

California Financial Privacy Notice

IMPORTANT PRIVACY CHOICES FOR CALIFORNIA CONSUMERS

You have the right to control whether we share some of your personal information. Please read the following information carefully before you make your choices below.

Dentegra respects and understands that your privacy is important. We are committed to protecting the confidentiality of information that we maintain about you. Our business is to pay claims for dental care within the scope of your dental plan benefits contract.

YOUR RIGHTS

You have the right to restrict the sharing of personal and financial information with our affiliates (companies we own or control) and outside companies with whom we do business. Nothing in the law prohibits us from sharing information necessary for us to follow the law, or as the law allows, or to give you the best possible service, which may include sending you information about our products and services.

YOUR CHOICES

Restrict information sharing with affiliated companies we do business with to provide financial products and services: Unless you respond "No," we may share personal and financial information about you with other companies.

NO, please do not share my personal and financial information with affiliated companies.

Restrict information sharing with other companies we do business with to provide financial products and services: Unless you respond "No," we may share personal and financial information about you with outside companies we contract with to provide financial products and services.

NO, please do not share my personal and financial information with outside companies you contract with to provide financial products and services.

TIME SENSITIVE REPLY

You may make your privacy choice(s) at any time. Your choice(s) will remain in effect until you state otherwise. However, if we do not hear from you, we may share your information with affiliated companies and other companies with whom we have contracts to provide products and services.

To exercise your choices, do one of the following:

- Call us toll free at **877-280-4204** and speak with a Customer Service representative for assistance, or



- You may complete this form and mail to us at:

Dentegra Insurance Company
P.O. Box 1850
Alpharetta, GA 30023-1850

Last name: (please print) _____

First name: (please print) _____

Account number: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Language Assistance

IMPORTANT:

Can you read this document? If not, we can have somebody help you read it. For free help, please call Dentegra. You may also be able to receive this document in Spanish or Chinese.

IMPORTANTE:

¿Puede leer este documento? Si no, podemos ayudarle. Para obtener ayuda gratis, llame a Dentegra. También puede recibir este documento en español o chino.

重要通知：您能讀這份文件嗎？如有問題，我們可請他人協助您。如需免費協助，請電 Dentegra。您也能取得這份文件的西班牙文或中文譯本。