

Customer Privacy Notice

Privacy Notice of Cigna Corporation and its Affiliates (referred to in this notice as “we, our and us”). This privacy notice applies to our United States Operations.



We value your trust. We are committed to acting responsibly when we collect, use and protect your personal information.

Please read this privacy notice carefully. It explains the rules we at Cigna follow when we collect personal information. This notice applies to all personal information we collect about you.

Financial companies, including insurers, choose how they share your personal information. Federal and state laws say that we must tell you how we collect, share and protect your personal information.

What Personal Information We Collect

The types of information we collect, use and share depend on the product or service you have from us. It may include your:

- Name
- Telephone number
- Occupation
- Social Security number
- Address
- Date of birth
- Financial and health history
- Insurance claims information

When We Collect It

We collect your personal information when you:

- Apply for insurance
- File a claim
- Obtain services from us
- Pay premiums
- Give us your contact information

Other Sources We Use

We also collect personal information about you from others such as:

- Affiliates (Affiliates are companies related by common ownership or control.)
- Other insurers
- Service providers
- Health Care Professionals
- Insurance support organizations

We may also get information from consumer reporting agencies. This might include the following records:

- Driving record
- Credit report
- Claims history with other insurers

Consumer reporting agencies may keep your information. They may disclose it to others.

What Personal Information We Use and Share

For everyday business purposes

We may share all of the personal information about you that we collect with Affiliates and nonaffiliated companies (companies that are not under common ownership with us, such as our service providers), for any purpose the law allows. For example, we may use your personal information and share it with others to:

- Help us run our business;
- Process your transactions;
- Maintain your account(s);
- Administer your benefit plan;
- Respond to court orders and legal or regulatory investigations or exams;
- Report to credit bureaus;
- Support or improve our programs or services, including our care management and wellness programs;
- Offer you our other products and services;
- Do research for us;
- Audit our business;
- Help us prevent fraud, money laundering, terrorism and other crimes by verifying what we know about you; and
- Sell all or any part of our business or merge with another company.

We may also share your personal information with:

- Medical health care professionals;
- Insurers, including reinsurers;
- Successor insurers or claim administrators who administer your benefit plan; and
- Companies that help us recover overpayments, pay claims or do coverage reviews.

For our marketing purposes

We may share information with our agents and service providers to offer our products and services to you.

For joint marketing with other financial companies

We may share your personal information with other financial companies for the purpose of joint marketing. Joint marketing is when there is a formal agreement between nonaffiliated financial companies that jointly endorse, sponsor or market financial products or services to you.

We may also share personal information about former customers in the way described above.

Federal laws don't allow you to limit the sharing of personal information as described above.

Protection of Your Personal Information

How do we protect your personal information?

To protect personal information from unauthorized access and use, we:

- use reasonable security measures, including secured files, user authentication, encryption, firewall technology, and detection software;
- review the data security practices of companies we share your personal information with; and
- grant access to personal information to people who must use it to do their jobs.

Seeing and Correcting Your Personal Information

How can you see and correct your personal information?

Generally, you have the right to review the personal information we collect to provide you with insurance products and services if you:

- ask us in writing; and
- send the letter to the address below.

When you write to us, please include your full name, address, telephone number and policy number in your letter.

If the information you ask for includes health information, we may provide the information to you through your health care provider. Due to its legal sensitivity, we won't send you anything that we've collected in connection with a claim or legal proceeding.

If you believe the personal information we have is incorrect, please write to us and explain why you believe it is incorrect. If we agree with you, we will correct our records. If we disagree with you, you may send us a statement and we will include it when we give your personal information to anyone outside of Cigna.

Additional Rights Under Other Privacy Laws

You may have additional rights under state or other applicable laws.

Who We Are

This privacy notice is provided by Cigna Corporation and its Affiliates:

- American Retirement Life Insurance Company
- Central Reserve Life Insurance Company
- Cigna Behavioral Health, Inc.
- Cigna Benefits Financing, Inc.
- Cigna Dental Health of California, Inc.
- Cigna Dental Health of Colorado, Inc.
- Cigna Dental Health of Delaware, Inc.
- Cigna Dental Health of Florida, Inc.
- Cigna Dental Health of Kansas, Inc.
- Cigna Dental Health of Kentucky, Inc.
- Cigna Dental Health of Maryland, Inc.
- Cigna Dental Health of Missouri, Inc.
- Cigna Dental Health of New Jersey, Inc.
- Cigna Dental Health of North Carolina, Inc.
- Cigna Dental Health of Ohio, Inc.
- Cigna Dental Health of Pennsylvania, Inc.
- Cigna Dental Health of Texas, Inc.
- Cigna Dental Health of Virginia, Inc.
- Cigna Dental Health Plan of Arizona, Inc.
- Cigna Dental Health, Inc.
- Cigna Health and Life Insurance Company
- Cigna Health Care of North Carolina, Inc.
- Cigna Health Corporation
- Cigna HealthCare Connecticut, Inc.
- Cigna HealthCare of Arizona, Inc.
- Cigna HealthCare of California, Inc.
- Cigna HealthCare of Colorado, Inc.
- Cigna HealthCare of Florida, Inc.
- Cigna HealthCare of Georgia, Inc.
- Cigna HealthCare of Illinois, Inc.
- Cigna HealthCare of Indiana, Inc.
- Cigna HealthCare of New Jersey, Inc.
- Cigna HealthCare of South Carolina, Inc.
- Cigna HealthCare of St. Louis, Inc.
- Cigna HealthCare of Tennessee, Inc.
- Cigna HealthCare of Texas, Inc.
- Cigna Life Insurance Company of New York
- Connecticut General Life Insurance Company
- Life Insurance Company of North America
- Loyal American Life Insurance Company
- Provident American Life & Health Insurance Company
- United Benefit Life Insurance Company

Questions or Concerns about this Privacy Notice

Write to us at: Cigna Corporation
Enterprise Privacy Office
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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ID THEFT RESOLUTION PROGRAM

Program Description for CIGNA Life, Accident and Disability Customers

What is Identity Theft?

“Identity Theft” occurs when someone uses your personal identifying information, like your name, Social Security number, or credit card number, without your permission, to commit fraud or other crimes.

Overview of the Program:

Identity Theft services are provided to CIGNA's Life, Accident and Disability insurance customers by Europ Assistance USA (EA). EA treats each Identity Theft as an emergency and, subject to the limitations set forth in this Program Description, performs, for the Covered Member any or all of the following steps necessary to attempt to undo or prevent further damage upon receipt, by the Covered Member, of a duly completed and executed “Authorization Form”:

- Obtain all pertinent credit information and history from the Covered Member on the phone to determine if an Identity Theft incident has occurred.
- Educate the Covered Member on how Identity Theft occurs and inform him or her of protective measures to take to avoid further occurrences.
- Provide the Covered Member with a helpful Identity Theft Resolution Kit.
- Provide the Covered Member with a uniform Identity Theft Affidavit (“Affidavit”), and answer any question with regard to completing the Affidavit. It is the Covered Member’s responsibility to submit the Affidavit to the proper authorities, credit bureaus, and creditors.
- Assist the Covered Member with canceling credit and charge card and requesting replacements.
- Assist the Covered Member with notification of all three major credit-reporting agencies to obtain a free credit report for the Covered Member and to place an alert on the Covered Member’s records with the agencies.
- Translate whenever necessary such as when caller is overseas and needs help communicating with the local police in order to file a report of an Identity Theft incident.
- Provide the Covered Member with sample letters for his or her use in canceling accounts and resolving issues.
- Provide emergency cash advance (up to \$1,000) when a Covered Member’s wallet or purse is lost or stolen, 100 miles or more away from the Covered Member’s primary place of residence. Such cash advance shall be secured by a valid credit card. Any advance made to the Covered Member, not otherwise secured by a valid credit card and paid to EA by the credit card company within 30 days of such advance, has to be reimbursed by the Covered Member to EA within 30 days from the date such advance is made. Thereafter any amount due will earn interest at a rate of 1.5% per month. EA shall be under no obligation to advance funds not otherwise secured by a valid credit card.

Eligibility Verification:

Covered Members – Employees of the Subscriber insured under the CIGNA Life, Accident or Disability Policy, including any dependents insured under the Policy, shall be eligible for Identity Theft Resolution Services. To gain access to services, a Covered Member must contact EA at 888-226-4567.

Eligibility for Services – EA will verify the Subscriber is calling about the CIGNA Identity Theft program. No individual or policyholder verification is required.

24 Hour Access – Covered Members will be able to reach EA's multilingual coordination center in Washington, D.C. by toll-free phone 24 hours a day, 365 days a year to obtain access to Identity Theft Resolution services.

Limitations:

Only Covered Members are eligible for these services. Identity Theft(s) discovered by the Covered Member prior to enrollment in the Program are not eligible for service.

Neither EA nor CIGNA guarantees that EA's intervention on behalf of the Covered Member will result in a particular outcome or that EA's efforts on behalf of the Covered Member will lead to a result satisfactory to the Covered Member.

EA Services do not include, and EA shall not assist the Covered Member for thefts involving non-U.S. accounts.

Services are provided by Europ Assistance USA, US office of Europ Assistance.

CIGNA reserves the right to terminate these services upon written notice.



Disclosure of Payment of Commissions and Service Fees

We hereby appoint the Producer listed on the attached Client Application as our broker/consultant of record in connection with the policy, as of its effective date, and continuing unless and until we notify the insurance company in writing of revocation of this appointment. Any revocation of appointment, or designation of a new broker/consultant of record, will become effective on the date written notice is received by the insurance company, or such later date as we specify.

We understand and acknowledge that CIGNA Group Insurance companies may have entered into, or may enter into, an agreement with the broker/consultant, under which the insurance company compensates the broker/consultant for providing marketplace intelligence and other services intended to enhance the effectiveness of the insurance company's business. This additional compensation is contingent on meeting new business and persistency goals.

The following describes the compensation available under the program under which your broker is eligible to participate. Terms of the program are subject to change.

- **New Business.** Payments made are a percentage of total annualized premium, based on number of new cases sold and annualized premium for those eligible cases, and range from 1.5% to 4% of the amount of expected first year annualized premium (which is the maximum rate payable, if at least \$10,000,000 in premium, is sold) depending on the specific program the broker is eligible to participate in. Brokers must write at least \$200,000 of new business premium or sell three new cases to qualify.
- **New Premium Added to Inforce Policies.** Payments made are a percentage of total annualized premiums attributable to acquisitions requiring underwriting by the insurance company, and amendments to increase benefits or add eligible classes, and is calculated at 1.5% of the amount of expected first year annualized premium depending on the specific program the broker is eligible to participate in. Brokers must write at least \$200,000 of new business premium or sell three new cases to qualify.
- **Persistency.** Persistency measures the number of policies (weighted by premium) which were in force at the beginning of the year which are still in force at the end of the year. Payments made are a percentage of total earned premium, and range from 0% to 2% of total aggregate premium for those eligible cases (which is the maximum rate payable, if persistency is 95% or greater) depending on the specific program the broker is eligible to participate in. Brokers must have a book of business of at least \$250,000 at the start of the year, and write at least \$200,000 of new business premium or sell three new cases, to qualify.
- **Cross-Sell.** Payments made are a percentage of total annualized premium for business sold to an existing CIGNA Healthcare or CIGNA International Expatriate Benefits customer OR sold along with a new CIGNA Healthcare medical product or new CIGNA International Expatriate Benefits product to the same customer, and range from 1% to 1.5% of the amount of expected first year annualized premium (which is the maximum rate payable, if at least \$1,000,000 in premium, is sold). Brokers must write at least \$50,000 of new business premium to a cross-sell customer to qualify. In addition, your policies may be used to establish eligibility in the cross-sell programs of CIGNA Healthcare and/or CIGNA International Expatriate Benefits.

This compensation is funded from the insurance company's overhead and is based on the broker's overall book of business with the insurance company. Any such payments are separate from commissions and, if applicable, will be included in ERISA Form 5500, Schedule A information provided by the insurance company.

We also understand that the insurance company may invite the broker to participate in events sponsored by the insurance company for the same purposes.



BENEFIT REDUCTION SCHEDULE NOTICE

You have requested that the Life Insurance Company of North America ("LINA"), a CIGNA company, issue a group insurance policy which contains provisions or schedules reducing or terminating benefits on the basis of age which differ from those provisions or schedules customarily used by LINA.

The purpose of this notice is to confirm with you that your request has not been made on the basis of or in reliance on any representations or warranties provided by LINA that such provisions or schedules meet the requirements of any applicable federal or state employment discrimination laws, including the federal Age Discrimination in Employment Act. While it is recommended that you seek the advice of your legal counsel to ensure compliance with any applicable employment discrimination laws, you nonetheless agree to assume full responsibility for the compliance with the requirements of such laws to the extent they are applicable to the employee benefit plans of which the Policy is a part.