

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

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**Genetic Information:** We will not, in connection with the offer or renewal of an insurance product or when making underwriting decisions, access or consider private genetic information, request or require a genetic test or genetic information, or inquire into or consider the fact that a genetic test has been taken or refused, unless permitted by Utah law. We will only use or disclose genetic information as permitted by law.

**Sexual Orientation:** We will not inquire about an individual's sexual orientation in an application for health or life insurance, or in an investigation in connection with an application for such coverage. We will not use sexual orientation in the underwriting process or in the determination of insurability.

**HIV/AIDS-Related Tests:** 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. All positive or indeterminate records of an applicant that refer to HIV status will be held as confidential records under restricted access and will not be re-released unless re-disclosure is specifically authorized by the applicant.

**Domestic Abuse:** We will not, when offering life or accident and health insurance, ask an insured or applicant or use any

other means to determine whether the insured or applicant is the subject of domestic abuse. We will not use or disclose information of domestic abuse unless permitted by law.

**Long-Term Care Insurance Personal Worksheet:** If we obtain any information from the Long-Term Care Insurance Personal Worksheet required by Utah law, we will not sell or disseminate that information outside our company.

**Policy 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 Utah law.

**Authorizations:** If an individual provides us with an authorization to disclose medical information, the authorization will include the identity of the individual, and it will only be valid for 24 months. An authorization may be revoked at any time subject to the rights of an individual who acted in reliance on the authorization prior to notice of the revocation.