

# Privacy Notice Statement

This notice explains how the Spence Agency LLC may collect, use and share your information. Please read it carefully and contact 919-736-3866 if you have any questions.

<p><b>Why did you give me this notice?</b></p>	<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>
<p><b>What information will you ask me to give you?</b></p>	<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.</p> <p>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>
<p><b>How will you use my information?</b></p>	<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>
<p><b>Will you share my information with anyone?</b></p>	<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>
<p><b>What happens if I don’t share my information with you?</b></p>	<p>If you do not want to share your information, you may not be able to enroll in a health insurance plan.</p>
<p><b>Will you keep my information safe?</b></p>	<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>

