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brightpeak financial[®]

A DIVISION OF THRIVENT FINANCIAL FOR LUTHERANS, A MEMBERSHIP ORGANIZATION OF CHRISTIANS.



Notice of Insurance Information Practices

Information collected

brightpeak financial, a division of Thrivent Financial for Lutherans, a membership organization of Christians, may collect personal information from you and from persons other than you. Depending on the circumstances, the sources and types of personal information we collect about you may include information we receive:

- From you on your applications or other forms, such as name, address, Social Security number, birth date, assets and income.
- From consumer-reporting agencies, such as credit history, prescription history and public records.
- About your transactions and experience with us, such as products purchased, your certificate values and payment history.
- From insurance support organizations, such as the Medical Information Bureau (MIB), about your insurability received in a coded form.
- From your health care providers, such as copies of our medical records.
- From your employers about your occupation and earnings.
- From family members and others who may have knowledge about your character, habits and lifestyle.
- From other insurers, reinsurers or financial institutions, such as other insurance coverage applied for or in force and account information.
- From governmental agencies, such as a motor vehicle report.

Information collection techniques

Techniques that may be used to collect information about you include:

- From you on your applications or other forms, such as name, address, Social Security number, birth date, assets and income.
- Personal or telephone interview
- Written correspondence
- Examination or assessment
- Investigative consumer report
- Coded reports from MIB

Sharing information outside brightpeak

As required or permitted by law, we may disclose the information we have about you as follows:

- To others to enable them to perform services for us or on our behalf to underwrite insurance, process transactions and administer claims.
- To health care providers to verify insurance coverage or benefits; inform you of medical history you may not be aware of; and to verify medical treatment or services.
- To an insurance regulatory authority to comply with audits and to respond to complaints.

- To a law enforcement or other governmental authority to protect us against perpetration of fraud or other illegal activities.
- To organizations conducting actuarial or research studies; however, no individually identifiable medical information is disclosed.
- To our affiliates to provide you with better customer service and account maintenance to help you make decisions about your products, services and benefits; and to inform you of other products, services and benefits that may be of interest to you.
- Coded reports from MIB

We may disclose identifying information we have about you, such as name, address and telephone number, with approved organizations to market products or services that may be of interest to you.

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Access to recorded personal information from brightpeak

As required or permitted by law, we may disclose the information we have about you as follows:

1. Inform you of the nature, substance and source of your recorded personal information in writing, by telephone or by other oral communication, whichever we prefer;
2. Permit you to see and copy, in person, your recorded personal information or to obtain a copy of your recorded personal information by mail, whichever you prefer. If the recorded personal information is in coded form, an accurate translation in plain language shall be provided in writing. However, where permitted by law, copies of your medical information will be supplied to a medical provider designated by you and licensed to provide medical care with respect to the condition to which the information relates;
3. Disclose to you the identity, if recorded, of those persons to whom we disclosed your personal information within two (2) years prior to your request, and if the identity is not recorded, the names of those persons to whom such information is normally disclosed; and
4. Provide you with a summary of the procedures by which you may request correction, amendment or deletion of recorded personal information.

brightpeak may charge a reasonable fee to cover the costs incurred in providing a copy of recorded personal information to you.

Access to and correction, amendment or deletion of recorded personal information from brightpeak

If you want to correct, amend or delete the recorded personal information we have about you, submit a written request to us. Within thirty (30) business days from the date of receipt of a written request, we will either:

1. Correct, amend or delete the portion of the recorded personal information in dispute; or
2. Notify you of our refusal to make such a correction, amendment or deletion; the reason for the refusal; your right to file a statement stating what you think is the correct, relevant or fair information; and the reasons why you disagree with our refusal to correct, amend or delete the recorded personal information.





If we correct, amend or delete recorded personal information, we will provide written notification to:

- Any person specifically designated by you who may have, within the preceding two (2) years, received such recorded personal information;
- The Medical Information Bureau (MIB);
- Any insurance support organization whose primary source of personal information is from insurance institutions and to whom we disclosed personal information within the preceding seven years, such as MIB; and
- Any insurance support organization that furnished the personal information that has been corrected, amended or deleted.

If we refuse to correct, amend or delete your recorded personal information and you disagree, you have the right to file a concise statement with us that sets forth what you think is the correct, relevant or fair information, and the reasons why you disagree. In the event you file a statement, we will provide access to your statement with the disputed information to anyone reviewing it, and include it in any subsequent disclosures. If the completeness or accuracy of any information furnished or provided to MIB by brightpeak is disputed by you, brightpeak will notify MIB of such dispute.

Access to and correction, amendment or deletion of recorded personal information from MIB

Information regarding your insurability will be treated as confidential. brightpeak, or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866 692-6901 (TTY 866 346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

brightpeak, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Information obtained from a report prepared by MIB may be retained by MIB and disclosed to other persons.

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Privacy of Your Information

Important Privacy Choices for Consumers

Protecting the privacy of data about you is a responsibility we take very seriously

We understand your data is personal, and it is important to you that we keep it confidential. The practices and procedures we use to protect your data are rigorous and thorough. **Please review it carefully.**

This notice describes the privacy policy of:

- Thrivent Financial for Lutherans (and its division, brightpeak financial)
- Thrivent Mutual Funds
- Thrivent Investment Management, Inc.
- Thrivent Financial Investor Services, Inc.
- Thrivent Insurance Agency, Inc.
- Thrivent Asset Management, LLC
- Thrivent Life Insurance Company

It also explains the types of data about you that we collect and disclose, with whom that data may be shared, and how we protect your data.

After you read this notice, if you decide that our practices and procedures meet your expectations, there is nothing you need to do. If you do not want data about you shared as outlined, you may tell us your data-sharing choices, as described in this notice. Once you tell us of your choice, we will honor it until you change it.

Security of data about you

We have strict standards of security to safeguard your data. We have physical, electronic and procedural safeguards in place to protect your data. The technology we use to protect your data is reviewed often.

Only authorized individuals who are trained to safeguard your data may use data about you. Those who use your data must follow established standards, procedures and laws.

Data collected

Having correct data about you permits us to: **provide better customer service, increase the efficiency of our operations, and comply with legal and regulatory requirements.** The data we collect about you varies by the products, services or benefits you request and may include:

- Data we receive from you on applications or other forms, such as name, address, Social Security number, birth date, assets and income.
- Data we receive from consumer-reporting agencies, such as credit history.
- Data obtained from our Thrivent Member Networks, Christian churches, such as congregation name and volunteer activities.





- Data about your transactions and experience with us, such as products or services purchased, your contract values and payment history.
- Data from outside sources relating to their relationship with you or that verifies representations made by you. This includes your employment history, other insurance coverage and medical records.
- Other general data, such as email address and demographic data.

Data-sharing practices within our organization

We may share the data we have about you within our family of companies.* We only share information about your health as permitted by law. For example, we share your health information to process claims and underwrite your application for insurance. Sharing your data allows us to:

- Provide you with better customer service.
- Help you make decisions about your products and benefits.
- Inform you of products, services and benefits that may be of interest to you.

Federal law gives you the right to limit some but not all marketing from our affiliates. Federal law also requires us to give you this notice to tell you about your choice to limit marketing from our affiliates.

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Sharing data outside our organization

We do not share data about you with other organizations, except as permitted by law. For example, we are permitted to share data about you to help us underwrite your insurance or open your account; process transactions; administer your claims; and provide benefits as part of your membership. We also are permitted to share your data with organizations that act for us or on our behalf, such as printing and mailing companies. In addition, we must share data about you in certain instances, such as to detect fraud or to comply with an inquiry by a government agency or regulator.

We may share data that identifies you (such as name, address, telephone number, age and gender) and your fraternal relationship data (such as Thrivent Member Network number) with organizations that perform marketing services on our behalf, and other financial institutions with which we have joint marketing agreements.

In all states except California, Massachusetts, Minnesota, New Mexico, North Dakota and Vermont, we also may share data that identifies you, as described above, with nonprofit Christian organizations, such as churches and schools. In California, Massachusetts, Minnesota, New Mexico, North Dakota and Vermont, we will not share data about you with nonprofit Christian organizations.

Accuracy of your data

Our goal is to keep your data accurate and up-to-date. You may request access to and correction of your data by writing to us at the following address:

Attention: brightpeak financial
901 N. 3rd St. • Suite 195
Minneapolis, MN 55401

Our treatment of data about former customers

If you no longer have products or services with us, we will not share your data with other organizations, other than as permitted by law. We may still share data about you within our family of companies.*

Restrict information-sharing with others

You may tell us not to share data about you by **calling us toll-free at 855.348.3001**, or by e-mailing us at **memberservices@brightpeakfinancial.com**. We are available to answer calls between the hours of 8 a.m. and 8 p.m. Central time Monday through Friday.

You may:

- Request we remove your name from some or all of our internal marketing lists. You should know that our regular service mailings may still contain marketing materials.
- Tell us not to share data about you within our family of companies.* However, we may still share your name, address and telephone number; your Social Security number (for tax-reporting and identification purposes); the existence of your products, services or benefits; and data about you as needed by our fraternal operations.
- Direct us not to share data about you with other financial institutions with which we have joint marketing agreements.
- Tell us not to share data about you with nonprofit Christian organizations. If California, Massachusetts, Minnesota, New Mexico, North Dakota or Vermont is your primary home, we will not share data about you with nonprofit Christian organizations.

It may take six to eight weeks to make your choice(s) fully effective.

If you are a joint-contract owner or a joint-account holder, you may receive this notice on behalf of all joint owners. As a joint-contract owner or joint-account holder, you may choose one or more of the listed options that apply in your home state on behalf of all joint owners or only on your own behalf.

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Other privacy-related notices

- Our Privacy of Information About Your Health notice describes the ways in which brightpeak may use and disclose information about your health.
- Our Notice of Insurance Information Practices provides a more detailed explanation of the use of your information in our insurance operations.


You may ask for one or both of these notices by writing to us at the following address:

Attention: brightpeak financial
901 N. 3rd St. • Suite 195
Minneapolis, MN 55401

*Information about you may be shared between Thrivent Financial for Lutherans and the following selected affiliates:

- | | |
|--|------------------------------------|
| • Thrivent Trust Company | • Thrivent Mutual Funds |
| • Thrivent Investment Management, Inc. | • North Meadows Investment Ltd. |
| • Thrivent Life Insurance Company | • Thrivent Distributors, LLC |
| • Thrivent Financial Investor Services, Inc. | • Thrivent Education Funding |
| • Thrivent Insurance Agency, Inc. | • Thrivent Education Finance Group |
| • Thrivent Asset Management, LLC | |





Privacy of Your Health Information

Important Health Information Choices for Consumers

Protecting the privacy of your health information is a responsibility we take very seriously.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

brightpeak financial, a division of Thrivent Financial for Lutherans, a membership organization of Christians, views protecting the privacy of information about your medical conditions and health as a responsibility to be taken very seriously. We understand that medical information about you and your health is personal, and it is important to you that we keep it confidential. We are committed to the practices and procedures we established to protect the confidential nature of information about your health.

This notice describes the ways in which we may use and disclose information about your health to carry out treatment, payment and health care operations, and for other purposes as permitted or required by law.

It also describes your rights and our duties regarding the use and disclosure of health information.

Uses and disclosures of information about your health without your authorization

The following categories describe different ways that we may use and disclose information about your health without your written authorization. For each category, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information without written authorization fall within one of the categories.

Treatment: We do not use information about your health to provide you with medical treatment or related services.

Payment: Generally, we use and disclose information about your health so we can administer claims, which includes reimbursing incurred expenses for treatment and services you receive from a health care provider. For example, we may disclose this information to your health care provider to verify insurance coverage for medical treatment or service expenses.

Health care options: We use and disclose information about your health for our insurance operations. These uses and disclosures are necessary for our business and to make sure our members are receiving quality service. Some examples of how we may use and disclose information about your health include: underwriting insurance, processing transactions, resolving grievances, and conducting business planning. We may also disclose information about your health to our business associates to enable them to perform services for us or on our behalf relating to our operations. At the time you apply for insurance, we may disclose information about your health in encoded form to the Medical Information Bureau (MIB) in an effort to deter fraud, misrepresentation or criminal activity.

Public health risks: As required by law, we may disclose information about your health to public health authorities that receive information to: prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; and notify a person who may be at risk for contracting or spreading a disease or condition.

Health oversight activities: We may disclose information about your health to a health oversight agency for activities authorized by law. Examples of these oversight activities include: audits, investigations and inspections. These activities are necessary for the government to monitor the health care system, government programs and entities subject to civil rights laws.

Lawsuits and disputes: If you are involved in a lawsuit or a dispute, we may disclose information about your health in response to a court or administrative order. We may also disclose this information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We will make reasonable efforts to tell you about the request.

Law enforcement: We may release information about your health if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; and about a death that may be the result of criminal conduct. We may also release information about your health to law enforcement or other governmental authorities to protect us against perpetration of fraud or other illegal activities.

Coroners, medical examiners and funeral directors: We may release information about your health to a coroner or medical examiner. We also may release information about your health to funeral directors as necessary to carry out their duties.

Research: Under certain circumstances, we may use information about your health for insurance research purposes. We may also disclose information about your health to organizations conducting actuarial or insurance research studies.

To avert a serious threat to health or safety: Although it is not our practice, we may use and disclose information about your health when necessary to help prevent a serious threat to the health and safety of you or others. Any disclosure, however, would only be to someone able to help prevent the threat.

Military and veterans: If you are a member of the armed forces, we may release information about your health as required by military command authorities.

Workers' compensation: We may release information about your health to comply with laws relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

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Uses and disclosures of information about your health with your authorization

Other uses and disclosures of information about your health that are not described in this notice or are not otherwise permitted by law will be made only with your written authorization. You may revoke such authorization as described in this notice.





Your rights regarding information about your health

You have the following rights regarding the health information we maintain about you, which you may exercise by submitting your request in writing to:

Attention: brightpeak financial
901 N. 3rd St. • Suite 195
Minneapolis, MN 55401

Right to revoke authorization: You may revoke your authorization that allows us to use or disclose health information that is not otherwise covered by this notice or applicable law in writing at any time except: when the authorization was obtained as a condition of obtaining insurance; during the contestable period; or to the extent that we have taken action in reliance on your written authorization. You understand we are unable to take back any disclosures we have already made with your authorization and that we may retain documents that may contain information about your health.

Right to request restrictions: You have a right to request a restriction on the information about your health that we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the information we disclose about your health to someone who is involved in your care or the payment for your care, such as a family member. In your request, you must tell us: the information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply (for example, disclosures including your spouse). We are not required to agree to your requested restriction or limitation unless the protected health information pertains solely to healthcare for which you, not a health plan, have paid us or your provider in full.

Right to request confidential communications: If you could be endangered by our normal communication channels, you have the right to request that we communicate information about your health to you by alternative means or at an alternative location. We will ask you the reason for your request, and we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to inspect and copy: You have a right to inspect and copy information about your health that we maintain. Usually, this includes medical and billing records. Under federal law, this right does not include psychotherapy notes or information about your health compiled in reasonable anticipation of litigation, administrative action or administrative proceeding. If you request a copy of this information, we may charge a standard 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 limited circumstances, such as where disclosure would reasonably endanger the life or physical safety of you or another person. If you are denied access to information about your health, you may request that the denial be reviewed.

Right to amend: If you believe the information we have about your health is incorrect or incomplete, you may ask us to amend the information. You must provide a reason that supports your request. You have the right to request an amendment for as long as the information is kept by or for us.

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 information that:

- 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 about your health kept by or for us;
- Is not part of the information about your health that you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to request an accounting: You have the right to receive an accounting of certain disclosures of information about your health that we made, if any. This right applies to disclosures for purposes other than treatment, payment, health care operations or as otherwise permitted or required by law. You have a right to receive specific information about these disclosures that occur after Aug. 1, 2012. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Right to a copy of this notice: You have the right to obtain a copy of this notice at any time.

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Other duties regarding information about your health

We are required by law to:

- Maintain the privacy of information about your health;
- Notify you following a breach of your protected health information;
- Provide you with this notice of our legal duties and health information privacy practices;
- Abide by the terms of this notice; and
- Not use or disclose protected health information that is generic information to underwrite for Medicare Supplement Insurance.

Changes to this notice

We reserve our right to change the terms of this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. If we make a material change to the terms of this notice, we will mail a revised notice to you.

For more information or to file a complaint

If you have questions or would like additional information, you may contact us at 855.348.3001, or e-mail us at memberservices@brightpeakfinancial.com.

If you believe your privacy rights have been violated, you may file a written complaint with our privacy office and with the Secretary of the Department of Health & Human Services. You will not be retaliated against for filing a complaint.

This notice was published and became effective in 2017.

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A division of Thrivent Financial for Lutherans, a membership organization of Christians founded more than a century ago, which is based in Appleton, WI 54919-0001.

brightpeak financial is located at 901 N. 3rd St. Suite 195 | Minneapolis, MN 55401

