

# **PRIVACY NOTICE**

## **American Health and Life Insurance Company and Triton Insurance Company**

Our goal is to maintain your trust and confidence when handling personal information about you.

### **You Have Choices**

As an American Health and Life Insurance Company and/or a Triton Insurance Company customer, you have the opportunity to make choices about how personal information about you may be shared. As you consider this, we encourage you to make choices that enable us to provide you with quality products and services that help you meet your financial needs and objectives.

### **Security of Personal Information**

The security of personal information about you is our priority. We protect this information by maintaining physical, electronic, and procedural safeguards that meet applicable law. Only employees have access to your personal information except as described in this notice. We train our employees in the proper handling of personal information. When we use other companies to provide services for us, we require them to protect the confidentiality of personal information they receive.

### **About This Notice**

This notice applies only to those customers who have purchased insurance products from the following insurance companies: American Health and Life Insurance Company and/or Triton Insurance Company. This notice tells you how we collect, handle, and disclose personal information about you. This notice applies to both current and former customers. We may change this notice from time to time. If we do, we will notify you as required by applicable law.

### **Personal Information We Collect And May Disclose**

The personal information we may collect about you comes from the following sources:

- Information we receive from you on applications or other forms, such as your name, address, social security number, telephone number, medical information, beneficiary designation, and occupation.
- Information about your transactions with us, our affiliates, or nonaffiliated third parties, such as your policy coverage, and account activity.
- Information we receive from an insurance support organization, such as your medical history, and other information relating to your medical history.
- Information we receive about you from other sources, and other third parties.

We do not disclose any of the above information that we collect to affiliates and nonaffiliated third parties as described below except as permitted by law to process and service your insurance coverage, to protect against fraud and to protect the security or confidentiality of our records. Your medical information is not disclosed unless authorized by you or permitted by law.

The term "personal information", as used in this notice, means information that identifies you personally. We may use information which does not personally identify you to help manage our business and to provide our affiliate and nonaffiliated third parties insight into managing their business.

## **Affiliates To Whom We May Disclose Personal Information**

Our affiliates are the family of companies related by common ownership or control. Our affiliates include companies under common ownership of OneMain Financial Holdings, LLC.

## **Nonaffiliated Third Parties To Whom We May Disclose Personal Information**

Nonaffiliated third parties are those not related by common ownership or control. Nonaffiliated third parties include those who perform insurance support services on our behalf.

**IMPORTANT:** If you are considering the purchase of or have purchased insurance coverage, insurance law in your state may provide you additional rights.

## **Our Notice of Information Practices**

You have the right to see and copy the personal information that we have about you. We will respond to your written request for access to your recorded personal information within thirty business days of receipt of your request. The information we provide will give the nature and substance of any recorded personal information, and indicate the institutional source of any information. You also have the right to ask us to correct, amend, or delete any information about you that you believe to be incorrect. We will respond to you within thirty business days of receipt of your written request. If the information should be corrected, we will update our files and send the correction to anyone who received the incorrect information in the last two years. If we provide any information to an insurance support organization, we will send the correction to any organization that received the incorrect information in the last seven years. If we do not agree that the information is incorrect, you have the right to give us a statement of what you believe to be the correct information, which we will place in your file and send to anyone who received or will receive the original information.

However, we will not send you any medical information we have received about you from a doctor or other health care provider. Instead, you should contact the provider directly to obtain the information you seek. In addition, information collected in connection with or in reasonable anticipation of a claim or civil or criminal proceeding is not subject to the rights described above.

**Please send any of the requests listed above in writing to:**

**Privacy Officer**

**American Health and Life Insurance Company and/or Triton Insurance Company**

**P.O. Box 2548**

**Fort Worth, TX 76113-2548**

You may request a Spanish version of the Privacy notice by sending a request to the above company and address.

Si a usted le gustaria recibir una version en espanol del Aviso de la Privacidad., por favor escribanos a American Health and Life Insurance Company or Triton Insurance Company, P.O. Box 2548, Fort Worth, TX 76113-2548.