

**MAILING ADDRESS**

Colonial Penn Life Insurance Company  
Attention: Policyholder Services  
399 Market Street  
Philadelphia, PA 19106

Fax: (215) 928-6068

**CONFIDENTIAL INSURANCE COMMUNICATION REQUEST FORM**

This form is for use by a person who is covered by insurance and wishes to make a reasonable request to receive communications of insurance claim-related information from Colonial Penn Life Insurance Company 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 Request - This form is an initial Confidential Insurance Communication Request (Complete the entire form)
- Terminate a Previous Request - This form is terminating a previously approved Confidential Communication 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 communication:**

Name: \_\_\_\_\_ Policy No. (list all that apply): \_\_\_\_\_

Birth Date: \_\_\_\_\_

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 complete the information requested.**

You have the right to make a reasonable request that you receive communications of claim-related information from us by alternative means or at alternative locations. "Claim-related information" means claim or other 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 claim-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, then enter his or her name here.)

Alternative Address: \_\_\_\_\_

Alternative Phone 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, then provide:

Parent or Guardian's Name: \_\_\_\_\_

Relationship to Covered Individual: \_\_\_\_\_

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

Legal Representative's Name: \_\_\_\_\_

Relationship to Covered Individual: \_\_\_\_\_

Organization or Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_

CNO Services, LLC administers policies on behalf of the following insurance company affiliates : 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).