

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

Genetic Information: We do not seek information about a person's genetic characteristics for any non-therapeutic purpose. We will not disclose genetic test results contained in medical records without an authorization or unless permitted by California law. Prior to each use or disclosure of an individual's genetic information, the individual will receive an authorization form, which will be specific and incorporate the requirements of California law.

HIV/AIDS-Related Tests: If we request an HIV/AIDS-related test, an individual will be provided with a special consent form to authorize the test and disclosure of test results. Disclosure of the test results will be limited in accordance with California law.

Disclosures: Except as otherwise permitted by California law, we may not release any information to an employer that would directly or indirectly indicate that an employee has received services from a provider covered by a health plan unless we receive authorization to disclose from the employee.

Opt In Notice: We will not disclose any nonpublic personal financial information about a consumer unless we have provided to the consumer a consent acknowledgement as required by California law, unless otherwise permitted by California law.

Joint Marketing Opt-out Notice: California law permits us to release nonpublic personal financial information about our customers to a nonaffiliated financial institution for purposes of jointly offering a financial product or financial service provided there is a written agreement between the parties and other requirements under California law are satisfied. Prior to making such a disclosure, we will send you a notice that includes instructions on how you can direct us not to share your nonpublic personal information with our joint marketing partner.

Authorizations: If we request an authorization that permits disclosures for underwriting or claims review purposes or for disclosures to another insurance institution, insurance agent or insurance support organization, the authorization shall remain valid for not longer than thirty (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 to a person other than an insurance institution, insurance agent or insurance support organization it must be obtained one (1) year or less prior to the date of the 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 2 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 information about you within our possession within 30 business days from the date your request is received.