

Mailing Address

P.O. Box 2022
Carmel, IN 46032-2022

Fax: (800) 757-6324

CONFIDENTIAL INSURANCE COMMUNICATION REQUEST FORM

Use this form to receive communications of insurance information from CNO Services, LLC* by alternative means or at alternative locations.

This form may also be used to terminate a previously granted request for confidential communications.

Section A: Confidential Communication Request or Termination of Previous Request

Please choose one of the following:

- Initial Confidential Communication Request (Complete the entire form).
- Terminate a Previous Request. (Complete Sections A and B only.) Future correspondence will be sent to the address of record.

Signature

Date: month/day/year

Section B: Covered Individual Requesting Confidential Communications

Name: _____ Birth Date: _____

Policy Number(s): _____
(List all applicable policies)

Relationship to Policy Owner or Primary Insured: _____

Section C: New Mexico Residents Protected Person Designation (Complete All Sections)

A "Protected Person" is someone who is or has been a victim of domestic abuse and is: a present or proposed principal insured or certificate holder; a present or proposed policy owner; a present applicant; a present claimant; or a covered person under a policy.

- I request to be treated as a "Protected Person." Except as permitted by law, do not disclose information about my location (address and telephone number of residence or place of employment) without my authorization.

Section D: To the Covered individual – please read the following and provide the requested information.

You have the right to make a reasonable request that you receive communications of insurance-related information from us by alternative means or at locations other than the address and telephone number that we have on file for your policy. Insurance-related information includes claim and billing information relating specifically to you, including your name, address, any services received, and the name and address of the provider of any services (such as your doctor). Your request will remain in effect until you revoke the request.

As a covered individual, I request that communications of insurance-related information are provided to me by the following alternative means or at the following alternative locations:

In care of: _____
(If you are using someone else's address, enter the name of that person here.)

Alternative Address: _____

Alternative Telephone Number: _____

Signature: _____ Date: _____

Section E: Parents, Guardians, or Legal Representatives

If the covered individual is a child younger than 18 years old, and the person making this request is the child's parent or guardian, provide:

Parent or Guardian's Name: _____

Relationship to the Covered Individual: _____

If a legal representative (such as a Power of Attorney) is making this request on behalf of the covered individual, provide written evidence of such authority in addition to the following:

Legal Representative's Name: _____

Relationship to the Covered Individual: _____

Organization or Firm: _____

Address: _____ Telephone Number: _____

CNO Services, LLC administers policies on behalf of the following insurance company affiliates: Bankers Life and Casualty Company, Bankers Conesco Life Insurance Company [a New York licensed and domiciled insurance company], Colonial Penn Life Insurance Company, Conesco 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. Conesco Life Insurance Company).