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## Gramm-Leach-Bliley Privacy Notice For Cigna Policyholders

This notice applies to insurance products underwritten, or administered by, the subsidiaries of Cigna companies. *If you are an Employer or Group Sponsor, please make this information available for review by your employees or participants as appropriate.*

Thank you for giving us the opportunity to serve you. In the normal course of providing insurance coverage, we collect nonpublic personal information (NPI) about our customers. We take our obligation to keep NPI secure and confidential seriously. This Notice explains why we collect NPI, what we do with it, and how we protect your privacy.

If you are an Employer or group Plan Sponsor, please make this information available for review by your employees or Plan members as appropriate.

For additional information about Cigna's Privacy Policies, or to review one or more of Cigna's HIPAA Notices of Privacy Practices for health care plans, please visit [www.Cigna.com/privacy](http://www.Cigna.com/privacy) or contact us at the address listed below.

### Collection and Use of Information

We collect NPI about our customers to provide insurance products and services. We may collect NPI for several reasons, such as:

- in connection with underwriting an application for insurance
- investigating a claim for benefits, developing financial plans, and
- in connection with other activities relating to your insurance.

This information will be used by authorized company personnel for these purposes, and it may be integrated into our databases for statistical and audit purposes. NPI we collect may include information such as name, address, telephone number, date of birth, occupation, financial and health history. We may also receive NPI from your application and forms, medical providers, other insurers, employers, insurance support organizations and service providers.

### Disclosure of Information

We do not sell customer lists or other protected information.

We do not disclose NPI about our customers or former customers except with the customer's authorization or as otherwise permitted or required by law. As permitted by law, there are some circumstances when we may disclose NPI related to medical underwriting, claim investigation, or other activities relating to your insurance plans, without an authorization to third parties or affiliates assisting us with these activities.

These may include:

- administration of your benefit plan,
- to support and/or improve Cigna programs or services, such as our care management and wellness programs, or
- in the case of subpoenas and mandated governmental disclosures.

Some examples of situations in which we may disclose NPI include:

- Medical health care professionals (if applicable);
- Insurers that provide reinsurance or excess (stop loss) insurance to an employer or with whom we are coordinating or subrogating benefits;
- Cigna affiliated companies;
- Regulatory agencies, such as state departments of insurance and accreditation organizations such as the National Committee for Quality Assurance;
- Courts or attorneys who serve us with a subpoena;
- Successor insurers or claim administrators who assume responsibility for administering your benefit plan;
- Companies that assist Cigna in recovering overpayments, paying claims or performing utilization review services;
- Other companies not affiliated with Cigna that provide services to us when disclosure is permitted, not prohibited, or is otherwise required by applicable law.

### **Protecting Your Information**

We have internal policies and safeguards to maintain the privacy and security of our customers' NPI. These include, but are not limited to, policies related to the transmission, storage and disposal of paper and electronic information; the prevention of unauthorized access and damage to systems, including damage due to environmental hazards; and assigning and terminating user IDs.

### **Access to Information**

You may request access to certain NPI we collect to provide you with insurance products and services. You must make your request in writing and send it to the address below. Your letter should include your full name, address, telephone number and policy number, if we have issued a policy. Upon your request, we will send copies of the NPI to you. If the NPI includes health information, we may provide the health information to you through a health care provider designated by you. We will also send you information related to disclosures of your NPI, if requested. We may charge you a reasonable fee to cover our copying costs.

Please note, this section and the Correction section below apply to NPI we collect to provide you with coverage. They do not apply to NPI we collect in connection with, or in anticipation of, a claim or civil or criminal proceeding.

### **Correction of Information**

If you believe NPI we have about you is incorrect, please write to us. Your letter should include your full name, address, telephone number and policy number, if we have issued a policy. Your letter should explain why you believe the NPI is inaccurate. If we agree with you, we will correct the NPI and notify you of the correction. If you request us to do so, we will also notify any person who may have received the incorrect NPI from us in the past two years.

If we disagree with you, we will tell you that we are not going to make the correction and give you the reason(s) for our refusal. If you wish, you may submit a statement to us identifying the NPI you believe is incorrect and the reason(s) you disagree with our decision not to correct the NPI. We will file your statement with the disputed NPI. We will include your statement anytime we disclose the disputed NPI. If you request us to do so, we will also give the statement to any person to whom we have disclosed the disputed NPI in the past two years.

We may change these policies, standards and procedures at any time. If there are material changes, we will notify you of the changes.

### **Contact Information**

If you have questions about this Notice you can contact us at the following address:

Privacy Office  
Cigna  
P.O. Box 188014  
Chattanooga, TN 37422

Securities are offered through Cigna Benefits Financing, Inc., Member FINRA, 900 Cottage Grove Rd., A4COL, Bloomfield, CT 06002.

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