

Union Security Insurance Company*, Union Security Life Insurance Company of New York*, and the affiliated prepaid dental companies* seek to provide cost effective benefit solutions for our policyholders, contractholders, and insureds. These solutions help to create a sense of security for our customers, not only from the protection our products afford but, equally important, from the care we take in protecting our customers' personal information even if the formal customer-client relationship ends. We use the brand name "Assurant Employee Benefits" to associate our products and services and to connect us with the brand of our parent company, Assurant, Inc.

Your trust in us in protecting this information is of utmost importance to us. Please read this Notice of Insurance Information Practices, and, if applicable, share it with those individuals receiving coverage under your policy or plan. The term "customer" as it is used in this notice refers to individual claimants, insureds, members, beneficiaries or applicants. This notice details the types of information we collect, who we might share that information with, the security measures we have in place to respect the privacy and confidentiality of the information we collect, and certain rights that individuals have with respect to personal information we collect about them.

I. Personal information we collect:

- Any information that is provided to us through the completion of the following forms:
- Claim forms
- Enrollment forms
- Beneficiary designation/Assignment forms
- Any other form necessary to effectuate coverage, administer coverage, or administer and pay a claim.
- Any information from others that is necessary for us to properly process a claim, underwrite the coverage, or to otherwise complete a transaction requested by our customer, policyholder, or contractholder. This may include information from third parties such as insurance-support organizations and credit reporting agencies. Information we obtain from a report prepared by an insurance-support organization may be retained by the insurance-support organization and disclosed to other persons.
- Any information that our customer authorizes us to collect from others.
- Any information from persons other than the individual or individuals proposed for coverage. This information may be used for medical underwriting purposes, evidence of insurability, or proof of good health. This information as well as other personal or privileged information subsequently collected may in certain circumstances be disclosed to third parties without authorization.

The information collected can include name, Social Security number, address, date of birth, phone number, marital status, gender, dependent information, bank account information and employment information. While this list is not exhaustive it should give you an idea of the types of information we are referring to in this notice.

II. Personal information we may disclose and to whom:

- We do not disclose any of the above-described personal information about our current and former customers to any third parties except as permitted by law, such as for completing a requested transaction, and/or if authorized by our customer.
- We may disclose the above-described personal information to other non-affiliated third parties in order for them to help us provide superior products and services. Should we determine that these disclosures are necessary, we will seek assurances that these third parties will not further share the information beyond its stated purpose.
- For various business reasons, we may need to provide our customer's personal information to our affiliates or others, including a policyholder's or contractholder's broker, third-party administrator, reinsurer, employer, plan sponsor, or a medical professional. These disclosures may be made to others for the purpose of performing administrative services on our behalf, helping us administer or review a claim, verifying insurance coverage or benefits, where we feel it necessary to protect our interests, or as requested by a governmental agency or insurance regulatory authority.

III. Health information:

- We will not share any of our customers' health information unless allowed by applicable law and/or the customer has provided us the appropriate authorization.

IV. Confidentiality and Integrity:

- We use physical, electronic, and procedural controls, including physically secured areas and computer access controls.
- We assess the integrity of our systems through auditing, monitoring and data management processes.
- We have policies to direct and procedures to limit access of a customer's information.
- Our employees are continually trained on how to keep our customers' information safe.

V. Individual Rights

- You have the right to request a correction of the personal information that we have created about you. You have a right to request a correction from the person or persons from whom we obtained the information about you.
- You have the right to access the personal information that we have collected about you by submitting a written request to the Privacy Officer, P.O. Box 419052, Kansas City, MO 64141-6052. If you want a copy of the personal information that we collected about you, we may charge you a fee. For New York business, please send your written request to Privacy Officer, Union Security Life Insurance Company of New York, Administered by: Assurant Employee Benefits, P.O. Box 419052, Kansas City, MO 64141-6052.
- You have the right to request a copy of this notice at any time by submitting a written request to the Privacy Officer, P.O. Box 419052, Kansas City, MO 64141-6052. For New York business, please send your written request to Privacy Officer, Union Security Life Insurance Company of New York, Administered by: Assurant Employee Benefits, P.O. Box 419052, Kansas City, MO 64141-6052.

VI. Questions?

We hope this notice has been helpful in explaining our insurance information practices. Please note, we reserve the right to change this notice. If we do, we will notify you of any changes made. If there are any questions concerning this-notice, please write Union Security Insurance Company or the affiliated prepaid dental companies, Attention Privacy Officer, at P.O. Box 419052, Kansas City, MO 64141-6052 or call 800.733.7879. For New York business, please write Union Security Life Insurance Company of New York, Attention Privacy Officer, Administered by: Assurant Employee Benefits, P.O. Box 419052, Kansas City, MO 64141-6052 or call 888.901.6377.

* In this notice, "we," "us," and "our" refer to Union Security Insurance Company; Union Security Life Insurance Company of New York, licensed only in the State of New York; and the following affiliated prepaid dental companies: Denticare of Alabama, Inc., Union Security DentalCare of Georgia, Inc., UDC Dental California, Inc., UDC Ohio, Inc., United Dental Care of Arizona, Inc., United Dental Care of Colorado, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., United Dental Care of New Mexico, Inc., United Dental Care of Texas, Inc., United Dental Care of Utah, Inc., Union Security DentalCare of New Jersey, Inc. With regard to Union Security Life Insurance Company of New York, this notice only applies to its group disability, life, and dental products and its prepaid dental product.