

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.

Delta Dental 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 your personal and financial information with our affiliates (companies we own or control) and outside companies with whom we do business. We are not prohibited from sharing information necessary for us to comply with the law or, as the law allows, providing you with the best possible service, which may include sending you information about our products and services.

LANGUAGE ASSISTANCE

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at the Member/Customer Service telephone number on the back of your Delta Dental ID card, or 1-866-530-9675.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda gratuita, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Delta Dental o al 1-866-530-9675. (Spanish)

重要通知：您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。這封信也可以用您所講的語言書寫。如需幫助，請立即撥打登列在您的Delta Dental ID卡背面上的會員/客戶服務部的電話，或者撥打電話 1-866-530-9675。
(Chinese)



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Opt Out Request Form

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 866-530-9675 and speak with a Customer Service representative for assistance, or
• You may complete this form and mail to us at Delta Dental of California, P.O. Box 997330, Sacramento, CA 95899-7330.

Last name: (please print) _____

First name: (please print) _____

Account number: _____

Street address: _____

City: _____ State: _____ ZIP: _____