# **MetLife Personal Information Request Report**

Reference ID: REF-2024-001234

Date: January 15, 2024

Request Type: Access to Personal Information

Dear John Smith, 123 Main Street New York, NY 10001

## Why we're contacting you:

You have requested access to your personal information that MetLife maintains about you in accordance with applicable privacy laws. This report fulfills your request and provides comprehensive information about the personal data we have collected.

### What you need to know:

This report contains all personal information we have collected and processed about you, including data from various sources and systems. The information is organized by category and includes details about collection sources and purposes.

## What you need to do:

Please review this information carefully. If you notice any inaccuracies or have questions about how your information is being used, please contact us using the information below. You have the right to request corrections or deletions.

## We're here to help:

For questions about this report or your personal information:

⢠Phone: 1-800-METLIFE (1-800-638-5433)

⢠Email: privacy@metlife.com

⢠Mail: MetLife Privacy Office, 200 Park Avenue, New York, NY 10166

## MetLife collected information from the following sources:

- ⢠Application forms and enrollment documents
- ⢠Claims and benefit administration systems
- ⢠Customer service interactions and communications
- ⢠Third-party data providers and verification services
- ⢠Public records and databases
- ⢠Medical providers and healthcare networks
- ⢠Employers and group policy administrators

#### **Purposes of collecting information:**

- ⢠Policy administration and claims processing
- ⢠Customer service and support
- ⢠Legal and regulatory compliance
- ⢠Fraud prevention and risk assessment
- ⢠Marketing and communication (with consent)
- ⢠Product development and analytics
- ⢠Underwriting and risk assessment

### Disclosures of your information outside of MetLife:

- ⢠Service providers and business partners
- ⢠Regulatory authorities as required by law
- ⢠Healthcare providers for claims processing
- ⢠Legal counsel in connection with legal proceedings
- ⢠Other parties with your explicit consent
- ⢠Reinsurance companies for risk management
- ⢠Fraud prevention agencies
- ⢠Government agencies as required by law

# **Personal Information Elements Collected About You**

Category	Data Element	Value	So
Personal Identity	Full Name	John Smith	Ар
	Date of Birth	01/01/1980	Ap
	Social Security Number	***-**-1234	Aр
	Gender	Male	Ар
	Marital Status	Married	Ар
Contact Information	Email Address	john.smith@email.com	Ар
	Phone Number	(555) 123-4567	Ар
	Home Address	123 Main St, NY 10001	Ар
	Mailing Address	Same as Home	Ар
Financial Information	Annual Income	\$75,000	Ар
	Bank Account	****1234	Cla
	Employment Status	Full-time	Ар
	Employer	ABC Corporation	Ар
Health Information	Medical History	[Protected Health Info]	Cla
	Prescriptions	[Protected Health Info]	Cla
	Healthcare Provider	Dr. Johnson, MD	Cla
	Insurance Claims	3 claims in 2023	Cla
Policy Information	Policy Number	POL-2024-001	Po
	Coverage Type	Life Insurance	Po
	Premium Amount	\$250/month	Po
	Beneficiary	Jane Smith (Spouse)	Ар
	Policy Start Date	01/01/2024	Po
Digital Interactions	Online Account	jsmith_metlife	We
	Last Login	01/14/2024	W€
	Mobile App Usage	Active User	Mo
	Communication Preferences	Email & SMS	Pre