



The Independent Insurance Agents of America, Inc.

Sample Privacy Notice for Agencies in States with the 1982 NAIC Privacy Model*

**(Policy regarding sharing nonpublic personal information with
non-affiliated third parties.)**

[Insert name of financial institution]
Privacy Policy Notice
(as of *[insert date]*)

PURPOSE OF THIS NOTICE

Title V of the Gramm-Leach-Bliley Act (GLBA) and the laws of the State of *[insert name of state that has adopted the 1982 NAIC Model Act in which the agency is conducting business]*, generally prohibit us from sharing nonpublic personal information about you with a third party unless we provide you with this notice of our privacy policies and practices describing the type of information that we collect about you and the categories of persons or entities to whom that information may be disclosed. In compliance with the GLBA and the laws of this state, we are providing you with this document, which notifies you of the privacy policies and practices of *[insert name of financial institution]*.

The laws of this state further require that we inform you that we may not share your personal information with a non-affiliated third party for any purpose that is not specifically authorized by law unless we obtain your affirmative permission.

* The sixteen 1982 NAIC Model Act States are Arizona, California, Connecticut, Georgia, Illinois, Kansas (adopted in part), Maine, Massachusetts, Minnesota, Montana, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

OUR PRIVACY POLICIES AND PRACTICES

1. Information we collect:

A. Categories of Information Collected and Sources From Which We Collect It

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms.
- Information about your transactions with us, our affiliates or others.
- Information we receive from a consumer reporting agency.
- Information we receive from medical records or medical professionals.

Unless it is specifically stated otherwise in an amended Privacy Policy Notice, no additional information will be collected about you.

B. Persons From Whom Information is Collected

We may collect nonpublic personal information from individuals other than those proposed for coverage.

C. Information From Credit Reports or Investigative Consumer Reports

[If you prepare or request the preparation of credit reports or investigative consumer reports by an insurance support organization, you must include the following statements. You also must include a separate authorization form¹ for the customer to sign, if he or she decides to do so:]

If you authorize us to do so, we may obtain information about you from credit reports or other investigative consumer reports prepared by third parties at our request. If you authorize us to request such information and we do request such information, you should be aware that:

¹ This authorization form must be written in plain language, signed by the individual and dated. A description of the elements for a valid authorization are attached.

- You have the right to request to be interviewed in connection with the preparation of such a report.
- Upon request, you are entitled to receive a copy of the report.
- The information obtained from the report prepared by the third party may be retained by the third party and disclosed to other persons.

2. Information we may disclose to third parties:

In the course of our general business practices, we may disclose the information that we collect (as described above) about you or others without your permission to the following types of institutions for the reasons described:

- To a third party if the disclosure will enable that party to perform a business, professional or insurance function for us.
- To an insurance institution, agent, or credit reporting agency in order to detect or prevent criminal activity, fraud or misrepresentation in connection with an insurance transaction.
- To an insurance institution, agent, or credit reporting agency for either this agency or the entity to whom we disclose the information to perform a function in connection with an insurance transaction involving you.
- To a medical care institution or medical professional in order to verify coverage or benefits, inform you of a medical problem of which you may not be aware, or conduct an audit that would enable us to verify treatment.
- To an insurance regulatory authority, law enforcement, or other governmental authority in order to protect our interests in preventing or prosecuting fraud, or if we believe that you have conducted illegal activities.

- To a group policyholder for the purpose of reporting claims experience or conducting an audit of our operations or services.
- To an actuarial or research organization for the purpose of conducting actuarial or research studies.

In addition to those circumstances listed above, and unless you tell us not to by completing the attached Opt Out Form, we may disclose certain information about you to third parties whose only use of the information will be for the purpose of marketing a product or service. Under no circumstances will we disclose for marketing purposes: (1) any medical information; (2) information relating to a claim for a benefit or a civil or criminal proceeding involving you; or (3) personal information relating to your character, personal habits, mode of living or general reputation.

3. Your right to access and amend your personal information:

You have the right to request access to the personal information that we record about you. Your right includes the right to know the source of the information and the identity of the persons, institutions or types of institutions to whom we have disclosed such information within two (2) years prior to your request. Your right includes the right to view such information and copy it in person, or request that a copy of it be sent to you by mail (for which we may charge you a reasonable fee to cover our costs). Your right also includes the right to request corrections, amendments or deletions of any information in our possession. The procedures that you must follow to request access to or an amendment of your information are as follows:

To obtain access to your information: You should submit a request in writing to *[insert name or title and address of person to whom request should be sent]*. The request should include your name, address, social security number, telephone number, and the recorded information to which you would like access. The request should state whether you would like access in person or a copy of the information sent to you by mail. Upon receipt of your request, we will contact you within 30 business days to arrange providing you with access in person or the copies that you have requested.

To correct, amend, or delete any of your information: You should submit a request in writing to *[insert name or title and address of person to whom request should be sent]*. The request should include your name, address, social security number, telephone number, the specific information in dispute, and the identity of the document or record that contains the disputed information. Upon

receipt of your request, we will contact you within 30 business days to notify you either that we have made the correction, amendment or deletion, or that we refuse to do so and the reasons for the refusal, which you will have an opportunity to challenge.

4. Our practices regarding information confidentiality and security:

We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and organizational safeguards to protect information about you.

SAMPLE OPT OUT FORM¹

[Insert name of financial institution]
Opt Out Form
(as of *[insert date]*)

Please read the text below and decide whether you wish to exercise your right to opt out of the information sharing described. If you choose to exercise your right to opt out, you must return this form to us at *[insert address]*. If you return this form to us by mail, your response must be postmarked no later than 30 days from the date you received this notice from us in order for it to be valid. If you do not return this form to us within 30 days, you have not exercised your opt out right, and we can share the information described.

_____ I wish to exercise my right under the Gramm-Leach-Bliley Act to opt out of *[insert name of institution]*'s sharing nonpublic personal information about me to non-affiliated third parties for purposes other than those that are permitted by law.

Customer Signature

Date

¹ This is an example of an opt out form that you can give to customers to exercise their right to opt out of certain GLBA information sharing. It is an example of just one method by which you can offer the opportunity to opt out (other methods are described in the opt out notice clauses that appear in clauses 3B and 4C of Appendix II to the IIAA Insurance Agent and Broker's Guide to Privacy dated April 16, 2001). This particular form does not include a FCRA opt out. If you are required to offer both the GLBA and the FCRA opt out notification, you can use the same form, or you can use two different forms.

Elements of a Valid Authorization to be used in the 1982 NAIC Model Act States

[The disclosures required to be made in an authorization form are in addition to those required in the privacy policy notice. Agencies do not need to make these additional disclosures, however, unless they actually are seeking an authorization. These disclosures should not be combined with the initial privacy policy notice but, instead, should be made separately on the authorization form.]

In the event that the business practices of an agency located in a 1982 NAIC Model Act State require a separate authorization, the authorization form must be signed and dated by the customer, written in plain language, and contain the following elements:

- (1) Specify the types or categories of persons authorized to disclose information about the individual.
- (2) Specify the nature of the information authorized to be disclosed.
- (3) Name the insurance institution or agent requesting the authorization and identify by generic reference the representatives of the insurance institution to whom the individual is authorizing the information to be disclosed.
- (4) Specify the purposes for which the information is collected.
- (5) Advise the individual or a person authorized to act on his/her behalf that the individual or representative is entitled to a copy of the authorization form.
- (6) Specify the length of time that the authorization will remain valid, which can be no longer than:
 - (a) If the authorization is signed for the purpose of collecting information in connection with an application for insurance, policy reinstatement, or request for a change in policy benefits:
 - (i) 30 months from the date of the authorization, if the application or request involves life, health or disability insurance; or
 - (ii) 1 year from the date of the authorization, if the application or request involves property or casualty insurance.

- (b) In the case of authorizations signed for the purpose of collection of information in connection with a claim for benefits:
 - (i) The term of coverage of the policy if the claim is for a health insurance benefit; or
 - (ii) The duration of the claim if the claim is not for a health insurance benefit.

(7) _____

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| Customer Signature | Date |
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