

## NOTICE OF INFORMATION PRACTICES

Aflac is providing this notice on behalf of the following insurance subsidiaries: American Family Life Assurance Company of Columbus, American Family Life Assurance Company of New York, Continental American Life Insurance Company, and Tier One Life Insurance Company (collectively, "we," "our," or "Aflac").

As part of our normal underwriting procedure, we need to obtain information to determine a proposed insured's eligibility for insurance. Much of that information will come from you; however, we often obtain additional information or verify information through other sources.

### COLLECTION

Your application, including the medical questionnaire and any exams, is our main source of information. However, we may need to obtain additional information from other sources about your age, physical condition, occupation, other insurance coverage, health history, financial history, avocations, general reputation and lifestyle.

We may obtain this information from:

- physicians, hospitals, clinics, or other medical professionals or medical care facilities
- the MIB, Inc. as described in this notice or other insurance support organizations

- consumer reporting agencies as described below
- other insurance companies and our reinsurance companies
- employers

We may collect information:

- in person
- by telephone
- by exchanges of correspondence

### DISCLOSURES

We will not disclose to others the information that we obtain about you without your prior authorization except as necessary to conduct our business (and then only if disclosure is permitted by law). Most disclosures made by us are to identify you for collection of information, for reinsurance or other services, or to help detect or prevent fraud and misrepresentation.

### ACCESS TO INFORMATION

You have the right to access recorded personal information about you that is in our files and we can locate within reason. To ensure the security of information in our files, we will require positive identification before we allow access to that information. To obtain a copy of our information concerning you, you may complete the *Access Request Form* available at [aflac.com/about-aflac/privacy-notices.aspx](http://aflac.com/about-aflac/privacy-notices.aspx) under *California Specific Notice of Information Practices* or send a signed, written request to the address at the end of this notice. Give your full name, address, telephone number, and policy number if a policy has been issued, or if the policy has not been issued, give the application date. Within thirty business days after we receive your request, we will inform you of the recorded personal information that we can locate and retrieve in our files. We will also tell you to whom we have disclosed this information within the last two years. If you wish, we can show you the information at our headquarters, or we will mail copies to you. Medical record information shall either be disclosed to you or to a medical professional designated by you and licensed to provide medical care with respect to the condition to which the information relates, whichever you prefer. Mental health record information shall be supplied directly to you, only with the approval of the qualified professional person with treatment responsibility for the condition to which the information relates. You may have to pay a reasonable charge to cover the cost of the copies.

### ADVERSE UNDERWRITING DECISIONS

If you are refused insurance or if your application for insurance is postponed, you have the right to contact us about this decision within ninety business days from the date of the mailing of the notice or other communication of an adverse underwriting decision. Within twenty-one business days after we receive your request, we will notify you about the information that we can locate and retrieve in our files. We will also tell you to whom we have disclosed this information within the last two years. If you wish, we can show you the information at our headquarters, or we will mail copies to you. Medical record information shall either be disclosed to you or to a medical professional designated by you and licensed to provide medical care with respect to the condition to which the information relates, whichever you prefer. Mental health record information shall be supplied directly to you, only with the approval of the qualified professional person with treatment responsibility for the condition to which the information relates. You may have to pay a reasonable charge to cover the cost of the copies.

### CORRECTION OF INFORMATION

If, after receiving this information, you believe that it is not completely accurate, you also have the right to request that we correct, amend or delete any portion of this information. Within thirty business days from the date we receive your written request, we will either correct, amend or delete the portion of the recorded personal information in dispute, or we will notify you in writing of the reasons for refusal and your right to file a statement if you disagree. If you disagree, you will be permitted to file a concise statement showing what you think is correct, relevant, or fair information and the reasons why you disagree with the refusal to correct, amend, or delete recorded personal information. Your statement will be filed with

the disputed recorded personal information. We will give your statement of disagreement to anyone we have given the information to within the preceding two years and to anyone we give it to in the future. If we correct, amend, or delete any recorded personal information, we will notify you in writing and furnish the correction, amendment, or deletion to any person designated by you who, within the preceding two years, may have received the recorded personal information.

To submit a correction, amendment or deletion request, you may complete the *Correction – Deletion Request Form* available at [aflac.com/about-aflac/privacy-notice.aspx](http://aflac.com/about-aflac/privacy-notice.aspx) under *California Specific Notice of Information Practices* or send a signed, written request to the address at the end of this notice. Give your full name, address, telephone number, and policy number if a policy has been issued, or if the policy has not been issued, give the application date.

#### **MIB, LLC.**

Information regarding your insurability will be treated as confidential. Aflac or its reinsurers may, however, make a brief report thereon to MIB, LLC, which operates an information exchange on behalf of insurance companies that are members of MIB Group Inc. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at \*866-692-6901 or go to its website at [www.mib.com](http://www.mib.com) to request disclosure online. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400 Braintree, MA 02184-8734.

Aflac, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

#### **INVESTIGATIVE CONSUMER REPORT**

In processing your application, we may make an investigative consumer report as to your insurability, including information as to character, general reputation, personal characteristics and mode of living. This information will be obtained through personal interviews with your friends, neighbors or others with whom you are acquainted. We will furnish you additional information about the report upon your written request. Write to the designated address within a reasonable time after you receive this notice. Within five business days of your request, we will give you the name, address and telephone number of the consumer reporting agency from which we requested the report.

You can ask that the consumer reporting agency interview you by so stating on the authorization form.

A consumer reporting agency may collect information and submit a report to us. That agency may keep the report on file and disclose its contents to others who request its services.

You may receive a copy of the report from the consumer reporting agency if you request it and give proper identification.

#### **ADDITIONAL INFORMATION**

The rights in this notice are not limited by any other privacy notice describing our information practices. We hope this information helps you understand how and why we obtain information about you and how we use the information. However, if you have any other questions about our information practices, send them to:

**American Family Life Assurance Company of Columbus (Aflac)  
1932 Wynnton Road  
Columbus, Georgia 31999  
1.800.99.AFLAC (1.800.992.3522)**