

Federal and state laws and regulations require us to provide you with this notice at the time of application for insurance and at least annually thereafter.

Notice of Privacy Policy and Information Practices

At Penn Treaty (Penn Treaty American Corporation, and our wholly owned subsidiaries, Penn Treaty Network America Corporation (PTNA Life Insurance Company in CA), American Network Insurance Company, American Independent Network Insurance Company of New York, United Insurance Group Agency, Inc., Network Insurance Senior Health Division and Senior Financial Consultants Company) we are very aware of your concerns about the privacy of "nonpublic personal and/or financial information" and "protected health information". Penn Treaty would like to take this opportunity to explain what information we obtain and how we handle or treat that information.

Why do we collect information?

We collect information to underwrite an insurance policy you have applied for, to provide information you request, to process or pay a claim you have submitted to us, or to provide or supply a service to you. Different types and amounts of information are collected based on the type or amount of insurance applied for, the requirements of state laws or regulations, and the circumstances of claims submitted to us.

How do we collect information?

The vast majority of information we receive is given to us voluntarily by you, our policyholder/applicants, when you request information, apply for a policy, or file a claim. We may obtain other information directly from you or from other sources as necessary to administer our business, as required by law or regulation, and/or to serve your interests by providing you with products, services, or other opportunities. We may do this ourselves or have it done by an unaffiliated third party.

What Information do we collect?

We collect; (a) information that identifies you as an individual such as your name, address, telephone number, date of birth, and social security number; (b) personal financial information such as income, other insurance, assets, employment, and banking information; and (c) protected health information such as prescribed medications taken, health history, and medical reports and records.

Again, the types and amounts of information collected are based on the type or amount of insurance applied for, the requirements of state laws or regulations, and the circumstances of claims submitted to us.

How do we maintain accurate information?

We have procedures in place for maintaining and updating information about our customers in accordance with commercial standards. We provide 800 numbers on correspondence and our web site for your convenience. If at anytime you would like to change or update information you have given us, please telephone us or write to us.

How do we protect your information?

Information is maintained in a secured facility with appropriate security standards and procedures to protect your personal information from unauthorized access. We also maintain procedures and security levels to limit employee access to those employees with a legitimate business reason to access your personal information.

NOIP-A1 Privacy Notice (opt-out) 11/02

Kenneth Wheeler 60484

What categories of information do we disclose and to whom do we disclose it?

We disclose personal, personal financial and protected health information to affiliates (such as our subsidiary corporations) as necessary for marketing, servicing, and underwriting purposes and to complete transactions initiated by you.

We do not disclose any type of personal or personal financial information to non-affiliates unless the information is provided to help complete a transaction initiated by you; you request it; the disclosure is required or allowed by law; or, you have been informed about the possibility of such disclosure for marketing or similar purposes and have had the opportunity to decline. **We do not disclose protected health information to non-affiliates for marketing purposes.** We do disclose protected health information to non-affiliates as necessary to complete or help complete transactions initiated by you, and/or to facilitate or assist you in filing claims, helping you understand the procedures for initiating and/or completing transactions and the results/decisions of such transactions, appealing or obtaining a further explanation of actions on a claim, or other similar activities.

What happens to my information if I stop being a customer?

Your information will continue to receive the same protections it did when you were a customer. If you elected to "opt out" of any information sharing, we will continue to honor that request.

What do I do if I have questions about this notice or my information?

Call us at (800) 222-3469, e-mail us at Privacy@penn treaty.com, or write to us. Additional information may also be obtained at our web site www.penn treaty.com or you can obtain additional information by calling or writing to us and asking for a copy of Penn Treaty's notice of "Additional Important Information about Our Insurance Information Practices".

YOUR RIGHT TO OPT OUT OF SHARING INSURANCE INFORMATION

We, your insurance company, may disclose personal and personal financial information to non affiliated third parties to provide you with or make you aware of products, services, or other opportunities. If you would prefer that we not share such information with non-affiliates, you may instruct us not to share nonpublic personal information with non-affiliated third parties. If you prefer not to have such information disclosed by us, please complete and detach this form and mail it to Penn Treaty American® Corporation Family of Companies, 3440 Lehigh Street, Privacy Data Services, Allentown, PA 18103

Please check the following box indicating your desire to opt out.

- ☐ I elect to opt out and I instruct you, my insurance company, not to disclose to any unaffiliated third party nonpublic personal information taken from my insurance product purchases. I understand that this election may affect the availability of information I receive about other products and services that may be of interest to me in the future.

Please complete the following. Information is necessary to update our records.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Policy number (s): _____

Date of Birth: _____ Social Security Number (optional): _____

Phone number: (____) _____ E-mail _____