



TRIANGLE SALES CENTER

Authorized Agency

Privacy Notice Statement

This notice explains how your agent may collect, use and share your information. Please read it carefully and contact Triangle Sales Center if you have any questions.

<p>Why did you give me this notice?</p>	<p>I am/ We are legally required to give you this notice by applicable law and our agreement with the federal government.</p> <p>I/We respect your personal information and want you to fully understand how I/we may use and share your information.</p>
<p>What information will you ask me to give you?</p>	<p>I /We must collect certain information about you, called Personally Identifiable Information (“PII”) in order to help you complete your application for health insurance. PII is information that can be used to identify you or trace your identity.</p> <p>These are a few examples of PII. This is not a complete list:</p> <ul style="list-style-type: none"> • name, address, date of birth, telephone number • social security number • household income, marital status • race or ethnicity • credit or debit card numbers
<p>How will you use my information?</p>	<p>I/We will use only the information that we need to help you obtain health insurance through the Federally-facilitated Exchange (“FFE”) and to provide Authorized Functions approved by the FFE, or other service as permitted under applicable law.</p> <p>These are a few of the authorized functions that we may conduct. This is not a complete list:</p> <ul style="list-style-type: none"> • Helping with your application for insurance



**BlueCross BlueShield
of North Carolina**

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	<ul style="list-style-type: none"> • 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
<p>Will you share my information with anyone?</p>	<p>I/We may only share your information as described in this notice.</p> <p>I/We may share your information with certain Federal or State agencies, the health insurance issuer that you select or subcontractors that help me/us to provide services to you.</p> <p>I/We must get your permission to share your information for any other purpose that is not described in this notice.</p>
<p>What happens if I don't share my information with you?</p>	<p>If you do not want to share your information, you may not be able to enroll in a health insurance plan.</p>
<p>Will you keep my information safe?</p>	<p>Yes. I am/We are required to keep your information safe. I/ We have developed privacy and security policies that I/we must follow to make sure that I/we protect your PII.</p>