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TUFTS
Health Plan

Return Mail Processing Center
PO Box 6336
Portland, OR 97228-6336

<<Mail ID>>

<<Name 1>>

<<Name 2>>

<<Address 1>>

<<Address 2>>

<<Address 3>>

<<Address 4>>

<<Address 5>>

<<City>><<State>><<Zip>>

<<Country>>

<<Date>>

Notice of Inadvertent Disclosure of Personal Information

Dear <<Name 1>>,

I am writing to inform you of an issue relating to the handling of your personal information.

Tufts Benefits Administrators, Inc. d/b/a Tufts Health Plan acts as a third-party health benefits plan administrator for your employer. We have determined that this incident presents a low risk to your personal information. However, as a courtesy, and to relieve any concerns you may have about this incident, we are informing you about steps that can be taken to protect your personal information and offering you complimentary credit monitoring services. Please know we take the privacy and security of your information seriously.

Under Massachusetts law, you have the right to obtain any police report filed about this incident. If you experience identity theft, you have the right to file a police report and obtain a copy of it.

Also, you have the right to place a security freeze on your credit report. A security freeze prohibits a consumer reporting agency from releasing any information from a consumer's credit report without written authorization. However, please be aware that placing a security freeze on your credit report may delay, interfere with, or prevent the timely approval of any requests you make for new loans, credit, mortgages, employment, housing or other services.

Although we do not believe that this incident puts your information at risk, as a courtesy we are offering a complimentary eighteen (18) month membership of myTrueIdentity through TransUnion Interactive to provide credit monitoring and identity restoration services at no cost to you.

Additional information about placing a security freeze or about credit monitoring services are included with this letter.

If you have questions about the incident or how to enroll in the services, please call the Tufts Health Plan Privacy Hotline at 800.208.9549. Your call will be returned within one business day.

Thank you for being a Tufts Health Plan member.

Sincerely,

A handwritten signature in cursive script that reads "Steven Friedman". The signature is written in black ink and is positioned above the printed name.

Steven Friedman
Privacy Officer, Tufts Health Plan

Placing a Security Freeze

To place a security freeze on your credit report, you must contact **each** of the three major consumer reporting agencies:

Equifax Security Freeze: P.O. Box 105788, Atlanta, GA 30348, 1-800-349-9960, www.equifax.com

Experian Security Freeze: P.O. Box 9554, Allen, TX 75013, 1-888-397-3742,
www.experian.com/freeze/center.html

TransUnion Security Freeze: P.O. Box 2000, Chester, PA, 19016, 1-888-909-8872, freeze.transunion.com

In order to request a security freeze, you will need to provide the following information:

1. Your full name and any suffixes;
2. Social Security number;
3. Date of birth;
4. If you have moved in the past five (5) years, provide the addresses where you have lived over the prior five years;
5. Proof of current address such as a current utility bill or telephone bill;
6. A legible photocopy of a government issued identification card (state driver's license or ID card, military identification, etc.)

The consumer reporting agencies have three (3) business days after receiving your request to place a security freeze on your credit report. The credit bureaus must also send written confirmation to you within five (5) business days and provide you with a unique personal identification number (PIN) or password, or both that can be used by you to authorize the removal or lifting of the security freeze.

To lift the security freeze in order to allow a specific entity or individual access to your credit report, you must call or send a request to the consumer reporting agencies and include proper identification (name, address, and Social Security Number) and the PIN or password provided to you when you placed the security freeze as well as the identities of those entities or individuals you would like to receive your credit report or the specific period of time you want the credit report available. The consumer reporting agencies have three (3) business days after receiving your request to lift the security freeze for those identified entities or for the specified period of time.

To remove the security freeze, you must send a request to each of the three consumer reporting agencies and include proper identification (name, address, and Social Security Number) and the PIN or password provided to you when you placed the security freeze. The consumer reporting agencies have three (3) business days after receiving your request to remove the security freeze. No fee is required to be paid to any of the consumer reporting agencies to place, lift or remove a security freeze.

In order to determine whether any unauthorized credit was obtained with your information, you may obtain a copy of your credit report at www.annualcreditreport.com or 877-322-8228. You may also request information on how to place a fraud alert by contacting any of the above consumer reporting agencies. A fraud alert is intended to alert you if someone attempts to obtain credit in your name without your consent. It is recommended that you remain vigilant for any incidents of fraud or identity theft by reviewing credit card account statements and your credit report for unauthorized activity. You may also contact the Federal Trade Commission (FTC) to learn more about how to prevent identity theft:

FTC, Consumer Response Center, 600 Pennsylvania Avenue, NW, Washington, D.C. 20580,
www.ftc.gov/bcp/edu/microsites/idtheft/, 877-IDTHEFT (438-4338).



Activation Code: <<Activation Code>>

Complimentary 18-Month *myTrueIdentity* Credit Monitoring Service

As a safeguard, we have arranged for you to enroll, at no cost to you, in an online credit monitoring service (*myTrueIdentity*) for eighteen months provided by TransUnion Interactive, a subsidiary of TransUnion,[®] one of the three nationwide credit reporting companies.

How to Enroll: You can sign up online or via U.S. mail delivery

- To enroll in this service, go to the *myTrueIdentity* website at **www.MyTrueIdentity.com** and, in the space referenced as "Enter Activation Code," enter the 12-letter Activation Code << 12-letter Activation Code>> and follow the three steps to receive your credit monitoring service online within minutes.
- If you do not have access to the Internet and wish to enroll in a similar offline, paper-based credit monitoring service, via U.S. mail delivery, please call the TransUnion Fraud Response Services toll-free hotline at **1-855-288-5422**. When prompted, enter the six-digit telephone passcode <<6-digit Pass Code>> and follow the steps to enroll in the offline credit monitoring service, add an initial fraud alert to your credit file, or to speak to a TransUnion representative if you believe you may be a victim of identity theft.

You can sign up for the online or offline credit monitoring service anytime between now and <<Enrollment Deadline>>. Due to privacy laws, we cannot register you directly. Please note that credit monitoring services might not be available for individuals who do not have a credit file with TransUnion or an address in the United States (or its territories) and a valid Social Security number. Enrolling in this service will not affect your credit score.

ADDITIONAL DETAILS REGARDING YOUR 18-MONTH COMPLIMENTARY CREDIT MONITORING SERVICE:

- Once you are enrolled, you will be able to obtain eighteen months of unlimited access to your TransUnion credit report and credit score.
- The daily credit monitoring service will notify you if there are any critical changes to your credit file at TransUnion, including fraud alerts, new inquiries, new accounts, new public records, late payments, changes of address, and more.
- The service also includes access to an identity restoration program that provides assistance in the event that your identity is compromised and up to \$1,000,000 in identity theft insurance with no deductible. (Policy limitations and exclusions may apply.)



Elizabeth R. Dill, CIPP/US
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Wayne, PA 19087
Elizabeth.Dill@lewisbrisbois.com
Direct: 215.977.4080

August 14, 2019

File No. 26386.790

VIA EMAIL

Consumer Protection Division
Office of the Attorney General
One Ashburton Place
Boston, MA 02108
E-Mail: ago@state.ma.us

Re: Notification of Inadvertent Disclosure of Personal Information

Dear Attorney General Healey:

I represent Tufts Benefit Administrators, Inc., d/b/a Tufts Health Plan ("THP"), with respect to a recent inadvertent disclosure of THP member information. THP is based in Watertown, Massachusetts, and acts as a third-party health benefits plan administrator for employers. This letter is submitted on behalf of THP pursuant to Mass. Gen. Laws Ch. 93H, §§ 1-6, because the personal information of two (2) Massachusetts residents may have been affected by this incident.

On June 26, 2019, a THP employee sent a secure email to representatives of a THP employer group containing member names and Social Security numbers. As a result of the mail client's autocomplete address feature, the email was also inadvertently sent to an external hospital representative in THP's network. The hospital representative notified THP that same day, and attested that she deleted the email received in error. THP immediately launched an internal investigation to determine the nature and scope of the incident, and discovered that the personal information of two (2) Massachusetts residents may have been affected.

In response to this incident, THP has provided retraining to the employee and business unit involved in the privacy incident. THP maintains a Written Information Security Program as required by Massachusetts law. THP notified the affected Massachusetts residents via letter mailed on August 14, 2019. A sample copy of the notification letter is attached. THP is offering eighteen (18) months of complimentary credit monitoring and identity restoration services to the affected residents through TransUnion in compliance with Mass. Gen. Laws Ch. 93H, § 3A.

Please contact me should you have any questions.

Very truly yours,

A handwritten signature in black ink that reads 'Elizabeth R. Dill'.

Elizabeth R. Dill of
LEWIS BRISBOIS BISGAARD & SMITH LLP

Enclosure: Consumer Notification Letter