

PRIVACY NOTICE

PLEASE REVIEW THIS NOTICE CAREFULLY

**It describes our insurance information privacy practices and your privacy rights and choices.
It describes how medical information about you may be used and disclosed and how you can get access to this information.**

Our privacy commitment

This notice describes what we do with your **Personally Identifiable Information (PII)** and the choices you have about how it is used and shared. Our privacy practices apply to our prospective, current and former customers.

PII is information that identifies you such as your name, address, policy number, birth date, Social Security number, health and financial information, and other nonpublic personal information.

We will not ask for your PII unless it is reasonably necessary to issue or service your insurance with us.

This notice explains the privacy practices of 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. The privacy practices of Bankers Life Securities, Inc. are explained in a notice provided to its securities and variable annuity customers.

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).

We may change our privacy practices at any time. We will post a copy of our current notice on our Affiliate websites, and a paper copy of our most current notice is available to you at any time upon request. For purposes of federal health privacy law, CNO is an Affiliated Covered Entity. This means our health plans comply with federal health privacy laws as a single entity.

Protecting your information

Your trust is important to us. We take your privacy seriously. We limit access to our buildings and our information systems to authorized persons. We have policies, procedures and training designed to keep PII safe and secure. We use privacy and security safeguards that obey state and federal regulations. If the laws differ, then we will follow the stricter law.

Types of PII we collect and why we collect it

Mostly, we collect your PII directly from you. You provide PII when you apply for insurance, make a claim or ask us to perform a policy transaction. We ask for your name, contact information, birth date and may need your Social Security number. Depending on the coverage you apply for, we may ask about your past or present health status, financial assets or other identifying information.

We collect PII from third parties if it is required to determine your eligibility for coverage or to process a claim. We may get reports from MIB, Inc., a nonprofit insurance support organization that exchanges information with its members. We obtain permission before we obtain from or provide information about you to MIB. We may ask about your insurance coverage with other companies, including CNO Affiliates, such as coverage levels or payment history. We ask your permission to obtain this information, unless the law allows otherwise.

Mostly, we use your PII to issue and service your coverage with us, such as to pay claims or to conduct quality assessments and customer service improvement activities, or in connection with risk management and business planning functions. If permitted by law, we may also use your PII to offer you other insurance-related products and services. **If you have health coverage, we will not use PII associated with your health plan for marketing purposes unless the law allows it, such as when you discuss your insurance needs directly with your insurance agent.**

Sharing PII fairly and legally

We may disclose your PII to nonaffiliated service providers to perform services on our behalf such as to administer your policy, or to jointly market financial products and services with another insurance company or financial institution. We have written agreements with these companies requiring them to maintain strict privacy and security standards. You cannot opt out of this type of sharing.

Vermont residents

For marketing purposes, we will only disclose your name, contact information and information about your transactions with us to nonaffiliated third parties with whom we have joint marketing agreements.

We may disclose your PII to Affiliates, other entities with which we are under common control, or nonaffiliated companies as allowed by law for everyday business purposes; to protect the security of our records and information systems; to meet legal or regulatory requests; or to follow state, federal or local laws (such as for public health purposes, to report abuse or neglect, or to comply with a court order). You cannot opt out of this type of sharing.

In addition, we may make limited disclosures of your PII to individuals involved in your care if you are incapacitated, or in an emergency situation if we believe the disclosure would be in your best interest.

Your opt-out rights

Unless you tell us otherwise, we may share your PII to let you know about other products or services related to health or financial well-being. You have the right to opt out of this type of sharing by calling the toll-free number listed below. You can restrict this type of sharing with CNO Affiliates, nonaffiliated companies or both. If you opt out, this choice is effective until you revoke it. We will not unfairly discriminate against you because of your opt-out choice.

California, Minnesota, Montana, New Mexico, North Dakota and Vermont residents

We will not share your PII with nonaffiliated companies for marketing purposes. You do not need to take any action to opt out of this kind of sharing. However, we still may share your PII with nonaffiliated companies for purposes that are allowed by law.

To opt out—call us at (800) 783-7720

Please have your policy number ready and our automated opt-out line will lead you through your choices.

Or write to us at P.O. Box 2031, Carmel, IN 46082-2031

You may also opt out by writing to us. We need your full name, mailing address and policy number(s).

You can access your PII

You may ask to see or receive a copy of the PII 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. We may charge a reasonable, cost-based fee.

You can correct your PII

You may ask us to correct, amend or delete the PII we maintain about you. Please ask us in writing. We will need your full name, mailing address and policy number(s). Even if we have contradictory information, we will keep your request with your file for as long as you are our customer. 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. We do not have to agree to your request if we did not create the PII, if we do not store the information, or if your PII is already accurate and complete. Your request should be signed by you or your legal representative. If we deny your request, we will explain why in writing and let you know how to submit a complaint to us or regulatory agencies.

You can request a list of disclosures of your PII

You may ask us for a list of disclosures of your PII made within the last six years for health plans and two years for other types of insurance. Please ask us in writing. We will need your full name, mailing address, policy number(s) and the time period of your request. We do not have to include disclosures that were requested by you (or your legal representative), or disclosures we made about payment or health care operations. Your request should be signed by you or your legal representative. We will provide this information free of charge once a year; otherwise, we may charge a reasonable, cost-based fee.

You can request information on adverse underwriting decisions

If you apply for individually underwritten insurance and your application is: declined; offered at higher than standard rates; if your agent did not apply for the coverage you requested; or if we take a permitted action to terminate your coverage (other than for nonpayment), we will communicate with you. We will either provide you with a written explanation of the specific reason(s) for our decision, or let you know that you may receive this information by writing to us at the address listed at the bottom of this notice. If you write to us within 90 business days of the underwriting decision, we will respond within 21 business days. We will also provide you with a summary of your rights to request access, correction, amendment or deletion of your recorded PII.

Your right to file a complaint

If you have a privacy-related complaint, please let us know in writing so we can address your concern. Write to us at P.O. Box 2031, Carmel, IN 46082-2031. You may also file a complaint with 1) your state department of insurance or 2) the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of the conduct. We will not retaliate against you for filing a complaint.

You can request alternative communications

You may ask us to communicate with you in a different way, such as directing your mail to a post office box. Please ask us in writing. We will consider all reasonable requests, but must say "yes" if you tell us that disclosure of all or part of your PII could place you in danger. Your request for highly confidential handling should be signed by you or your legal representative.

Your right to request a restriction on communications

You may ask that we not share your PII (including health information) regarding payment or for our business operations with certain persons. Please ask us in writing. We will consider your request, but are not required to agree if we believe it would affect your medical care or performance of our business operations. If we deny a new or ongoing request, we will explain why to you in writing. Your request should be signed by you or your legal representative. You can revoke your request at any time by phone or in writing.

Additional rights for New Mexico residents

In the course of collecting PII from sources other than you, we may receive information about acts of domestic abuse or domestic abuse status. Under New Mexico law, victims of domestic abuse may notify us to be designated as a "protected person." A "protected person" is someone who has notified us that he or she is or has been a victim of domestic abuse and who is either a present or proposed principal insured or policyowner, an insurance applicant, or a claimant for benefits under an insurance policy. If you want to know more about our confidential abuse information practices, or wish to be designated a "protected person," please ask us in writing. Write to us at P.O. Box 2031, Carmel, IN 46082-2031.

Additional privacy standards for health insurance plans

If you have health insurance coverage, there are some additional privacy standards that apply to you. Remember, PII includes specific health and financial information, as well as personal identifiers and demographic information about you.

- You have the right to be notified following a breach of your unsecured PII.
- Except in limited circumstances, we are required to obtain your permission to use or disclose PII for marketing purposes.
- We will not disclose psychotherapy notes, or sell or use PII for fundraising purposes without obtaining prior written permission.
- We are not permitted to use genetic health information to make underwriting decisions except in connection with long-term care policies.
- Except for the disclosures of PII made at your request, or for payment activities or health care operations, we will obtain your permission before using or disclosing your PII.

Information practices for determining eligibility for insurance

Fair Credit Reporting Act notice

As part of our life insurance underwriting procedures, we may get an investigative consumer report. The report will contain information about your character, general reputation, personal characteristics and mode of living. The information is obtained through interviews with your friends, neighbors and associates. You have a right to ask for details on the nature and scope of this report. You have a right to make a written request to be personally interviewed in connection with the preparation of this report. You have the right to contact the consumer reporting agency to review a copy of the report. If you write to us we will let you know if we have in fact obtained a report, and, if so, the name and the address of the agency making the report.

MIB notice

Information regarding your insurability is confidential. We (or our reinsurers) may make a brief report to MIB, Inc. MIB is a nonprofit membership organization of insurance companies which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance, or submit a claim for benefits, MIB, upon request, will supply that company with information it may have in its file. We (or our reinsurers) may release information in our files to other insurance companies to whom you might apply for life or health insurance, or submit a claim for benefits.

If you request it, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of any information in the Bureau's files, you may contact MIB and seek correction in accordance with the procedures of the Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. MIB's telephone number is (866) 692-6901. Information for consumers about MIB is available on its website at www.mib.com.

Contact us

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

This notice is effective as of September 15, 2018.



IMPORTANT PRIVACY CHOICES FOR CONSUMERS

If you do not want us to share your PII for marketing purposes, you can opt out.

Call us toll-free at (800) 783-7720. Please have your policy number ready.

Fax this form to (800) 757-6324.

Mail this form to P.O. Box 2031, Carmel, IN 46082-2031. (CA residents may be provided a pre-addressed envelope.)

My marketing opt-out choices

- Do not share my PII with nonaffiliated companies for marketing purposes. This opt-out choice is effective until I revoke it.
- Do not share my PII with other CNO Affiliates for marketing purposes. This opt-out choice is effective until I revoke it.

My information

Printed name

Policy number(s)

Date

Address

City

State

ZIP code

