Monumental Life Insurance Company
Life Investors Insurance Company of America
Transamerica Assurance Company
Transamerica Life Insurance Company

Administrative Office:
AFP-Louisville
PO Box 34310
Louisville, Kentucky 40232

HIPAA NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

SUMMARY

A federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA) creates new rights for clients of health care organizations. One of those rights is to receive information regarding a health plan's privacy practices. You are receiving this notice because you have a policy with one of our companies that is considered a "health plan" under HIPAA. A health plan includes, for example, a policy or rider that provides coverage for long-term care or a specified disease or illness. As a health plan, federal regulations require us to provide you with a copy of this Notice of Health Information Privacy Practices. This Notice explains:

- Generally how we use health care information about you;
- That we, like other health plans, may use and disclose health information about you as part of your treatment, to arrange for payment for services provided, and for our internal operations. We are not required to have separate permission for these uses and disclosures;
- Other circumstances where we may use or disclose information about your health where we are not required to get your permission first;
- The rights you have with respect to health information we have about you, namely:
  - Your right to have a copy of this privacy notice;
  - Your right to review and copy health information that we may have about you;
  - Your right to an accounting for how we use and disclose your health information, other than for treatment, payment or health care operations and other limited exceptions;
  - Your right to request, under certain circumstances, that we communicate with you at alternative locations, mailing addresses or telephone numbers;
  - Your right to request restrictions on how we use your health care information;
  - Your right to request an amendment to information in our records that you think is in error; and
  - Your right to file a complaint if you think your privacy rights have been violated.

We take your confidentiality very seriously. We encourage you to read this notice and keep it with your policy.

THE POLICIES IN THIS NOTICE BECOME EFFECTIVE ON APRIL 14, 2003.

Effective April 14, 2003, this Notice of Privacy Practices is applicable to the health plans administered by the AFP-Louisville Administrative Office for the insurance companies listed on the first page of this notice. This notice refers to the insurance company by using the terms "us", "we" or "our".

Our Pledge and Obligation: We are committed to protecting your personal health information. This notice will tell you about the ways in which we may use and disclose your personal health information for treatment, payment, health care operations, and other circumstances as either required or permitted by law. ***Except as outlined below, we will not use or disclose your personal health information without your written authorization.***

We are required by law to: safeguard your personal health information; give you this Notice of our duties and privacy practices; and abide by the terms of this Notice as long as it remains in effect.

We reserve the right to change any of our privacy practices and the terms of this Notice, and to make the new Notice effective for all personal health information maintained by us. In the event of a material change, a revised Notice will be sent to all of our policyholders.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

For Treatment: We do not make treatment decisions, but we may disclose information to those who do. For example, we may disclose information regarding your benefits to doctors, hospitals, long term care facilities, and other health care providers who take care of you.

For Claim Processing and Payment Related Purposes: We may make uses and disclosures of your personal health information as necessary for benefit verification and claim processing purposes. For instance, we may use information regarding health care services you receive from service providers such as physicians, hospitals, pharmacies, nursing homes, assisted living facilities, and home health care agencies to process and pay claims.

Examples of our payment related purposes also includes our collection of premium, coordinating reinsurance, and care coordination activities.

For Business Operations: We will use and disclose your personal health information as necessary, and as permitted by law, for our health care operations which include underwriting, premium rating, customer service, reinsurance, compliance, fraud prevention and reporting, auditing, payment of agent commissions, and other functions related to your insurance coverage.

- **Collection of Information:** To properly underwrite and administer your insurance coverage, we collect health and non-health personal information such as your age, occupation, physical condition, and health history, including drug and alcohol usage. You are our most important source of information; however, with your authorization we may also collect or verify information by contacting information sources such as insurance support organizations (like the Medical Information Bureau); insurance companies to which you have applied for coverage; and medical professionals and facilities which have provided services to you.

- **Business Associates:** Certain services are performed through contracts with outside persons or organizations, such as underwriting support services, actuarial services, legal services, care coordination services, etc. At times it may be necessary for us to disclose your personal health information to one or more of these outside persons or organizations who assist us with our health care operations. We obligate business associates by contract to appropriately safeguard the privacy of your information.

- **Agents:** Your agent is our business associate. For customer service purposes, your agent may be notified of certain coverage-related matters. For example, your agent may be notified if we: decline your application, offer you coverage at a higher than standard rate, or offer to accept the application with modifications to the benefits you requested. We may also notify your agent when we receive notice of a claim, or notice of the cancellation or replacement of your policy. Your agent may be notified on their commission statement that your policy remains in force for as long as you continue to pay your premium.

- **Family and Friends Involved in Your Care:** We may from time to time disclose your personal health information to certain family members, friends, and others who are involved in your care or in the payment of your care in order to not hinder that person's involvement. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your written authorization. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons who may be involved in some aspect of caring for you. You have the right to stop or limit these disclosures by contacting us at the address shown at the end of this notice.

- **Health-Related Benefits or Services:** We may contact you to provide information about ***health-related*** benefits and services that may be of interest to you. We will not use your personal health information for marketing non-health products without your authorization.

- **Mergers and Acquisitions:** Your personal health information may also be disclosed as a part of a potential sale, merger or acquisition involving our business in order to make an informed business decision regarding any such prospective transaction.

Other Uses and Disclosures for Public Health, Government Oversight, or Similar Activities: We are permitted or required by law to make certain other uses and disclosures of your personal health information without your authorization.

- We may release your personal health information for any purpose required by law;
- Unless otherwise permitted by law or your written authorization, we will only disclose enrollment, disenrollment and summary health information with your employer for administrative purposes, such as payroll deduction of premium;
- We may release your personal health information if required by law to a government oversight agency conducting audits, investigations (such as investigations into consumer complaints), or civil or criminal proceedings;
- We may release your personal health information if required to do so by a court or administrative ordered subpoena or discovery request;
- We may release your personal health information if you are a member of the military as required by armed forces services;
- We may release your personal health information if necessary for national security or intelligence activities;
- We may release your personal health information to non-affiliated organizations or persons such as, other insurance institutions, agents, insurance support organizations (such as MIB Group, Inc.), or law enforcement and governmental authority as necessary to prevent criminal activity, fraud, material misrepresentation or material non-disclosure in connection with your coverage or application for coverage; and
- We may release your personal health information to our parent company and affiliates whose only use of the information will be in connection with a compliance audit, market conduct audit, or similar compliance activity.

As allowed by law, we may also use or disclose your personal health information for research purposes; for specialized government functions; or for workers' compensation purposes or other similar purposes.

RIGHTS THAT YOU HAVE

Your rights are explained below. ***Any written requests to exercise those rights should be directed to the address provided at the end of this notice.***

Right to Access. You have the right to copy and/or inspect much of the personal health information that we retain on your behalf. All requests must be made in writing and signed by you or your representative. We may charge a reasonable fee for copies and postage and, in certain cases, may deny your request.

Right to Confidential Communications. You have the right to request that we send communications of health information to you by alternative means or to alternative locations, if all or part of that information could endanger you. For example, you may ask that we contact you at work, rather than at home. We will try to accommodate reasonable requests.

Right to Amend. You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. The first accounting in any 12-month period is free; you may be charged a reasonable fee for each subsequent accounting you request within the same 12-month period.

Right to Request Restrictions. You have the right to request restrictions on certain of our uses and disclosures of your personal health information for payment, or health care operations by notifying us of your request for a restriction in writing. Your request must describe in detail the restriction you are requesting. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate in writing any agreed-to restriction by sending such termination notice to us at the address given below.

Right to Revoke Your Authorization. If you have signed an authorization for uses and disclosures not related to payment or health care operations, you have the right to revoke that authorization in writing at any time, except to the extent that we have taken action in reliance on such authorization, or if other law provides us with the right to contest a claim under the policy or the policy itself. Note: your revocation will not prevent us from using collected information in conjunction with our fraud prevention program.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

Note: The rights granted to you do not extend to information about you relating to or in anticipation of a claim or civil or criminal proceeding.

COMPLAINTS

If you believe your privacy rights have been violated, you can file a complaint with us by sending your written complaint to our Complaint Coordinator at the address given below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. in writing within 180 days of a violation of your rights. We will not retaliate against you for filing a complaint.

CONTACTING US

To file a complaint or to make a request as described in the section entitled "RIGHTS THAT YOU HAVE," please send your written request to:

HIPAA Privacy Official
AFP-Louisville Administrative Office
PO Box 34310
Louisville, Kentucky 40232-4310

Please be sure to include the following information in your request:

- your full name,
- address,
- date of birth,
- Social Security Number,
- policy number, and
- the nature of your request or complaint.

You may be required to complete a form in order for us to consider your request.

FOR FURTHER INFORMATION: For additional information regarding our HIPAA Notice of Health Information Privacy Practices, or our general privacy policies, please write to us at the address shown above or call 866-242-2806.

THIS NOTICE IS REQUIRED BY FEDERAL LAW. WE MAKE IT AVAILABLE TO THE GENERAL PUBLIC, APPLICANTS AND POLICYHOLDERS. YOUR RECEIPT OF THIS NOTICE IS NOT EVIDENCE OF COVERAGE.

Revised 3/3/2003
Multi-Co-Gen