

Citizens Security Life Insurance Company (“CSL”) and CS Benefits (“CSB”) are committed to protecting the privacy of the personal information we receive (“Information”) about you. This notice states our privacy practices. Your privacy is our priority.

Why We Collect and How We Use Information:

When you apply for any product or service, you disclose to us a certain amount of Information about yourself. We collect only Information necessary or relevant to our business. We use the Information to evaluate, process and service your request for products and services and to offer you other CSL and CSB products or services.

Types of Information We Collect:

We collect most Information directly from you on applications or from other communications with you during the application process. Types of Information we could collect include, but are not limited to:

- name; address; age
- social security number
- beneficiary information
- other insurance coverage
- health information
- financial information
- occupation
- hobbies
- other personal characteristics

We May Also Keep Information About Your Transactions With Us:

- types of products you buy
- your account balances
- your premium amount
- your payment history

Additional Information is received from:

- medical personnel and institutions
- Medical Information Bureau (MIB, Inc.)
- other insurance companies
- agents and employers
- public records
- consumer reporting agencies

How We Disclose Your Information:

Your Information as described above may be disclosed as permitted by law to our affiliates and nonaffiliated third parties. These disclosures include, but are not limited to the following purposes:

- To assess eligibility for insurance, benefits or payments
- To process and service your requests for our products and services
- To collect premium, pay benefits and perform other claims administration
- To print and mail communications from us such as policy statements
- For audit or research purposes
- To respond to requests from law enforcement or other governmental authorities as required by law
- To resolve grievances
- To find or prevent criminal activity, fraud, material misrepresentation or nondisclosure in connection with an insurance issue

CSL and CSB also may disclose your Information as permitted by law to our affiliates without prior authorization in order to offer you other CSL and CSB products or services.

Except for the above disclosures or as authorized by you with respect to your Information, CSL and CSB does not share Information about our customers or former customers with nonaffiliated third parties. When Information is disclosed to any nonaffiliated third parties as permitted by law, we require that these parties agree to our privacy standards. Please note that Information we get from a report prepared by an insurance support organization may be retained by that insurance support organization and used for other purposes.

Access to and Correction of Your Information:

You have the right to access and correct your Information that we have on file. Generally, upon your written request, we will make your Information available for your review. Information collected in connection with or in anticipation of a claim or legal proceeding need not be disclosed to you.

If you notify us that your Information should be corrected, amended or deleted, we will review it. We will either make the requested change or explain our refusal to do so. If we do not make the requested change, you may submit a written statement of dispute, which we will include in any future disclosure of Information. For a more detailed explanation of these rights, please send us a written request.

Adverse Underwriting Decisions:

You will be notified in writing of any adverse underwriting decisions, including the specific reason the adverse decision was made.

How We Protect Your Information:

CSL and CSB have developed strong security measures to guard the Information of our customers.

We restrict access to your Information to designated personnel or service providers who administer or offer our products or services, or who may be responsible for maintaining Information security practices.

We maintain physical, electronic and procedural safeguards that comply with applicable laws to protect your Information.

A copy of this notice will be posted on our website. If you have questions, you may contact us at 1-800-843-7752.

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

We are required by law to maintain the privacy of your Protected Health Information and to provide you with this Notice explaining our privacy practices with regard to your medical information. You have certain rights regarding the privacy of your Protected Health Information and those rights are described in this notice.

WHAT IS PROTECTED HEALTH INFORMATION?

Protected Health Information or "PHI" consists of individually identifiable health information, which may include demographic information we collect from you or create or receive from a health care provider, a health plan, your employer, or a health care clearinghouse and that relates to: (i) your past, present or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present or future payment for the provision of health care to you.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

The Company may use and disclose protected health information for the following purposes:

- To you and your personal representative.
- To healthcare providers who request it in connection with your treatment.
- To determine eligibility for benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine responsibility for benefits, and to coordinate benefits.
- To carry out health care operations, such as insurance-related activities, including, but not limited to, underwriting, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs.
- In response to lawsuits and legal actions, such as a court order in judicial or administrative proceedings; or at the request of the Secretary of Health and Human Services.
- To respond to organ and tissue donation requests.
- To coroners, medical examiners and funeral directors when necessary to identify a deceased person.
- To assist with public health and safety issues, such as disease prevention, product recalls, reporting suspected abuse, neglect, or domestic violence.
- To share information for health research.
- To comply with worker's compensation, law enforcement and other government requests.
- To the Company's business associates, pursuant to an agreement requiring the business associate to abide by the terms of this Notice.

RIGHTS OF INDIVIDUALS

An individual has the following rights with respect to protected health information pertaining to that individual:

- To inspect and request a copy of your health and claims records
- To receive a copy of this privacy notice
- To ask us to limit what we use or share. We are not required to agree to your request, and we may say no if it would affect your care.
- To ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- To ask us to correct your health and claims records if you think they are inaccurate or incomplete.
- To get a list of those with whom we've shared your health information. We are not required to include disclosures for treatment, payment and health care operations and certain other disclosures including those you asked us to make.
- To choose someone to act for you to make choices about your health information.
- To file a complaint if you believe your privacy rights have been violated.

Under this notice, we are required by law to:

1. Maintain the privacy of your health information and provide you with a notice of our legal duties and privacy practices with respect to your health information.
2. Abide by the terms of this Notice.
3. Provide you with notice of a breach that may have compromised the privacy or security of your health information.
4. Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed.
5. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
6. Obtain your written authorization to use or disclose your health information for reasons other than those listed in this notice and permitted by law, including the release of psychotherapy notes, use of your health information for marketing purposes, or the sale of your health information.

Complaints – If you believe your rights have been violated, you may file a complaint directed to the Compliance Officer at the address below. You may also file a complaint with the Secretary of the US Department of Health and Human Services Office for Civil Rights. You will not be retaliated against for filing a complaint.

The Company reserves the right to change this Notice. We will post a copy of the current notice on our website.

Individuals requiring further information concerning the Company's privacy policies and this Notice should contact:

ATTN: Citizens Security Life Insurance Company
4350 Brownsboro Road, Suite 200, Louisville, Kentucky 40207

Phone: 800.843.7752
Fax: 502.244.2439
www.cslico.com

Effective Date of This Notice is April 7, 2025

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