

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

HIV/AIDS-Related Tests: We will not request any person to reveal whether the person has obtained a test for the presence of antibodies to HIV or a test to measure the virus or to reveal the results of such test taken prior to an application for insurance coverage. If we request an HIV/AIDS-related test, you will be provided with a special consent form to authorize the test and disclosure of test results. We will not disclose the results of an HIV test, except as permitted by Maine law.

Sexual Orientation: We will not ask questions on our applications for insurance which are designed to establish the sexual orientation of the applicant. We will not utilize marital status, living arrangements, occupation, gender, medical history, beneficiary designation, or zip code or other territorial classification of an applicant to establish the applicant's sexual orientation.

Alcohol and Drug Abuse: We will protect the confidentiality of all alcoholism and drug treatment patient records.

Fraud Investigations: If we receive any information relating to a fraud investigation, we will hold it in confidence and will not release the information, except as permitted by law.

Group Health Plans: If we disclose personal information to a group policyholder for purposes of reporting claims experience or conducting an audit, we will only disclose aggregate information that is reasonably necessary for the group policyholder to conduct the review or audit.

Authorizations to Disclose Medical Information: If we request an authorization that permits disclosure of medical information to the consumer, a person purporting to represent the consumer, another regulated insurance entity or insurance support organization, it shall remain valid for not

longer than 30 months in the case of an application for life, disability or long-term care insurance. If we obtain the authorization for the purpose of collecting information in connection with a claim for benefits for life, disability, or long-term care insurance, the authorization will be valid for the duration of the claim. In the case of health or medical insurance, the authorization will be valid for the term of coverage and any renewals of the policy.

If we request an authorization that permits disclosure of medical information to a person other than a regulated insurance entity 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 information about you within our possession within 30 business days from the date your request is received.