

MUTUAL OF OMAHA
**PRIVACY NOTICE—MEDICAL INFORMATION
ATTACHMENT FOR RESIDENTS OF ARIZONA**

Domestic Abuse: Our policies will ensure the privacy of a victim of domestic violence when taking an application, investigating a claim, pursuing subrogation or taking any other action relating to a policy or claim involving a victim of domestic violence.

Genetic Information: We will not require a genetic test without first receiving specific written informed consent, as prescribed by Arizona law. The results of genetic tests are privileged and confidential and will not be released without the expressed consent of the subject of the test.

Sexual Orientation: We will not ask questions on applications for life or disability policies or health care plans that inquire about the sexual orientation of the applicant.

HIV/AIDS-Related Tests: We will not ask questions on applications for life or disability policies or health care plans that inquire about an applicant's receipt of transfusions of blood or blood products, or whether or not the applicant has had any HIV-related test, except as permitted by Arizona law. If we request an HIV/AIDS-related test from you, you will be provided with a special consent form to authorize the test and disclosure of test results. We will not release HIV-related information, except as permitted by law. We will keep a record of all disclosures of confidential HIV-related information. On request, a protected person or his legal representative is entitled access to the record.

Authorizations to Disclose Medical Information: If we request an authorization that permits disclosure of medical information to another insurance institution, insurance agent or insurance support organization, it shall

remain valid for not longer than 30 months, or if we obtain the authorization for claim purposes, for the term of the related insurance coverage.

If we request an authorization that permits disclosure of medical information to a person other than an insurance institution, insurance agent or insurance support organization, it must be obtained one year or less prior to the date of disclosure.

Access/Accounting: You have a right of access to recorded personal information we have about you. We will respond to your request for access or an accounting within 30 business days from the date your request is received. We will inform you of the nature and substance of such recorded personal information.

You have a right to receive an accounting of disclosures of your personal information that we have made within two years prior to the request for the accounting, whether the disclosure was made before or after April 14, 2003. Under your state's law, you are entitled to an accounting of disclosures to carry out our payment or health care operations.

Amendments: We will respond to your written request to correct, amend, or delete any recorded personal medical information about you within our possession within 30 business days from the date your request is received.