## **Privacy Notice Statement**

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

Why did you give me	We are legally required to give you this notice by applicable law and our agreement with the
this notice?	federal government.
	We respect your personal information and want you to fully understand how we may
	use and share your information.
What information will	We must collect certain information about you, called <b>Personally Identifiable Information</b>
you ask me to give	("PII") in order to help you complete your application for health insurance on the Federally-
you?	facilitated Marketplace (or Exchange) ("FFM"). Pll 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.  • Name
	Address
	Date of birth
	Telephone number     Social security number
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	Household income
	Marital status
	Race or ethnicity
	Credit or debit card numbers
	Additional details about the meaning of PII are contained in the government's guidance, OMB Memoranda M-07-16 (issued May 22, 2007)
How will you use my information?	We will use only the information that we need to help you obtain health insurance through the FFM and to provide Authorized Functions approved by the FFM, or other service as
information?	permitted under applicable law.
	These are a few of the authorized functions that we may conduct. This is not a
	complete list:
	Helping with your application for insurance
	Answering question about your eligibility
	Helping to enroll you in a qualified health plan
	Helping with filing appeals of eligibility determinations
	Correcting errors in your application
Will you share my	We may only share your information as described in this notice. We may share your
information with	information with certain Federal or State agencies, the health insurance issuer that you
anyone?	select or subcontractors that help us to provide services to you. We must get your
	permission to share your information for any other purpose that is not described in this notice.
What happens if I	To successfully enroll in a Qualified Health Plan (QHP) or otherwise facilitate your receipt of
don't share my	Advance Premium Tax Credits (APTC's) or Cost-Sharing Reductions (CSR's), certain PII
information with	may be required. This is voluntary and not mandatory under applicable law however if
you?	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.
Will you keep my	Yes. We are required to keep your information safe. We have developed privacy and security
information safe?	policies that we must follow to make sure that we protect your Pll.
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**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.