

# Privacy Notice Statement

This notice explains how NC Insurance Advisors may collect, use and share your information. Please read it carefully and contact us at 910-799-7474 if you have any questions.

**Why did you give me this notice?**

I am/ We are legally required to give you this notice by applicable law and our agreement with the federal government.  
I/We respect your personal information and want you to fully understand how I/we may use and share your information.

**What information will you ask me to give you?**

I /We must collect certain information about you, called **Personally Identifiable Information** (“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.  
name, address, date of birth, telephone number  
social security number  
household income, marital status  
race or ethnicity  
credit or debit card numbers

**How will you use my information?**

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.  
These are a few of the authorized functions that we may conduct. This is not a complete list:  
Helping with your application for insurance  
Answering question about your eligibility  
Helping to enroll you in a qualified health plan  
Helping with filing appeals of eligibility determinations  
Correcting errors in your application

**Will you share my information with anyone?**

I/We may only share your information as described in this notice.  
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.

**What happens if I don't share my information with you?**

If you do not want to share your information, you may not be able to enroll in a health insurance plan.

**Will you keep my information safe?**

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.