



This description of the Information Practices of Fort Dearborn Life Insurance Company (FDL) is provided to you in accordance with the requirements of the Insurance Information and Privacy Protection Law.

Collection of Information

In order to properly underwrite and administer your insurance coverage, we must collect a certain amount of necessary and helpful information. The amount and type of information collected may vary depending on the amount and type of coverage applied for, but in general we will be seeking information about your age, occupation, physical condition and health history.

You are our most important source of information, but we may also verify information by contacting medical professionals and institutions which have provided care to you or members of your family proposed for coverage, employers and business associates, friends and neighbors, and other insurance companies you have applied to. We may collect information by exchanges of correspondence, by phone, or by personal contact.

Circumstances of Disclosures by FDL

In some circumstances, we may make disclosures of personal or privileged information to third parties without your authorization. Following is a description of the types of persons who may receive such information without your authorization and some of the circumstances which might give rise to such disclosures:

- We might use an unaffiliated organization or person to perform a professional, business or insurance function for us. If, for example, we hired an independent organization to assist in the administration of a group insurance plan of which you are a participant, information relating to your insurance coverage would be disclosed to that organization in order for it to adequately perform its function. This would also be the case with respect to any organization or person which performs a professional, business or insurance function for us.
- We may disclose information concerning your coverage to FDL agents and brokers in order to provide you with adequate service, including the updating and improvement of your insurance program.
- We may disclose information to other insurance institutions, agents, insurance-support organizations or self-insurers, which is necessary (a) to prevent criminal activity, fraud, material misrepresentation or material non-disclosure in connection with insurance transactions, or (b) for either FDL or such company to perform its function in connection with an insurance transaction involving you or a member of your family insured under your coverage. For example, if you are a participant in a FDL group health insurance plan, and if you, your spouse or dependents are insured under other group plans, the companies involved may be required to share claims information pursuant to coordination of benefits provisions in their respective policies. The object, of course, is to make sure that you receive total benefits from all companies no greater in amount than the cost of health care received.
- We may disclose information to an Insurance regulatory authority in connection with its regulation of our business.
- We may disclose information to a law enforcement or governmental authority to protect our interests in preventing or prosecuting the perpetration of a fraud upon us, or if we reasonably believe that illegal activities have been conducted. We will also disclose information where permitted or required by law to do so.
- Various industry and professional organizations conduct scientific and actuarial research studies to learn more about the risk experience of our insureds. Other organizations conduct studies relating to medical research. These studies are purely scientific in nature, never identify individuals in their reports, and always maintain information provided in a highly confidential manner. When asked to provide information to such organizations, we ordinarily will do so because the results of such studies are of benefit to our customers and to the public at large. You will not be individually identified in any report that results from the research, and material that we give to the person or organization performing the research will be returned to us or destroyed when it is no longer needed.



- If you are covered under a FDL group contract, we may disclose information as is reasonably necessary to the group for purposes of administration of the group contract and to permit the group to audit, review and evaluate the performance of FDL under the group contract.
- We are sometimes approached by persons or organizations who are interested in the opportunity to market products or services to our customers. When this happens, we may provide some limited information. However, if we want to give information to persons not affiliated with us, we will give you an opportunity to indicate to us that you do not want information to be disclosed for this purpose. We will give information to FDL affiliates so that our customers may be aware of the insurance products and services offered by affiliates of FDL.

Please understand that the above is intended to describe some of the disclosures which might be made, not disclosures which are always or even often made. In any event, the information disclosed without your authorization will be only as much as is reasonably necessary to accomplish the intended purpose.

Your Right to Access to Personal Information

As an individual, you have certain rights in regards to access to recorded personal information which is reasonably locatable and retrievable. In order to maintain the security of that information, access will be permitted only after proper identification has been submitted to us.

1. If you have any questions about what information we may have on file about you, please write us at the address indicated at the end of this notice. We will need your complete name, address, date of birth and all policy numbers under which you are insured. Tell us what information you would like to receive. Within 30 days of our receipt of your written request, we will:
 - a. inform you of the nature and substance of the recorded personal information in writing, by telephone or by other oral communication;
 - b. permit you to see and copy, in person, the recorded personal information which applies to you or provide you with copies of this information by mail, whichever you prefer. If such information is in coded form, an accurate translation in plain language will be provided to you in writing;
 - c. inform you of the persons, if recorded, to which the personal information has been disclosed within two years of your request. If the identities have not been recorded, we will provide you with the names of those insurance institutions, agents, insurance support organizations or other persons to whom such information is normally disclosed;
 - d. provide you with a summary of the procedures by which you may request correction or deletion of recorded personal information.
2. Medical-record information provided by a medical-professional will be supplied, along with the source of information, to you or you will be notified that it has been disclosed to a medical professional you have designated and who is licensed to provide medical care with respect to the condition to which the information applies.
3. We may charge you a reasonable fee to cover the costs incurred in providing you with a copy of recorded personal information. If the information applies to reasons for an adverse underwriting decision, there will be no charge.
4. In some circumstances, our obligations to you regarding access to recorded personal information exist to the extent that the information is collected and maintained in connection with an insurance transaction. These rights do not extend to information about you that relates to and is collected in connection with or in reasonable anticipation of a claim or civil or criminal proceeding.



Your Right to Correct Personal Information

As an individual, you have the following rights in regard to the correction, amendment or deletion of recorded personal information:

1. Within 30 days of receiving your written request to correct, amend or delete any recorded personal information we have, we will:
 - a. correct, amend or delete the portion of the recorded personal information in dispute, or
 - b. notify you of our refusal to make the correction, amendment or deletion, the reasons for the refusal and your right to file a protest statement.
2. If the recorded personal information is corrected, amended or deleted, you will be notified in writing and this information will be furnished to:
 - a. any person you have designated who may have, within the preceding 2 years, received such recorded personal information;
 - b. any insurance-support organization whose primary source of personal information is insurance institutions, if it has systematically received such recorded personal information from us within the preceding 7 years, unless the insurance support organization no longer maintains recorded personal information about you;
 - c. any insurance support organization that furnished the personal information that has been corrected, amended or deleted.
3. If you disagree with a refusal to correct, amend or delete recorded personal information, you may file a:
 - a. concise statement setting forth what you think is the correct, relevant or fair information, and
 - b. concise statement of the reasons why you disagree with the refusal to correct, amend or delete recorded personal information.
4. If you file either of the statements described above, we will:
 - a. file the statement with the disputed personal information and provide a means by which anyone reviewing the disputed personal information will be made aware of the statement and have access to it;
 - b. In any subsequent disclosure of the recorded personal information that is the subject of disagreement, clearly identify the information in dispute and provide the statements along with the recorded personal information being disclosed.
 - c. furnish the statement to any of the three categories of persons and organizations covered in the preceding point "2".
5. Your rights to correct, amend or delete recorded personal information exist to the extent that the information is collected and maintained in connection with an insurance transaction. These rights do not extend to information about you

Your Privacy Is Our Concern

Should you have any questions about our procedures or information maintained about you, please contact us at the following address:

FORT DEARBORN LIFE INSURANCE COMPANY
1020 31ST STREET
DOWNERS GROVE, ILLINOIS 60515-5591