



Notice of Privacy Practices

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

This notice describes the legal obligations of Assurity Life Insurance Company ("Assurity") and your legal rights regarding your protected health information relating to your Assurity Life Insurance Company health policy held by Assurity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices (the "Notice") to you pursuant to HIPAA, if your policy is governed by HIPAA. Not all Assurity policies are governed by HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan that relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact HIPAA Privacy Officer, Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533.

Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make the new practices and Notice provisions effective for all of your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by mail to the last-known address on file no later than our next annual mailing.

How We May Use and Disclose Your Protected Health Information

Uses and Disclosures Without Your Authorization

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. Once disclosed to a third party, your information might be redisclosed by the recipient, potentially without your consent or awareness, depending on the laws the recipient must follow.

For Payment. We may use or disclose your protected health information to determine your eligibility for benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under your policy, or to coordinate policy coverage. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose your protected health information for our health care operations, which may include conducting or arranging for medical review, legal services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general administrative activities. We may also use and disclose your protected health information for underwriting purposes, except that we may not use or disclose protected health information that is genetic information for this purpose.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information.

As Required by Law. We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law enforcement official if in response to a court order, subpoena, warrant, summons or similar process.

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney).

Public Health Activities. We may disclose your protected health information for public health activities that are permitted or required by law. These activities may include disclosures to a public health authority to collect or receive such information for the purpose of preventing or controlling disease, injury or disability.

Abuse, Neglect and Domestic Violence. We may disclose your protected health information to the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. Unless such disclosure is required by law, we will only make this disclosure if you agree or, if unable to obtain your agreement, under other limited circumstances when authorized by law.

Deceased Individuals. We may disclose the protected health information of a deceased individual to a coroner, medical examiner, or funeral director to carry out their duties as allowed by law.

To Avert a Serious Threat to Health or Safety. Under certain circumstances, we may use or disclose your protected health information if, in good faith, the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the subject of the threat).

Military and National Security. We may disclose your protected health information if you are a member of the armed forces as required by military command authorities. We may also disclose your protected health information about foreign military personnel to the appropriate foreign military authority, or to federal authorities, if necessary, for national security or intelligence activities authorized by law.

Incidental Uses and Disclosures. There are certain incidental uses or disclosures of your protected health information that occur while we are conducting our business. We will make reasonable efforts to limit these incidental uses and disclosures.

Uses and Disclosures Requiring Your Authorization/Consent

There are other uses or disclosures of your protected health information not described above that will only be made with your written authorization. Such other uses or disclosures include, but may not be limited to: (1) most uses and disclosures of psychotherapy notes, (2) uses and disclosures of protected health information for marketing purposes, and (3) disclosures that constitute a sale of PHI. If we receive substance use disorder treatment records from a substance use disorder program, we are required to obtain your consent before we can use such information in a civil, criminal, administrative or legislative proceeding against you, unless we receive a court order with a subpoena or other document that compels disclosure that was issued after you were given notice and an opportunity to object.

If you provide your authorization/consent, you may revoke it at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization/consent and prior to receiving your written revocation.

Additional Requirements Related to Information Potentially Related to Reproductive Health Care

Prohibited Disclosures. We are prohibited by federal law from using or disclosing health information that potentially relates to reproductive health care when it is being sought to investigate or impose liability on you, health care providers, or others who seek, obtain, provide or facilitate lawful reproductive health care, or to identify you or any other person for the purpose of conducting such investigation or imposing such liability. The following examples are intended to help you understand this prohibition. We would not send an individual's health information related to *lawfully-obtained* reproductive health care, such as oral contraceptives: (1) to law enforcement who are investigating a health care provider's lawful prescribing of oral contraceptives; (2) to a state attorney general or other local or state authorities who are seeking to prosecute an individual for lawfully obtaining oral contraceptives; or (3) to state authorities who are seeking to learn the identifies of health care providers who are lawfully prescribing oral contraceptives so they can seek to challenge the medical licenses of those doctors for lawfully prescribing contraceptives.

Attestations. If we receive a request for an individual's health information potentially related to reproductive health care from law enforcement, a coroner or a medical examiner, or in connection with health oversight activities or judicial and administrative proceedings, we are required to obtain a signed attestation from the requestor that the requested use or disclosure of information is not for a purpose prohibited by federal law as explained in the paragraph above. For example, if you are involved in a lawsuit and we receive a subpoena for your medical records that include information potentially related to reproductive health care, we must obtain a signed attestation from the requester that states the request is not for a prohibited purpose as described above. You always have the right to authorize the specific use or disclosure. If we receive a valid authorization with the request, we would not be required to obtain an attestation.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and receive a paper or electronic copy of certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to our HIPAA Privacy Officer. Your request should indicate in what format you want the records (paper or designated electronic format) and we will provide you with the information in that format, if it is readily producible in such format. If you request a copy of the information, we may charge a reasonable fee for the cost of copying, mailing or other supplies associated with your request. You may also direct us to transmit your protected health information to another person, and we will do so, provided your signed, written direction clearly designates the recipient and location for delivery.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to our HIPAA Privacy Officer.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by Assurity.

To request an amendment, your request must be made in writing and submitted to our HIPAA Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by Assurity;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include disclosures for purposes of treatment, payment or health care operations and certain other types of disclosures, for example, disclosures with your authorization or disclosures for national security purposes.

To request this list or accounting of disclosures, you must submit your request in writing to our HIPAA Privacy Officer. Your request must state a time period of not longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Notification of a Breach. We are required to provide, and you will receive, notification of any breach of your unsecured protected health information.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment or health care operations or to persons you identify. We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

To request restrictions, you must make your request in writing to our HIPAA Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply – for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our HIPAA Privacy Officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.assurity.com.

To obtain a paper copy of this notice, please contact our HIPAA Privacy Officer.

Our Response to Your Request to Exercise Your Rights. We will respond to your requests to exercise any of the above rights on a timely basis as required by law.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights. To file a complaint with the Plan, contact Assurity's HIPAA Privacy Officer. All complaints must be submitted in writing.

A complaint to the Office of Civil Rights should be sent to Office for Civil Rights, Department of Health and Human Services, 601 East 12th Street - Room 248, Kansas City, Missouri, 64106, (816) 426-7278, fax (816) 426-3686.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us.

This Notice of Privacy Practices is effective May 19, 2025.