and database management services to its member insurers. It operates as a confidential information exchange on behalf of its member insurers.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have about you. If you question the accuracy of information in MIB's records, you may contact them. A correction may be sought in accordance with the Federal Fair Credit Reporting Act. You may contact MIB by:

Writing to: MIB, Inc.  
50 Braintree Hill Park  
Suite 400  
Braintree, MA 02184-8734

Telephoning: 866-692-6901

Going to: [www.mib.com](http://www.mib.com)

Information obtained from a report prepared by MIB may be retained by MIB and disclosed to other persons.





United Farm Family Life Insurance Company  
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- From consumer-reporting agencies such as credit history, credit worthiness and public records.
- About your transactions and experience with us, such as products purchased, your policy values and payment history.
- From insurance support organizations, such as MIB, about your insurability received in a coded form.
- From pharmacy records.
- From your health care providers such as copies of your medical records.
- From your employers about your occupation and earnings.
- From family members and others who may have knowledge about your character, habits and lifestyle.
- From other insurers, reinsurers or financial institutions such as other insurance coverage applied for or in force and account information.
- From governmental agencies such as a motor vehicle report.

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- To health care providers to verify insurance coverage or benefits; inform you of medical history you may not be aware of; and to verify medical treatment or services.
- To an insurance regulatory authority to comply with audits and to respond to complaints.
- To a law enforcement or other governmental authority to protect us against perpetration of fraud or other illegal activities.
- To organizations conducting actuarial or research studies; however, no individually identifiable medical information is disclosed.
- To our affiliates to provide you with better customer service and account maintenance; to help you make decisions about your products, services and benefits; and to inform you of other products, services and benefits that may be of interest to you.

We may disclose identifying information we have about you, such as name, address and telephone number with approved organizations to market products or services that may be of interest to you.

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1. Inform you of the nature, substance and source of your recorded personal information or the reason for the adverse underwriting decision in writing;
2. Permit you to see and copy, in person, your recorded personal information or to obtain a copy of your recorded personal information by mail, whichever you prefer. If the recorded personal information is in coded form, an accurate translation in plain language shall be provided in writing. However, where permitted by law, copies of your medical information will be supplied to a medical provider designated by you and licensed to provide medical care with respect to the condition to which the information relates.
3. Disclose to you the identity, if recorded, of those persons to whom we disclosed your personal information within two (2) years prior to your request, and if the identity is not recorded, the names of those persons to whom such information is normally disclosed; and
4. Provide you with a summary of the procedures by which you may request correction, amendment or deletion of recorded personal information.

We may charge a reasonable fee to cover the costs incurred in providing a copy of recorded personal information to you.

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- Any person specifically designated by you who may have, within the preceding two (2) years, received such recorded personal information;
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- Any insurance support organization whose primary source of personal information is from insurance institutions and to whom we disclosed personal information within the preceding seven years, such as MIB, Inc.; and
- Any insurance support organization that furnished the personal information that has been corrected, amended or deleted.

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