

NEW MEXICO NOTICE OF CONFIDENTIAL ABUSE INFORMATION PRACTICES

This notice describes the Confidential Abuse Information Practices of the insurers owned by CNO Financial Group, Inc. ("Affiliates"). This notice covers health insurance, life insurance, and annuities issued by Affiliates, as well as third-party insurance products that are administered by CNO Services, LLC.

CNO insurance Affiliates include: Bankers Life and Casualty Company, Bankers Consec Life Insurance Company [a New York licensed and domiciled insurance company], Colonial Penn Life Insurance Company, Consec Life Insurance Company of Texas, and Washington National Insurance Company. As of July 1, 2014, CNO Services, LLC serves as a health insurance administrator for Wilco Life Insurance Company (f.k.a. Consec Life Insurance Company).

Collection of Confidential Abuse Information

In the process of issuing, renewing, reinstating, exchanging, or changing benefits on an insurance policy or annuity contract, or in processing a claim for benefits, we may receive information from sources other than you about acts of domestic abuse or domestic abuse status. This may include medical and financial information, as well as information about your character and general reputation.

Confidential Abuse Information includes: acts of domestic abuse or abuse status; the work or home address or telephone number of a victim of abuse; and the status of an applicant or insured as a family member, employer, or associate of a victim of domestic abuse, or a person with whom an applicant or insured is known to have a direct, close, personal, family, or abuse-related counseling relationship.

We are prohibited by law from using confidential abuse status as a basis for denying, refusing to issue, renew, reissue, cancel or otherwise terminate a policy, restricting or excluding coverage or benefits of a policy, or charging a higher premium for a policy.

Disclosures and Uses of Confidential Abuse Information Without Authorization

We are permitted by law to disclose confidential abuse information to the following persons or entities:

- To a victim of abuse or an individual specifically designated in writing by the victim; victims of abuse always have access to their own insurance records;
- To a health care provider for the direct provision of health care services;
- To a licensed physician identified and designated by the victim of domestic abuse;
- By order of the Superintendent of Insurance, or a court of competent jurisdiction, or as otherwise required by law;
- When necessary for a valid business purpose, provided the recipient has agreed to be bound by the provisions of the Domestic Abuse Insurance Protection Act:
 - To a reinsurer that seeks to indemnify all or part of a policy covering a victim of domestic abuse;
 - To a party to a proposed or consummated sale, transfer, merger, or consolidation of all or part of the business of the insurer;
 - To medical or claims personnel contracting with the insurer or affiliated companies that have service agreements with the insurer;
 - With respect to address and telephone number, to entities with which we transact business when that information is required to transact business.
- To our legal counsel to effectively represent our interests provided they are informed of their obligations under the Domestic Abuse Insurance Protection Act;
- To the policy owner or assignee, in the process of delivery of the policy, if the policy contains information about abuse status; or
- To any other entities deemed appropriate by the Superintendent of Insurance.

We, our Affiliates, and insurance support organizations may not request or disclose information about an applicant's or insured's abuse status except: to comply with legal obligations; to verify a person's claim to be a victim of abuse or suffering from an abuse-related medical condition; or when cooperating with a victim of abuse seeking protection from abuse or facilitating the treatment of an abuse-related condition. Confidential abuse information used by an insurance support organization to prepare its report to the insurer may be retained by the insurance support organization, but may not be disclosed to other persons without the written consent of the protected person except as otherwise permitted above.

Designation as a Protected Person

You may request designation as a Protected Person if you are or have been a victim of domestic abuse and, you are a current or proposed policyowner, current applicant, current or proposed principal insured, covered dependent under a policy, or current claimant for insurance benefits.

Confidential Abuse Information

Except for disclosures permitted by law, as a designated Protected Person you may ask us to restrict disclosure of your confidential abuse information. You may also ask us to communicate with you in a different way, such as directing your mail regarding policy transactions to a post office box or other designated location. Please ask us in writing. We will consider all reasonable requests. If we are unable to accommodate a new or ongoing request, we will explain why to you in writing. You can obtain a copy of our Confidential Communication Request Form on our company websites.

You Can Access Your Confidential Abuse Information

As a designated Protected Person, you may ask to see or receive a copy of the protected abuse information that we maintain about you. Please ask us in writing. We will need your full name, mailing address, and policy number(s). We will respond within the time frame required by law, generally about 30 days after receipt. Your request should be signed by you or your legal representative.

You Can Correct Your Confidential Abuse Information

As a designated Protected Person, you may ask us to correct, amend, or delete the confidential abuse information that we maintain about you. Please ask us in writing. We will need your full name, mailing address, and policy number(s). If we agree to your request, we will make reasonable efforts to communicate the correction, amendment, or fact of deletion to other parties who may need this information. If we are not able to comply with your request, we will provide the reason for our decision, and inform you of your right to submit a statement indicating the disputed information and your basis for disagreeing with our decision. We will retain this statement in your file.

Contact Us

For more information about this notice, call us at (800)-525-7662, or write to us at P.O. Box 2013, Carmel, IN 46082-2031.

This notice is effective as of December 1, 2017.