

Our Insurance Information Practices

We may collect information from you and from others. The types of information and how we may collect information includes:

the name and address of the policy owner and similar information plus driver's license number, date of birth, age and medical information regarding the proposed insured, as well as identification information and social security number regarding designated beneficiaries. We collect this information from the policy owner and proposed insured on applications and other forms;

your transactions with us are collected internally; and.

name, age, date of birth, and medical history may be collected from insurance support organizations (which may retain your information and disclose it to other persons).

We may disclose all these types of information to agents, affiliates, insurance support organizations and service providers without your prior authorization to perform insurance functions involved in processing and servicing your existing business, to detect and prevent fraud and to report illegal activities, to perform actuarial and other research studies, to verify medical information with service providers, and to complete reports to regulators, law enforcement, company and affiliate auditors and fraud investigators.

You have the right, with proper identification, to see and copy information you can reasonably describe that we have about you that is reasonably retrievable, except that you have no right to request information that is collected in connection with or in reasonable anticipation of a claim or civil or criminal proceeding involving you.

Within 30 business days of our receipt of your written request, we will inform you by telephone or in writing of the nature and the substance of recorded personal information we have about you. For any information in coded form, an accurate translation in plain language will be provided to you in writing. We will also list the identity (if recorded) of persons to whom we disclosed personal information within two years prior to your request, and if the identity is not recorded, we will tell you the names of persons to whom such information is normally disclosed. You may see and copy, in person, such recorded personal information, or obtain a copy of such recorded personal information by mail, whichever you prefer. Any information provided by an institutional source will include the identity of the source.

Medical information requested, together with the identity of the medical professional or medical care institution that provided the information, will be supplied, at your election, either directly to you or to a medical professional designated by you, which professional is licensed to provide medical care with respect to the condition to which the information relates. Mental health record information will be supplied directly to you only with the approval of the qualified professional person with treatment responsibility for the condition to which the information relates. If we disclose requested information to a medical professional, we will notify you when it is provided to the medical professional.

Except for information provided in response to your request for the specific reasons for an adverse underwriting decision, we may charge a reasonable fee to cover the costs incurred in providing a copy of the recorded personal information to you; no other fee will be charged.

You also have the right to ask us to correct, amend or delete any information about you which you believe to be incorrect. Within 30 business days of our receipt of your written request, we will decide whether to correct, amend or delete the information in dispute and notify you of our decision.

If the information should be corrected, we will update our files, notify you that we made the update and send the correction to anyone, including any insurance support organization that systematically received information from us within the preceding seven years; except that we won't notify any insurance support organization that no longer maintains information about you or that has already corrected this information about you; and to any person specifically designated by you who may have within the preceding two years received such information.

If we do not agree that the information is incorrect, we will tell you so, along with the reasons. If we do not believe the information is incorrect, you are permitted to give us a concise statement of what you believe to be the correct information and a concise statement about why you disagree with us. We will file your statement with the disputed information and make anyone who received or will receive the original information aware of the statement and give them access to it. In any subsequent disclosure of the information by us, we will clearly identify the matter or matters in dispute and provide your statement along with the information being disclosed.

To request access to or correction of the information in your file, please write Policy Owner Services, One Court Square, Long Island City, NY 11120-0001. Please include your policy number and some personal identification number, such as your driver's license number.

We may disclose your information (except your medical information) to market new products and services to you, unless you indicate to us that you do not want your information disclosed for marketing purposes. You may tell us at any time that you do not want your information disclosed for marketing purposes by calling toll-free 1-800-222-2062.