



ASSURANT HEALTH AND WELFARE BENEFIT PLAN

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE PEOPLE EXPERIENCE CENTER AT 1-866-324-6513.

EFFECTIVE DATE - SEPTEMBER 14, 2021

This notice describes the information privacy practices followed by the Assurant Group Health and Welfare Benefit Plan (the "Assurant Plan") During the course of providing you with health coverage, the Assurant Plan will have access to information about you that is deemed to be "protected health information", or PHI, by the Health Insurance Portability and Accountability Act of 1996, or HIPAA. PHI is defined as information that is created or received by the Assurant Plan and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for health care provided to an individual. The information must either identify the individual directly or be the type of information that can be used to identify the individual. While we cannot describe every type of information that the Assurant Plan collects, some of the types of PHI include:

- Name and Social Security Number associated with enrollment records,
- Claim information associated with FSA reimbursement requests,
- Claim information associated with a specific appeal for benefits.

This notice describes the uses and disclosure of PHI practices by the Plan and what your rights are under HIPAA.

OUR PLEDGE REGARDING PHI INFORMATION

We are required by law to:

- make sure that PHI that identifies you is kept private;
- provide you with certain rights with respect to your PHI;
- give you this notice of our legal duties and privacy practices with respect to PHI about you; and
- follow the terms of the notice that is currently in effect.

By adoption of this notice, the Assurant Plan confirms that it will comply with the privacy procedures set forth herein. The Assurant Plan may not use or disclose your PHI other than as provided herein or as required by law. All of the carriers or other business associates who are provided your PHI must agree to be bound by the restrictions and conditions concerning your PHI found herein.

HOW WE MAY USE AND DISCLOSE PHI INFORMATION ABOUT YOU

This section describes how the Plan uses and discloses PHI. Please note that these are merely examples of the most typical uses and disclosures, and are not intended to show every possible situation that may lead to or require disclosure of your PHI. Other types of disclosures of your PHI that are not categorized in this notice, including uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing or fundraising purposes, and disclosures that constitute a sale of PHI may only be made by the Plan with your written authorization, which you may revoke at any time by writing the Plan at the address indicated on the authorization.

For Payment (as described in applicable regulations). We may use and disclose PHI about you to determine eligibility for Plan benefits, to determine employee contribution discounts, to determine benefit responsibility under the Plan, or to coordinate Plan coverage.

For Health Care Operations (as described in applicable regulations). We may use and disclose PHI about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use PHI in connection with: underwriting and soliciting bids from potential carriers, premium rating and setting employee contributions, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage, legal services, audit services; business planning and development such as cost management; and business management and general Plan administration activities. In addition, your PHI may occasionally be disclosed to certain non-Assurant personnel

(for example, outside legal counsel) in order that they may assist with administration of the Plan. The Plan is prohibited from and will not use your PHI that is considered genetic information for underwriting purposes.

Since Assurant is the Plan Sponsor, your PHI will be disclosed to certain employees of Assurant in the below specified areas who perform Plan administration functions, including any employee who receives PHI relating to payment under, health care operations of, or other matter pertaining to the Plan in the ordinary course of business. These individuals are:

- The People Experience Center,
- The Human Resources/ Total Rewards & Wellbeing Department,
- Enterprise Business Services employees associated with the payment of carrier and business associate expenses, direct billing for benefits coverage, collection of premiums for benefits coverage and the administration of health savings accounts, flexible spending accounts and Retiree Reimbursement Plan,
- IT work force members who are responsible for the maintenance and development of the IT systems that support the departments indicated above, and
- The Assurant, Inc. Benefit Plans Committee.

These individuals may only use your PHI for Plan administration purposes including those described below, provided they do not violate the provisions set forth herein. Any employee of Assurant who violates the rules for handling PHI established herein will be subject to adverse disciplinary action.

Your PHI will not be used by Assurant for any employment-related actions or decisions or in connection with any other benefits or employee benefit plans of Assurant. Assurant must report to the Plan any uses or disclosures of your PHI, that are inconsistent with the provisions set forth herein, when Assurant or its covered employees become aware.

YOUR RIGHTS REGARDING PHI ABOUT YOU

You have the following rights regarding PHI we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy PHI that may be used to make decisions about your Plan benefits. The enrollment data that we maintain on you is available for viewing through EPIC. To further inspect and copy PHI (PHI that the plan retains on you consists of eligibility and enrollment data) that may be used to make decisions about you, you must submit your request in writing to the Privacy Official at: Total Rewards & Wellbeing, Attn: HIPAA Privacy Official, 55 Broadway, Suite 2901, New York, New York 10006. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain circumstances as required under HIPAA. HIPAA provides several important exceptions to your right to access your PHI. If you are denied access to PHI, you may request that the denial be reviewed.

PHI maintained by your physician, or contract carrier is not covered by this notice but regulated by the Privacy Regulations under HIPAA.

Right to Amend. If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the Plan. These requests must be submitted in writing to the Privacy Official. Please be aware that the Plan only maintains eligibility and enrollment data on you which is permitted by law to obtain and utilize for Plan administration.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend the information that:

- Is not part of the PHI kept by or for the Plan (remember we only keep the PHI outlined in this notice);
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Employer must act on your request for an amendment of your PHI no later than 60 days after receipt of your request.

Right to Accounting. You have the right to review a list of disclosures that the Plan made of your PHI (except PHI disclosed as allowed by law covering eligibility and enrollment data, and PHI disclosed to your representative or pursuant to an authorization from you). The Plan has no intention to disclose PHI about you beyond the legal use for eligibility and enrollment data. You must request this accounting in writing, addressed to the Privacy Official.

Right to Request Confidential Communications. You may request that the Plan communicates with you about your medical information in a certain way or at a certain location, provided that you can show that communication in a different manner might endanger you or your well-being. Your request must be in writing and specify why communications in the normal manner would endanger you and what specific manner of communications you are requesting.

Right to Disclosure to Personal Representative. You may request that the Plan disclose your PHI to a named individual who you designate to act on your behalf. Your request must be in writing and must be accompanied by documentation showing that the individual qualifies as your personal representative under law (such as a notarized power of attorney).

Right to Request Restrictions. You have the right to request a restriction or limitation on your PHI that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your PHI that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

Right to be Notified of a Breach. You will be notified by the Plan in the event that your unsecured PHI is compromised.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

In order to exercise any of the above discussed rights, please contact Assurant Total Rewards & Wellbeing, Attn: Privacy Official, 55 Broadway, Suite 2901, New York, New York 10006.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any changed information we receive in the future. A copy of this notice will remain posted on the Assurant Benefits Website, MyAssurantBenefits.com.

COMPLAINTS

If you believe your privacy rights have been violated with respect to the handling of your PHI, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. All complaints associated with the Plan must be in writing to Assurant Total Rewards & Wellbeing, Attn: HIPAA Privacy Official, 55 Broadway, Suite 2901, New York, New York 10006.

You will not be penalized for a complaint.