

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

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**Sexual Orientation:** We will not inquire in an application for health accident and sickness or life insurance coverage, or in an investigation conducted in connection with an application for such coverage, into the sexual orientation of the proposed insured. No questions will be used which are designed to establish the sexual orientation of the proposed insured. We will not use marital status, living arrangements, occupation, gender, medical history, beneficiary designation or zip code or other territorial classification of a proposed insured to establish sexual orientation. Sexual orientation will not be used in the underwriting process or in the determination of insurability.

**HIV/AIDS-Related Tests:** The questions on our applications for insurance regarding HIV/AIDS will be limited in accordance with West Virginia 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. We will not release or disclose either that an HIV test has been conducted or the test results to any other party, except as permitted by law. Upon written request by an individual undergoing an HIV/AIDS-related test, we will

provide within 30 days a written list of all persons or entities to whom test information has been released by us.

**Domestic Abuse:** We will not require as part of our application process for life or health insurance any information regarding whether an individual has been or may be a victim of abuse. We will not make underwriting decisions solely on the basis that an individual is, has been or may be the victim of abuse.

**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 West Virginia 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.