

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

HIV/AIDS-Related Tests: We will not require or request an individual to reveal whether the individual has obtained a test for the presence of HIV or what the results of such test were, except as permitted by Wisconsin law. We will not condition the provision of insurance coverage, consider in the determination of rates or any other aspect of insurance coverage whether an individual has obtained a test for the presence of HIV or what the results of such test were, except as permitted by Wisconsin law. 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.

Sexual Orientation: We will not use sexual orientation in the underwriting process or in the determination of insurability, premium, terms of coverage or nonrenewal. We will not inquire about or investigate into an applicant's or insured's sexual orientation in an application for disability or life insurance coverage. We will not use marital status, occupation, gender, medical history, beneficiary designation, or zip code or territorial classification or any other factor to establish an applicant's or insured's sexual orientation.

Domestic Abuse: We will not make underwriting or claims decisions on the basis of an individual's status as a victim of domestic abuse, except as permitted by Wisconsin law. We will not use, disclose or transfer abuse information unless permitted by Wisconsin law.

Genetic Information: We will not require or request genetic information or the results of a genetic test, except as permitted by Wisconsin law. We will not condition the provision of insurance coverage or health care benefits on a genetic test or the results of a genetic test, except as permitted by Wisconsin law. We will not consider in the determination of rates or any other aspect of insurance coverage or health care benefits a genetic test or the results of a genetic test, except as permitted by Wisconsin law.

State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act: Treatment records are confidential and privileged and will not be disclosed except as provided by law. Any disclosure or re-release, except oral disclosure, of confidential information shall be accompanied by a written statement which states that the information is confidential and disclosure without patient consent or statutory authorization is prohibited by law. Whenever information from treatment records is disclosed, that information will be limited to include only the information necessary to fulfill the request.

Defined Network Plans: Our defined network plan will have written policies and procedures, consistent with

Wisconsin law, for the handling of medical records and enrollee communications to ensure confidentiality.

Patient Health Care Records: All patient health care records will remain confidential and will be released only with an informed consent or as provided by law. Unless authorized, the recipient of any information is required to keep the information confidential and not disclose identifying information about a patient whose patient health care records are released.

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 Wisconsin law.

Authorizations to Disclose Medical Information: If we request an authorization that permits the disclosure of personal medical information for the purpose of obtaining information in connection with an application, it shall remain valid for not longer than 30 months. If we obtain the authorization for claim purposes, it shall remain valid for the term of the policy, the pendency of the claim for benefits, or for 24 months, whichever is longer.

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.

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.