

Privacy Notice Statement

This notice explains how Beatrice O. Salako may collect, use and share your information. Please read it carefully and contact your assigned agent if you have any questions.

<p>Why did you give me this notice?</p>	<p>We are legally required to give you this notice by applicable law and our agreement with the federal government. We respect your personal information and want you to fully understand how we may use and share your information.</p>
<p>What information will you ask me to give you?</p>	<p>We must collect certain information about you, called Personally Identifiable Information (“PII”) in order to help you complete your application for health insurance on the Federally-facilitated Marketplace (or Exchange) (“FFM”). PII is information that can be used to identify you or trace your identity. These are a few examples of PII. This is not a complete list.</p> <ul style="list-style-type: none"> • <i>Name</i> • <i>Address</i> • <i>Date of birth</i> • <i>Telephone number</i> • <i>Social security number</i> • <i>Household income</i> • <i>Marital status</i> • <i>Race or ethnicity</i> • <i>Credit or debit card numbers</i>
<p>How will you use my information?</p>	<p>We will use only the information that we need to help you obtain health insurance through the FFM and to provide Authorized Functions approved by the FFM, or other service as permitted under applicable law. These are a few of the authorized functions that we may conduct. This is not a complete list:</p> <ul style="list-style-type: none"> • Helping with your application for insurance • Answering question about your eligibility • Helping to enroll you in a qualified health plan • Helping with filing appeals of eligibility determinations • Correcting errors in your application
<p>Will you share my information with anyone?</p>	<p>We may only share your information as described in this notice. We may share your information with certain Federal or State agencies, the health insurance issuer that you select or subcontractors that help us to provide services to you. We must get your permission to share your information for any other purpose that is not described in this notice.</p>
<p>What happens if I don’t share my information with you?</p>	<p>To successfully enroll in a Qualified Health Plan (QHP) or otherwise facilitate your receipt of Advance Premium Tax Credits (APTC’s) or Cost-Sharing Reductions (CSR’s), certain PII may be required. This is voluntary and not mandatory under applicable law however if you do not share this information with us, you may not be able to enroll in a QHP on the FFM. If an individual chooses not to provide certain PII in the course of enrolling or receiving assistance in enrolling in a QHP on the FFM, the accuracy of an individual’s enrollment in a QHP, or receipt of APTC’s or CSR’s may be compromised and/or invalidated.</p>
<p>Will you keep my information safe?</p>	<p>Yes. We are required to keep your information safe. We have developed privacy and security policies that we must follow to make sure that we protect your PII.</p>

Legal Authority for Collection of PII - Agents, Brokers, and other Entities (ABE’s) have been granted the legal authority to collect this information by Section 1312(e) of the Affordable Care Act (ACA), which required that the Secretary of the U.S. Department of Health and Human Services establish procedures under which ABE’s may participate in the Federally-facilitated Marketplace (or Exchange). ABE’s are further permitted by federal regulation (45 C.F.R. 155.220) to enroll individuals in a Qualified Health Plan offered on the Federally-facilitated Marketplace (or Exchange) and to assist individuals in applying for Enrollment, Advance Payments of the Premium Tax Credits (APTC’s) and Cost-Sharing Reductions (CSR’s) to the extent permitted to do so under State law and regulation.