

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

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**Genetic Information:** We will not request or require an insured or an applicant to disclose genetic information about the individual or a family member. We will not disclose genetic information about an individual without prior written authorization. An authorization is required for each disclosure and will include an identification of the person to whom the disclosure will be made. These limitations do not apply to long-term care policies, hospital indemnity or fixed indemnity policies, dental policies or vision policies.

**Domestic Abuse:** We will not make certain underwriting or claims decisions on the basis of an applicant's or insured's abuse status. Any person employed by us or contracting with us will not disclose or transfer any information relating to an

applicant's or insured's abuse status or abuse-related medical condition, except as permitted by Tennessee law.

**Account Numbers:** We will not disclose policy numbers to a nonaffiliated third party for use in telemarketing, direct mail marketing, or other marketing through electronic mail, unless permitted by Tennessee law.