

UnitedHealthcare Insurance Company

Evidence of Insurability Information and Privacy Practices Notice

(Effective: June 1, 2021)

We¹ (including our affiliates listed at the end of this notice) are committed to maintaining the confidentiality of your “Protected Information” (i.e., personally identifiable information (PII) or protected health information (PHI)). For the purposes of this notice, “Protected Information” means information about an insured or an applicant for coverage that identifies the individual, is not generally publicly available and is collected from the individual or is obtained in connection with providing coverage to the individual.

Our Underwriting Procedures

For certain types of coverage, we require proof of good health to determine if you are eligible for the coverage you requested. We review all the Protected Information in the Evidence of Insurability (“EOI”) Form, and, if necessary, confirm or update this Protected Information in the ways described in this notice.

Information We Collect

Depending upon the Protected Information provided in your EOI Form, we may request additional information from you or another source. For example, we may:

- Ask you to have a physical exam, an EKG and/or other types of diagnostic testing (e.g., blood and/or urinalysis tests).
- Ask physicians, hospitals, or other healthcare providers to confirm or add to the information that you have given to us.
- Obtain information from the MIB, Inc. formerly known as Medical Information Bureau (MIB). See “MIB Notice” below.
- Obtain information from pharmacy benefit managers and/or a consumer reporting agency.
- Seek information from other companies you have applied to for insurance.
- Ask you for additional information through use of a written request.

Disclosure of Information

The authorization form that you have been asked to complete will permit us to send the Protected Information to our affiliates and to MIB, our reinsurers, employees, contractors, or other organizations that process transactions concerning coverage you have with UnitedHealthcare Insurance Company or its affiliates, and 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. In certain circumstances, the Protected Information we have about you may be disclosed to third parties without your specific permission.

Access to Information

If you request in writing, we will send you a copy of the relevant Protected Information we obtain about you in connection with your request for coverage. Medical records, however, will only be disclosed through the attending licensed physician.

If you feel that any of the Protected Information in our file is not correct or is incomplete, we will review it. If we agree with you, we will make the corrections. If we do not agree with you, you may file a short statement of dispute with us. Your statement will be included any time we disclose this Protected Information to anyone.

¹UnitedHealthcare Insurance Company, or its reinsurers, may also release information in its files 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.

We will not send you information we collect in expectation of or in connection with any claim or civil or criminal proceeding.

Confidentiality and Security

We maintain physical, electronic and procedural safeguards, in accordance with applicable state and Federal standards, to protect your Protected Information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your Protected Information.

Fair Credit Reporting Act Notice

In some cases, we may ask a consumer-reporting agency to compile a consumer report, including potentially an investigative consumer report, about you. If we request an investigative consumer report, we will notify you promptly with the name and address of the agency that will furnish the report. You may request in writing to be interviewed as part of the investigation. The agency may retain a copy of the report. The agency may disclose it to other persons as allowed by the federal Fair Credit Reporting Act.

We may disclose information solely about our transactions or experiences with you to our affiliates.

MIB Notice

Information regarding your insurability will be treated as confidential. In conjunction with our membership in MIB, we or our reinsurers may make a report of your Protected Information to MIB. MIB is a not-for-profit organization of life and health insurance companies that operates an information exchange on behalf of its members.

If you submit an application or claim for benefits to another MIB member company for life or health insurance coverage, MIB, upon request, will supply such company with information regarding you that it has in its file.

Upon receipt of a request from you, MIB will arrange for disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. Contact MIB at: MIB, Inc., 50 Braintree Hill Park Suite 400, Braintree, MA 02184- 8734, 1-866-692-6901, www.mib.com.

Questions About this Notice

If you have any questions about this notice, you may contact Group Medical Underwriting Services at 1-866-615-8727 (TTY/RTT 711), select Option 3 at the prompt and then Option 1.

¹UnitedHealthcare Insurance Company, or its reinsurers, may also release information in its files 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.