

Field Bulletin



SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
BINGHAMTON • NEW YORK
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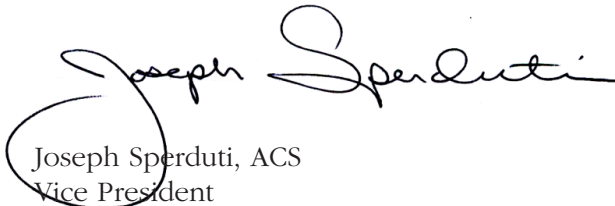
Replaces Rules & Practices Bulletin No. 99-26

New Mexico Notice of Confidential Abuse Information Practices

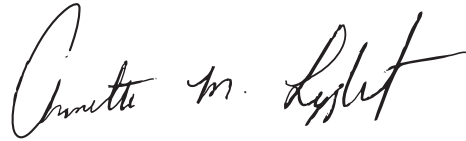
New Mexico has enacted a regulation protecting the confidentiality of domestic abuse victims.

Writing agents must provide a copy of the attached Notice of Confidential Abuse Information Practices (0010467NM) to the proposed insured when the application is written.

The consent form may be downloaded and printed from the "Product Applications and Documents by State" portal in the "Product Info" section of SecurityLink.



Joseph Sperduti, ACS
Vice President
Benefits Division, Service Operations



Annette Lyght, MBA, FALU, FLMI, CLU, ChFC
Vice President and Chief Underwriter
Underwriting

Attachment: 0010467NM 03/2011

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Notice of Confidential Abuse Information Practices

In connection with your application for insurance, personal information about you may be obtained from medical and financial sources and personal interviews with third parties such as family members, business associates, friends, neighbors or others with whom you are acquainted. Such information may include medical and financial information as well as information about your character and general reputation. Such information may also include information regarding current or prior domestic abuse or abuse related medical conditions.

We are prohibited by law from using the fact that an individual is or has been a victim of domestic abuse as a basis for denying, refusing to issue, renew or reissue or canceling or otherwise terminating an insurance policy, restricting or excluding coverage or benefits of a policy or charging a higher premium for a policy.

We may disclose confidential abuse information to the following persons or entities:

- (a) to a victim of domestic abuse or an individual specifically designated in writing by the victim;
- (b) to a health care provider for the direct provision of health care services;
- (c) to a licensed physician identified and designated by the victim of domestic abuse;
- (d) by order of the superintendent of insurance, or a court of competent jurisdiction, or as otherwise required by law;
- (e) 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:
 - 1) to a reinsurer that seeks to indemnify a policy covering a victim of domestic abuse;
 - 2) to a party to a proposed or consummated sale, transfer, merger or consolidation of all or part of the business of the insurer;
 - 3) to medical or claims contractors.
- (f) to an attorney who needs the information to represent the insurer effectively, provided the insurer notifies the attorney of its obligations under the Domestic Abuse Insurance Protection Act;
- (g) to the policyowner or assignee, in the course of delivery of the policy, if the policy contains information about abuse status.
- (h) to other entities deemed appropriate by the Superintendent of Insurance.

We will not otherwise disclose personal information about you to any person or organization except to reinsuring companies, the MIB, Inc., other persons or organizations performing business or legal services in connection with your application for insurance or as may otherwise be lawfully required or as you further authorize.

Should you wish, because of a domestic abuse situation, to maintain the confidentiality of your address, telephone number or other location information, send a personal and confidential letter addressed to Annette Lyght, Vice President and Chief Underwriter, Security Mutual Life Insurance Company, P.O. Box 1625, Binghamton, New York 13902 with your request. You may submit this request separately at the time of applying for insurance coverage or at any other time after the policy is in force. We will create a record that maintains the confidentiality of your location information. All premium and policy information will be forwarded directly to Annette Lyght, Vice President and Chief Underwriter who in turn will forward it to you at the confidential location.

You have the right to access any recorded personal information, including confidential abuse information, about you that is reasonably described by you and reasonably locatable and retrievable by us. We may charge a reasonable fee to cover the cost incurred in providing you with a copy of such information. Within 30 days of our receipt of a written request from you, we will inform you of the nature and substance of the recorded personal information and send you a copy or permit you to see and copy, in person, such information. In addition, we will advise you of the identity, if recorded, of any person to whom we have disclosed such information during the two years preceding your request, or, if not recorded, the names of other persons and organizations to whom such information is normally disclosed. We reserve the right to disclose health care information to a health care provider designated by you.

You have the right to request in writing that we correct, amend or delete any recorded personal information, including confidential abuse information, about you in our files. If the information was furnished by a consumer reporting agency, we will give you the name and address of the agency and information about how you can request that agency to correct your records. Otherwise, within 30 days of our receipt of your request, we will either correct, amend or delete the disputed information or advise you of the reason for our decision to deny your request. If we change your record, we will notify certain persons that either furnished or received the information. If you disagree with our refusal to change your record, you may file a concise statement setting forth the information you believe to be correct and the reasons you disagree with our refusal to change your record. We will keep your statement on file and furnish the statement to certain persons that either furnished or previously received the information as well as to all persons to whom such information is subsequently disclosed.

Information obtained by an insurance support organization in preparing its report to us may be retained by the insurance support organization but may not be disclosed to other persons by such organization without your written consent, except as permitted by law.