

SUMMARY OF HIPAA NOTICE OF PRIVACY PRACTICES

This summary is provided to assist you in understanding the attached Notice of Privacy Practices

The attached HIPAA Notice of Privacy Practices contains a detailed description of how our company will protect your protected health information (“PHI”), your rights as a plan participant and our common practices in dealing with your PHI. Please refer to that Notice for further information.

Uses and Disclosures of Health Information. We will use and disclose your PHI in order to assist health care providers in treating you. We will also use and disclose your PHI in order to make payment for health care services or to allow insurance companies to process insurance claims for services rendered to you. Finally, we may disclose your PHI for certain management and administrative activities.

Uses and Disclosures Based on Your Authorization. Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your PHI without your written authorization.

Uses and Disclosures Not Requiring Your Authorization. In the following circumstances, we may disclose your PHI without your written authorization:

- To family members or close friends who are involved in your health care;
- For certain limited research purposes;
- For purposes of public health and safety;
- To Government agencies for purposes of their audits,

investigations and other oversight activities;

- To government authorities to prevent child abuse or domestic violence;
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders;
- When required by court orders, search warrants, subpoenas and as otherwise required by the law.

Plan Participant Rights. As a plan participant, you have the following rights:

- To have access to and/or a copy of your PHI;
- To receive an accounting of certain disclosures we have made of your PHI;
- To request restrictions as to how your PHI is used or disclosed;
- To request that we communicate with you in confidence;
- To request that we amend your PHI;
- To receive notice of our privacy practices.

If you have a question, concern or complaint regarding our privacy practices, please refer to the attached HIPAA Notice of Privacy Practices for whom you may contact.

United Heritage Life Insurance Company

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your protected health information, "PHI". We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect **October 1, 2018**, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by

applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all PHI that we maintain, including PHI we received before we made the changes. We will post a copy of the revised notice on our website.

You may request a copy of our notice (or any subsequent revised notice) at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Use and Disclosure of Protected Health Information

We may use and disclose your PHI for treatment, payment, and health care operations.

Following are examples of the types of uses and disclosures of your PHI that may occur. These examples are not meant to be exhaustive.

Treatment: United Heritage is not a health care provider and does not engage in "treatment" of individuals as a health care provider would. Accordingly, although we are permitted to use and disclose PHI about you for treatment purposes, we do not do so.

Payment: We may use and disclose your PHI to pay claims from doctors, hospitals and other providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue explanations of benefits to the person who subscribes to the health plan in which you participate, and the like.

Health Care Operations: We may use and disclose your PHI as necessary to manage our business activities related to providing and administering your health plan. For example, we may use your PHI to conduct quality assessment and improvement activities, fraud and abuse detection programs, and general plan administrative activities.

We will share your PHI with third party "business associates" (e.g., brokers, third party administrators) and plan sponsors that perform various activities for the Company. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Uses and Disclosures Based On Your Written Authorization: All other uses and disclosures of your PHI will be made only with your authorization, unless otherwise permitted or required by law as described below.

You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Sale of Health Information: We will not sell or exchange your PHI for any type of financial remuneration without your written authorization.

Company Personnel: Your PHI may be disclosed to limited Company personnel to permit them to perform health plan administration functions.

Others Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Public Health and Safety: We may disclose your PHI to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose your PHI to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

Health Oversight: We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: If required by state law, we may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, if required by state law, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose your PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Required by Law: We may use or disclose your PHI when we are required to do so by law. For example, we must disclose your PHI to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your PHI when authorized by workers' compensation or similar laws.

Process and Proceedings: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your PHI to law enforcement officials.

Law Enforcement: We may disclose limited information to a law enforcement official concerning the PHI of a suspect, fugitive, material witness, crime victim or missing person. We may disclose PHI where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Plan Participant Rights

Access: You have the right to look at or get copies of your PHI, with limited exceptions. You must make a request in writing to the contact listed below to obtain access to your PHI. If the Company keeps your PHI in electronic form, you

may request that we send it to you or another party in electronic form.

Accounting of Disclosures: You have the right to receive a list of instances in which we or our business associates disclosed your non-

electronic PHI for purposes other than treatment, payment, health care operations and certain other activities during the past six (6) years. For disclosures of electronic PHI, our duty to provide an accounting only covers disclosures for the three (3) years preceding your request. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your PHI, a description of the PHI we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Restriction Requests: You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we make to a request for additional restrictions must be in writing, signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communication: You have the right to request that we communicate with you in confidence about your PHI, by alternative means, or to an alternative location. You must make your request in writing. We must accommodate your request if it is reasonable,

specifies the alternative means or location, and continues to permit us to bill and collect payment from you.

Amendment: You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people or entities you name, of the amendment and to include the changes in any future disclosures of that information.

Breach of Your PHI: If there is an unauthorized disclosure of your PHI, we will notify you of this in writing and explain how you may mitigate any potential harm to you.

Genetic Information: The Company will not use or disclose your genetic information for underwriting purposes.

Electronic Notice: If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed below to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information below.

If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI or in response to a request you made, you may complain to us using the contact information below. You also may

submit a written complaint to the Secretary of the U.S. Department of Health and Human Services. Contact us for that address.

We support your right to protect the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact: Office of the General Counsel

Telephone: (208) 493-6100

**Address: United Heritage Life Insurance Company
P.O. Box 7777
Meridian, ID 83680-7777**

