**Privacy Notice Statement**

**This notice explains how Worley Insurance Agency may collect, use and share your information. Please read it carefully and contact *336-249-6344* if you have any questions.**

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| **Why did you give me this notice?**   | I am/ We are legally required to give you this notice by applicable law and our agreement with the federal government. I/We respect your personal information and want you to fully understand how I/we may use and share your information.  |
| **What information will you ask me to give you?**  | 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. These are a few examples of PII. This is not a complete list. * name, address, date of birth, telephone number
* social security number
* household income, marital status
* race or ethnicity
* credit or debit card numbers
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| **Will you share my information with anyone?** | I/We may only share your information as described in this notice. 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.  |
| **How will you use my information?**

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| 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. 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
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I/We must get your permission to share your information for any other purpose that is not described in this notice.  |
| **What happens if I don’t share my information with you?**  | If you do not want to share your information, you may not be able to enroll in a health insurance plan.  |
| **Will you keep my information safe?**  | 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.  |

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Signature Date