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SECURITY AMERICAN FINANCIAL ENTERPRISES, INC.
YOUR PRIVACY IS OUR CONCERN

Certain laws regulate the collection, use, and disclosure of a consumer or customer's nonpublic information. Security American Financial Enterprises, Inc. and its affiliated companies, Security Life Insurance Company of America and Security Health Insurance Company of America, New York, Inc. (hereinafter referred to as "the Company"), does not sell or otherwise disclose any nonpublic personal information about its customers or former customers to anyone outside the Company, except as permitted by law. ***You don't need to take any action to prevent disclosure;*** this notice is solely for your information.

It is the policy of the Company to:

- collect only information necessary or relevant to our business;
- make a reasonable effort to ensure that information we act upon is accurate, relevant, timely and complete;
- use only legitimate means to collect information;
- make personal information available externally only to respond to legitimate business needs, to regulatory or other government authorities or as otherwise permitted by law; and
- limit employees' access to nonpublic personal information to those who need it in order to perform their jobs and who are trained in the proper handling of personal information.

We are providing you with the following summary of the kinds of information that the Company or its agents may collect, what is done with information after it is collected, and how you can find out about information, if any, that we have about you in our records.

What kind of information do we collect about you and from whom?
We get most of our information directly from you. The application you complete, as well as any additional information you provide, generally gives us most of the information we need to know. Sometimes we may contact you by phone or mail to obtain additional information. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for coverage from outside sources, such as medical records, credit reports, court records or other public records. We also might obtain information from third parties that you disclose on your application, such as other insurance companies or financial institutions.

What do we do with the information collected about you?
Information that has been collected about you may be contained in our policy records and/or in your agent's files. We review it in evaluating your request for insurance coverage and in determining your rates. We will also refer to and use information in our policy records for purposes related to issuing and servicing insurance policies and settling claims. Your agent may use information about you in his/her files for insurance marketing purposes or to help you with your overall insurance program.

We will not disclose information about you to others without your written consent unless the disclosure is necessary to conduct our business. By law, we are also permitted to share information about you without prior permission under certain circumstances to certain persons and organizations such as:

- our affiliated insurance companies;
- your agent or broker;
- parties who perform a business, professional or insurance function for our company, including reinsurance companies and administrators;
- businesses that conduct actuarial or underwriting studies;

- other insurance companies, agents or consumer reporting agencies as reasonably necessary in connection with any application, policy, or claim involving you;
- insurance support organizations which are established to collect information for the purpose of detecting and preventing insurance crimes or fraudulent claims; and
- insurance regulatory or law-enforcement agencies in connection with the regulation of our business.

Should you cease to be one of our policyholders or after your claim is settled, it is our policy to archive your information for a period of 10 years. At any time, you have the right to remove yourself from our databases by contacting us in writing.

How do we protect the confidentiality of information about you?

We restrict access to nonpublic information about you to those employees who need to know that information to provide products or services to you. We maintain safeguards in order to guard your nonpublic personal information. Confidentiality agreements are obtained from third-party vendors where services they perform for us in connection with our normal business operation may give them access to nonpublic information. Finally, the Company educates its employees regarding privacy so that they know about its importance.

How can you find out about information we have about you?

You have the right to know what kind of information we keep in our files about you, have reasonable access to it and receive a copy. If you have questions send your request to the address below. Please provide your complete name, address, type of policy, policy number that was issued or applied for with us and identify the information you seek.

Security Life Insurance Company of America:
Compliance Manager
10901 Red Circle Drive
Minnetonka, MN, 55343
800.233-0307

Security Health Insurance Company of America, New York, Inc.:
Compliance Manager
388 Broadway
Schenectady, NY 12305
877.230.1024

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SECURITY AMERICAN FINANCIAL ENTERPRISES, INC.
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 IT CAREFULLY.

At Security American Financial Enterprises, Inc. and its affiliated companies, Security Life Insurance Company of America and Security Health Insurance Company of America, New York, Inc. (hereinafter referred to as "the Company"), we respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information and to send you this notice.

SUMMARY

In order to provide you with benefits, the Company will receive personal information about your health, from you, your physicians, hospitals, and others who provide you with health care services. We are required to keep this information confidential. This notice of our privacy practices is intended to inform you of the ways we may use your information and the occasions on which we may disclose this information to others.

We use insured's health information to provide benefits. We disclose insured's information to health care providers to assist them to provide you with treatment or to help them receive payment, we may disclose information to other insurance companies as necessary to receive payment, we may use the information within our organization to evaluate quality and improve health care operations, and we may make other uses and disclosures of insured's information as required by law or as permitted by the Company's policies.

KINDS OF INFORMATION THAT THIS NOTICE APPLIES TO

This notice applies to any information in our possession that would allow someone to identify you and learn something about your health. It does not apply to information that contains nothing that could reasonably be used to identify you.

WHO MUST ABIDE BY THIS NOTICE

Security American Financial Enterprises, Inc., all employees, staff and other personnel whose work is under the direct control of Security American Financial Enterprises, Inc.have agreed to abide by the terms of this notice.

The people and organization to which this notice applies (referred to as "we," "our," and "us") have agreed to abide by its terms. We may share your information with each other for purposes necessary for payment and operations activities as described below.

OUR LEGAL DUTIES

We are required by law to maintain the privacy of your health information, provide this notice of our privacy practices and legal duties regarding health information to anyone who asks for it, and abide by the terms of this notice until we officially adopt a new notice. In the event of a breach involving your unsecured protected health information, we are required to provide you with a notification of the breach.

How We May Use or Disclose Your Health Information.

We may use your health information, or disclose it to others, for a number of different reasons. This notice describes these reasons. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all of the specific ways we may use or disclose your information. But any time we use your information, or disclose it to someone else, it will fit one of the reasons listed here.

1. Payment. We will use your health information, and disclose it to others, as necessary to make payment for the health care services you receive. For instance, an employee in our claim processing department may use your health information to pay your claims. And we may send information about you and your claim payments to the doctor or hospital that provided you with the health care services. We will also send you information about claims we pay and claims we do not pay (called an "explanation of benefits"). The explanation of benefits will include information about claims we receive for the insured. Under certain circumstances, you may receive this information confidentially: see the "Confidential Communication" section in this notice. We may also disclose some of your health information to companies with whom we contract for payment-related services.

2. Health Care Operations. We may use your health information for activities that are necessary to operate this organization. We may disclose your health information as necessary to others who we contract with to provide administrative services. This includes our lawyers, auditors, accreditation services, and consultants, for instance.

3. Legal Requirement to Disclose Information. We will disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the health care system. For instance, we may be required to disclose your health information, and the information of others, if we are audited by the state insurance department. We will also disclose your health information when we are required to do so by a court order or other judicial or administrative process.

4. To Report Abuse. We may disclose your health information when the information relates to a victim of abuse, neglect or domestic violence. We will make this report only in accordance with laws that require or allow such reporting, or with your permission.

5. Law Enforcement. We may disclose your health information for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity. We must also disclose your health information to a federal agency investigating our compliance with federal privacy regulations.

6. Specialized Purposes. We may disclose the health information of members of the armed forces as authorized by military command authorities. We may disclose your health information for a number of other specialized purposes. We will only disclose as much information as is necessary for the purpose. For instance, we may disclose your information to coroners, medical examiners and funeral directors; to organ procurement organizations (for organ, eye, or tissue donation); or for national security intelligence and protection of the President. We may also disclose health information about an inmate to a correctional institution or to law enforcement officials to provide the inmate with health care, to protect the health and safety of the inmate and others, and for the safety, administration, and maintenance of the correctional institution. We may also disclose your health information to your employer for purposes of workers' compensation and work site safety laws.

7. To Avert a Serious Threat. We may disclose your health information if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce the threat.

8. Family and Friends. We may disclose your health information to a member of your family or to someone else who is involved in your medical care or payment for care. This may include telling a family member about the status of a claim, or what benefits you are eligible to receive. In the event of a disaster we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We will not disclose your information to family or friends if you object.

9. Underwriting. We may use or disclose your health information for underwriting purposes but cannot use or disclose your health information that is genetic information for underwriting purposes.

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YOUR RIGHTS

1. Authorization. We may use or disclose your health information for any purpose that is listed in this notice without your written authorization. We will not use or disclose your health information for marketing purposes, in a manner that constitutes a sale of protected health information, or for any other reason not listed above, without your authorization. If you authorize us to use or disclose your health information, you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your health information, or about how to revoke an authorization, contact the person listed under "Whom to Contact" at the end of this notice. You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the authorization. If the authorization is to permit disclosure of your information to an insurance company, as a condition of obtaining coverage, other laws may allow the insurer to continue to use your information to contest claims or your coverage, even after you have revoked the authorization.

2. Request Restrictions. You have the right to ask us to restrict how we use or disclose your health information. We will consider your request. But we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law.

3. Confidential Communication. If you believe that the disclosure of certain information could endanger you, you have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send explanations of benefits that contain your health information to a different address rather than to your home. Or you may ask us to speak to you personally on the telephone rather than sending your health information by mail. We will agree to any reasonable request.

4. Inspect And Receive a Copy of Health Information. You have a right to inspect the health information about you that we have in our records, and to receive a copy of it. This right is limited to information about you that is kept in records that are used to make decisions about you. For instance, this includes claim and enrollment records. If you want to review or receive a copy of these records, you must make the request in writing. We may charge a fee for the cost of copying and mailing the records. To ask to inspect your records, or to receive a copy, contact the person listed under "Whom to Contact" at the end of this notice. We will respond to your request within 30 days. We may deny you access to certain information. If we do, we will give you the reason, in writing. We will also explain how you may appeal the decision.

5. Amend Health Information. You have the right to ask us to amend health information about you which you believe is not correct, or not complete. You must make this request in writing, and give us the reason you believe the information is not correct or complete. We will respond to your request in writing within 30 days. We may deny your request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information is something you would not be permitted to inspect or copy or if it is complete and accurate.

6. Accounting of Disclosures. You have a right to receive an accounting of certain disclosures of your information to others. This accounting will list the times we have given your health information to others. The list will include dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. You must tell us the time period you want the list to cover. You may not request a time period longer than six years. We cannot include disclosures made before April 14, 2003. Disclosures for the following reasons will not be included on the list: disclosures for payment, or health care operations; disclosures for national security purposes; disclosures to correctional or law enforcement personnel; disclosures that you have authorized; and disclosures made directly to you.

7. Paper Copy of this Privacy Notice. You have a right to receive a paper copy of this notice by contacting the person listed under "Whom to Contact" at the end of this notice.

8. Complaints. You have a right to complain about our privacy practices, if you think your privacy has been violated. You may file your complaint with the person listed under "Whom to Contact" at the end of this notice. You may also file a complaint directly with the Secretary of the U. S. Department of Health and Human Services, at the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. All complaints must be in writing. We will not take any retaliation against you if you file a complaint.

Our Right to Change This Notice

We reserve the right to change our privacy practices, as described in this notice at any time. We reserve the right to apply these changes to any health information which we already have, as well as to health information we receive in the future. Before we make any significant change in the privacy practices described in this notice, we will write a new notice that includes the change. The new notice will include an effective date. We will mail the new notice to all subscribers within 60 days of the effective date.

Whom to Contact.

Contact the Compliance Manager at the address below for more information about this notice, more information about our privacy policies, or if you want to exercise any of your rights, as listed on this notice.

Security Life Insurance Company of America:
Compliance Manager
10901 Red Circle Drive
Minnetonka, MN, 55343
800.233.0307

Security Health Insurance Company of America, New York, Inc.:
Compliance Manager
388 Broadway
Schenectady, NY 12305
877.230.1024

Effective September 23, 2013