

Disclosure of purpose of use of personal information held by the AIG Health Insurance Society

The AIG Health Insurance Society (“Society” hereinafter) prepares personal information databases based on various information, including personal information provided on various notices, application forms, and other documents received from insured persons and their family members (“members” hereinafter), personal information provided in the medical cost details (“Rezepts” hereinafter) used by medical care institutions or other facilities to bill the Society for the cost of examinations administered at such facilities, and other personal information such as the numerical results of health examinations. The Society uses this information in health insurance activities like those described below.

In general, the Society uses personal information to provide services as needed for the purposes of maintaining and promoting member health in order to provide insurance benefits for non-occupational sickness or injury, death, or childbirth among its members, pursuant to the Health Insurance Act.

However, since a health insurance society handles large volumes of medical care information such as Rezepts and health examination data and other personal information and its activities assume significant trust among its members, guidelines issued by the Ministry of Health, Labour and Welfare recommend restricting the purposes of use of such information in more detail.

Accordingly, the Society discloses its purposes and methods of use of personal information as follows:

1. Notices and other materials related to eligibility for insurance coverage are used in Society operations as outlined below.

Master databases such as membership registers are prepared by entering data, primarily the information appearing on Notifications of Eligibility as Insured Person and Notifications of Health Insurance Dependent (Change) (such as health insurance card symbols and numbers, names, dates of birth, gender, addresses, basic pension nos., and monthly remunerations) and

stored on Society administrative processing computers for use in general health insurance activities.

Certification of dependents is performed when a Notification of Health Insurance Dependent (Change) has been submitted, using documentation for determining income and other information such as certificates of taxation and non-taxation and certificates of school attendance.

Any received Notification of Loss of Eligibility as Insured Person, together with returned health insurance card, will be checked and disposed of after retention for a fixed period of time.

Any changes or additions to data stored in a master database are based on change (correction) notices concerning matters related to eligibility.

Among other purposes, through linkage with benefits data, Rezept data, health examination data, and other data, master databases are used to confirm payment of benefits and other matters; issue medical care cost information; identify persons eligible for various health activities; and contact members.

Names, addresses, and other contact information in master databases and obtained from notices or other documents may be used to contact members even after they have lost their eligibility as Society members.

Upon receipt of inquiries from medical care institutions or other insurers (including municipalities and pension offices) concerning verification of loss of eligibility, responses will be provided concerning whether or not the individual concerned remains eligible for insurance coverage, including the health insurance card symbol and number, name, date of birth, gender, date of eligibility, date of loss of eligibility, and other data from the master databases after first checking the identity of the inquiring party.

In suspected cases of examinations undergone after loss of eligibility, data such as the health insurance card symbol and number, name, date of birth, gender, date of eligibility, and date of loss of eligibility of the person in question in the master databases will be checked against data from other insurers to make adjustments related to duplication of benefits with other

insurers and medical care institutions.

Data from Notifications of Base for Calculation and Notifications of Change in Monthly Amount is registered in the master databases and used to collect insurance premiums (including regulation insurance premiums and long-term care insurance premiums). In addition, employers are asked to provide salary/bonus ledgers and other materials to be checked.

Part of some tasks involved in the creation and input of master databases, issue of health insurance cards, and the preparation of notices for payment of insurance premiums and other documents are subcontracted to the Daiwa Institute of Research Business Innovation Ltd., a health insurance service system vendor.

For users of directly operated and contracted lodges, data comprising health insurance card symbols and numbers, names, gender, and addresses from master databases is provided to contracted facilities for use in applying to use such facilities.

2. Application forms for claims for cash benefits and other benefits are used in Society operations as outlined below.

Data is entered into administrative processing computers to verify claims and to ensure fair benefit decisions.

Data on benefit records is entered and stored for use in verifying later claims.

Data comprising health insurance card symbols and numbers, names, and addresses from master databases is used to send booklets on childrearing “Baby and Mama” to those claiming the Childbirth and Childcare Lump-Sum Grant and the Dependents’ Childbirth and Childcare Lump-Sum Grant.

For those claiming the Childbirth and Childcare Lump-Sum Grant or Dependents’ Childbirth and Childcare Lump-Sum Grant, data including health insurance card symbols and numbers, names, and dates of birth from master databases is checked against information from other insurers to ensure fair benefit decisions in order to make adjustments related to duplication of benefits with other insurers.

Upon receipt of inquiries from other insurers concerning whether a claim has been filed for the Childbirth and Childcare Lump-Sum Grant or Dependents' Childbirth and Childcare Lump-Sum Grant, responses will be provided concerning whether such a claim has been received or payment of benefits made after first checking the identity of the inquiring party.

For those claiming the Injury and Sickness Allowance, Rezept data is used to check claims; in some cases, treatment status and other information are verified with the physician responsible or a visit is made to the hospital to ensure fair benefit decisions.

3. Health insurance operations require original Rezepts or images for claims submitted in CSV format from Health Insurance Claims Review & Reimbursement Services (HICRRS).

Reviews of Rezept data are subcontracted to MHI Co., Ltd. In the event of questions concerning claims, HICRRS is requested to conduct follow-up reviews.

If a follow-up review results in the suspicion that an examination was undergone after loss of eligibility, information concerning the person in question, including the name of the Society, health insurance card symbol and number, name, date of birth, date of loss of eligibility, and date of examination is communicated to the medical care institution for the purpose of verification.

Similarly, information concerning patients scheduled to receive payment of High-Cost Medical Care Benefits, including the name of the Society, health insurance card symbols and numbers, names, and dates of birth is communicated to medical care institutions to verify whether they also receive assistance from public expenditure or from local governments.

Rezept data is used to analyze medical care costs for the purpose of moderating the Society's medical care costs and identifying those eligible for follow-up guidance and education on prevention of lifestyle-related conditions following health examinations.

Members who have been examined by multiple medical care institutions in a single month are identified and provided guidance based on Rezept data.

Decisions concerning payment of High-Cost Medical Care Benefits and additional benefits (Patient Cost-Sharing Reimbursements and Additional Benefits, Total High-Cost Medical

Care Additional Sum, and medical care additional sum for dependents) are based on Rezept data.

Decisions concerning payment of Injury and Sickness Allowance are made by referring to Rezept data.

Decisions concerning the payment of medical care expenses and Secondary Dependent Medical Costs are made by referring to Rezept data.

Reviews of medical care expenses for judotherapy are subcontracted to Gulliver International K.K. Decisions concerning the payment of these expenses are made by referring to Rezept data.

Decisions concerning payment of Funeral Expenses and Dependents' Funeral Expenses are made by referring to Rezept data.

Rezept data is printed out in response to requests for disclosure. Requests for disclosure from parties other than the individual to whom the data describes are handled in accordance with the procedures for disclosure requests. Such disclosure is made only to persons authorized through such procedures.

Medical care cost information is provided to members by Daiwa Institute of Research Business Innovation Ltd., a health insurance service system vendor, based on Rezept data.

When a member receives medical consultation and treatment due to the acts of a third party in cases such as traffic accidents, a copy of the patient's Rezept is provided to the casualty insurance company as proof of medical care costs.

Copies of Rezepts and application forms containing a portion of their content are sent to the High-Cost Medical Care Group of the National Federation of Health Insurance Societies (NFHIS) to apply for the joint undertaking for benefits for high medical care costs and receive assistance for medical care costs.

Rezepts are used as teaching materials in the form of case studies in Rezept inspection training programs administered by multiple health insurance societies after removing any personal information.

4. Health examinations are administered by Value HR Co., Ltd., a subcontractor health examination service vendor.

Data on numerical results is provided to the examinees and entered into the health examination site for use in identifying those eligible for follow-up guidance and education on preventing lifestyle-related conditions following health examinations.

The Society provides health examinations jointly with the following employers. In principle, the employer is also notified of all numerical results of statutory health examinations and HbA1c numerical results of insured persons (not including Voluntary and Continuously Insured Persons). This data is shared by the employer and the Society to facilitate health management for insured persons (employees).

Data on health examination results is stored in master databases and compared to subsequent data as reference materials for health management undertakings and health guidance.

AIG General Insurance Company, Ltd.

American Home Assurance Company, Ltd.

AIG Health Insurance Society

AIG Corporate Pension Fund

AIG Technologies KK

AIG Business Partners KK

AIG Japan Holdings Kabushiki Kaisha

Techmark Japan KK

The Fuji Facility Service, Inc.

AIG Harmony Company Ltd.

FWD Fuji Life Insurance Company, Limited

AIG Partners Co., Ltd.

5. Other health activities

Those eligible for Specified Health Guidance and measures to prevent progression of chronic conditions are asked if they wish to participate. The health examination data on which eligibility is based is then provided to subcontractors (Seiko Epson, Houken, Carna, Value HR Co.,Ltd., and medical care institutions) for use in health guidance activities.

Houken prepares and distributes My Health Reports based on data from insured persons aged 30 and those aged 35 and older who have undergone health examinations.

This includes past health examination data for up to three consecutive years and analysis thereof. In addition, health pamphlets containing advice for healthier living in lifestyle, diet, and exercise categories are distributed.

Lists of participants in health promotion seminars are distributed to participants.

Lists of participants in health promotion events are distributed to participants.

Photographs and comments received from participants in health promotion events may be published in bulletins together with the names of participants and their establishments.

6. HR data on management and employees, lists of Society Committee members, and lists of employers' personnel responsible

Documents related to the appointment and hiring of Society management and employees will be stored under strict security.

Documents related to the compensation of management and employees will be stored under strict security and used for processing withholding taxes and for other matters.

Documents related to performance evaluations and other HR matters will be stored under strict security and used in personnel transfers and other activities.

Lists of Society Committee members and directors will be used to communicate dates and

times of Society Committee and Board of Directors meetings and related matters.

Lists of employers' personnel responsible will be used for purposes such as communicating information on briefings for employers' personnel responsible, health management promotion committee meetings, and other individual matters.

7. Identifying personal information

Identifying personal information refers to personal information that includes Individual Numbers (Social Security and Tax Numbers; including numbers, codes, or other symbols used in place of Individual Numbers, other than certificate of residence codes).

The Act on the Use of Numbers to Identify a Specific Individual in the Administrative Procedure ("Act" hereinafter) specifies the permitted scope of use of identifying personal information, including coordination of information between parties that carry out administrative operations, such as administrative agencies (e.g., obtaining information on taxation or non-taxation from municipal governments for use in certification of dependents by a health insurance society). Such information may not be used beyond the scope of use specified in the Act.

In certain cases, the notices described under 1 and 2 above may qualify as identifying personal information because they include Individual Numbers. Since their use in accordance with the purposes and methods of use specified under 1 and 2 above falls beyond the scope of use specified in the Act, appropriate measures will be taken, such as redacting or removing Individual Numbers.

The Society handles tasks such as retention, administration, disposal, and deletion of personal information as outlined below.

(1) For personal information shown on various paper notices, application forms, Rezepts, or other documents, upon completion of input processing, such documents are retained in a safe for the retention period (years) specified in Society document control rules and are not removed from storage except when needed for checking or similar purposes.

Personal information appearing in media other than paper format is retained and

administered appropriately in accordance with management and administration rules on retention in media other than paper format.

(2) Paper documents containing personal data for which the specified retention period (years) has expired or personal information is no longer needed because processing is complete are shredded to render the information irrecoverable. Disposal of large volumes of personal data is done by dissolving by Wanbishi Archives Co., Ltd., a specialized subcontractor.

In addition, to dispose of personal computers or magnetic media, data destruction software is used to make all data stored on such devices or media unrecoverable before disposing of the devices or media or returning them at the end of the lease period.

Personal information held by the Society is not used for any purpose other than health insurance activities conducted by the Society.