

## Privacy Notice Statement

This notice explains how **First Pioneer Insurance Agency** may collect, use and share your information. Please read it carefully and contact us if you have any questions.

<b>Why did you give me this notice?</b>	<p>I am/ We are legally required to give you this notice by applicable law and our agreement with the federal government.</p> <p>I/We respect your personal information and want you to fully understand how I/we may use and share your information.</p>
<b>What information will you ask me to give you?</b>	<p>I /We must collect certain information about you, called <b>Personally Identifiable Information</b> (“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.</p> <ul style="list-style-type: none"><li>• name, address, date of birth, telephone number</li><li>• social security number</li><li>• household income, marital status</li><li>• race or ethnicity</li><li>• credit or debit card numbers</li></ul>
<b>How will you use my information?</b>	<p>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.</p> <p>These are a few of the authorized functions that we may conduct. This is not a complete list:</p> <ul style="list-style-type: none"><li>• Helping with your application for insurance</li><li>• Answering question about your eligibility</li><li>• Helping to enroll you in a qualified health plan</li><li>• Helping with filing appeals of eligibility determinations</li><li>• Correcting errors in your application</li></ul>
<b>Will you share my information with anyone?</b>	<p>I/We may only share your information as described in this notice.</p> <p>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.</p> <p>I/We must get your permission to share your information for any other purpose that is not described in this notice.</p>
<b>What happens if I don't share my information with you?</b>	<p>If you do not want to share your information, you may not be able to enroll in a health insurance plan.</p>
<b>Will you keep my information safe?</b>	<p>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.</p>
<b>How do I file a complaint?</b>	<p>To file a complaint with CMS: <a href="https://www.hhs.gov/hipaa/filing-a-complaint/index.html">https://www.hhs.gov/hipaa/filing-a-complaint/index.html</a> To file a complaint with First Pioneer Insurance Agency: <a href="mailto:agency@pioneerinsurance.com">agency@pioneerinsurance.com</a></p>

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**910-944-2848 | 800-547-1495 | [www.PioneerInsurance.com](http://www.PioneerInsurance.com)**