

## WISLLC Privacy Notice Statement

This notice explains how Woodhead Insurance Services LLC may collect, use and share your information. Please read it carefully and contact your assigned agent if you have any questions.

<p><b>Why did you give me this notice?</b></p>	<p>We are legally required to give you this notice by applicable law and our agreement with the federal government.  <b>We respect your personal information and want you to fully understand how we may use and share your information.</b></p>
<p><b>What information will you ask me to give you?</b></p>	<p>We must collect certain information about you, called <b>Personally Identifiable Information</b> ("PII") in order to help you complete your application for health insurance on the Federally- facilitated Marketplace (or Exchange) ("FFM"). PII is information that can be used to identify you or trace your identity. These are a few examples of PII. This is not a complete list.</p> <ul style="list-style-type: none"> <li>• <i>Name</i></li> <li>• <i>Address</i></li> <li>• <i>Date of birth</i></li> <li>• <i>Telephone number</i></li> <li>• <i>Social security number</i></li> <li>• <i>Household income</i></li> <li>• <i>Marital status</i></li> <li>• <i>Race or ethnicity</i></li> <li>• <i>Credit or debit card numbers</i></li> </ul> <p><b>Additional details about the meaning of PII are contained in the government's guidance, OMB Memoranda M-07-16 (issued May 22, 2007)</b></p>
<p><b>How will you use my information?</b></p>	<p>We will use only the information that we need to help you obtain health insurance through the FFM or other insurance providers and to provide Authorized Functions approved by the FFM, or other service as permitted under applicable law.  <b>These are a few of the authorized functions that we may conduct. This is not a complete list:</b></p> <ul style="list-style-type: none"> <li>• <b>Helping with your application for insurance</b></li> <li>• <b>Answering question about your eligibility</b></li> <li>• <b>Helping to enroll you in a qualified health plan</b></li> <li>• <b>Helping with filing appeals of eligibility determinations</b></li> <li>• <b>Correcting errors in your application</b></li> </ul>
<p><b>Will you share my information with anyone?</b></p>	<p>We may only share your information as described in this notice. We may share your information with certain Federal or State agencies, the health insurance issuer that you select or subcontractors that help us to provide services to you. <b>We must get your permission to share your information for any other purpose that is not described in this notice.</b></p>
<p><b>What happens if I don't share my information with you?</b></p>	<p>To successfully enroll in a Qualified Health Plan (QHP) or otherwise facilitate your receipt of Advance Premium Tax Credits (APTC's) or Cost-Sharing Reductions (CSR's), certain PII may be required. <b>This is voluntary and not mandatory under applicable law however if you do not share this information with us, you may not be able to enroll in a QHP on the FFM. If an individual chooses not to provide certain PII in the course of enrolling or receiving assistance in enrolling in a QHP on the FFM, the accuracy of an individual's enrollment in a QHP, or receipt of APTC's or CSR's may be compromised and/or invalidated.</b></p>
<p><b>Will you keep my information safe?</b></p>	<p>Yes. We are required to keep your information safe. We have developed privacy and security policies that we must follow to make sure that we protect your PII.</p>

**Legal Authority for Collection of PII** - Agents, Brokers, and other Entities (ABE's) have been granted the legal authority to collect this information by Section 1312(e) of the Affordable Care Act (ACA), which required that the Secretary of the U.S. Department of Health and Human Services establish procedures under which ABE's may participate in the Federally-facilitated Marketplace (or Exchange). ABE's are further permitted by federal regulation (45 C.F.R. 155.220) to enroll individual in a Qualified Health Plan offered on the Federally-facilitated Marketplace (or Exchange) and to assist individuals in applying for Enrollment, Advance Payments of the Premium Tax Credits (APTC's) and Cost-Sharing Reductions (CSR's) to the extent permitted to do so under State law and regulation.

# Health Insurance Marketplace Privacy Act Statement

## Permission for information submitted

By submitting this application, you represent that you have permission from all of the people whose information is on the application to both submit their information to the Marketplace, and receive any communications about their eligibility and enrollment.

## Privacy Act Statement – effective 10/1/2013

We are authorized to collect the information on this form and any supporting documentation, including social security numbers, under the Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152), and the Social Security Act.

We need the information provided about you and the other individuals listed on this form to determine eligibility for: (1) enrollment in a qualified health plan through the Federal Health Insurance Marketplace, (2) insurance affordability programs (such as Medicaid, CHIP, advance payment of the premium tax credits, and cost sharing reductions), and (3) certifications of exemption from the individual responsibility requirement. As part of that process, we will verify the information provided on the form, communicate with you or your authorized representative, and eventually provide the information to the health plan you select so that they can enroll any eligible individuals in a qualified health plan or insurance affordability program. We will also use the information provided as part of the ongoing operation of the Marketplace, including activities such as verifying continued eligibility for all programs, processing appeals, reporting on and managing the insurance affordability programs for eligible individuals, performing oversight and quality control activities, combatting fraud, and responding to any concerns about the security or confidentiality of the information.

While providing the requested information (including social security numbers) is voluntary, failing to provide it may delay or prevent your ability to obtain health coverage through the Marketplace, advance payment of the premium tax credits, cost sharing reductions, or an exemption from the shared responsibility payment. If you don't have an exemption from the shared responsibility payment and you don't maintain qualifying health coverage for three months or longer during the year, you may be subject to a penalty. If you don't provide correct information on this form or knowingly and willfully provide false or fraudulent information, you may be subject to a penalty and other law enforcement action.

In order to verify and process applications, determine eligibility, and operate the Marketplace, we will need to share selected information that we receive outside of CMS, including to:

1. Other federal agencies, (such as the Internal Revenue Service, Social Security Administration and Department of Homeland Security), state agencies (such as Medicaid or CHIP) or local government agencies. We may use the information you provide in computer matching programs with any of these groups to make eligibility determinations, to verify continued eligibility for enrollment in a qualified health plan or Federal benefit programs, or to process appeals of eligibility determinations. Information provided by applicants won't be used for immigration enforcement purposes;
2. Other verification sources including consumer reporting agencies;
3. Employers identified on applications for eligibility determinations;
4. Applicants/enrollees, and authorized representatives of applicants/enrollees;
5. Agents, Brokers, and issuers of Qualified Health Plans, as applicable, who are certified by CMS who assist applicants/enrollees;
6. CMS contractors engaged to perform a function for the Marketplace; and
7. Anyone else as required by law or allowed under the Privacy Act System of Records Notice associated with this collection (CMS Health Insurance Exchanges System (HIX), CMS System No. 09-70-0560, as amended, 78 Federal Register, 8538, March 6, 2013, and 78 Federal Register, 32256, May 29, 2013).
8. Identity Verification

To protect your privacy, you will need to complete Identity Verification successfully before requesting higher account privileges. You are providing consent to Experian, an external identity verification provider, to access your personal information to conduct ID Verification on behalf of CMS. Below are a few items to keep in mind.

- Ensure that you have entered your legal name, current home address, primary phone number, date of birth, and email address correctly. We will collect personal information only to verify your identity with Experian.
- Identity Verification involves Experian using information from your consumer report profile to help confirm your identity. As a result, you may see an entry called a "soft inquiry" on your Experian consumer report. Soft inquiries are visible only to you, will never be presented to third parties, and do not affect your credit score. The soft inquiry will be titled "CMS Proofing Services" and will be removed from your Experian consumer report after 25 months.
- You may need to have access to your personal and consumer report information, as the Experian application will pose questions to you, based on data in their files.

This statement provides the notice required by the Privacy Act of 1974 (5 U.S.C. § 552a(e)(3)). You can learn more about how we handle your information at:

<https://www.healthcare.gov/how-we-use-your-data>.