**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.**

|  |  |
| --- | --- |
| **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 |
| **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?**   |  | | --- | |  | | |  | | --- | | 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 |   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. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date