

# Before You Begin – Information Needed to Complete the Online Group Disability Insurance Evidence of Insurability Form

Mutual of Omaha recommends that you have the following information available to you before you begin the online Group Disability Evidence of Insurability Form.

The following information is requested, and having it ready will help ensure you successfully complete the online form the first time you access it.

Required information is marked with an asterisk (\*).

Please consult your employer/benefits administrator if you need assistance obtaining employer, employment or coverage information.

## EMPLOYER INFORMATION

- Employer's Name\*
- Group ID Number\* – This number will have eight characters, beginning with "G000" followed by four additional letters or numbers specific to your employer.
- Street Address
- City\*
- State\*
- Zip Code
- Telephone

## EMPLOYMENT INFORMATION

Employment information is for your current employer and current job.

- Full-Time Employment Date\* (MM/DD/YYYY)
- Job Title/Description\*

## EMPLOYEE PERSONAL INFORMATION

- State of Birth\*
- Annual Salary\*
- Weight in Pounds\*
- Height in Feet and Inches\*

## TYPE OF COVERAGE REQUESTED

You will need to indicate whether you are applying for short-term disability insurance, long-term disability insurance, or both. Please consult your employer/plan administrator if you are uncertain.

## HEALTH INFORMATION

The form captures health information. This information is used to underwrite your application for insurance. You should be familiar with your health history, and be prepared to provide the following for any health events:

- Description of the Condition, Injury, Diagnosis Symptom of Ill Health and/or Findings of Exam\*
- Date of Occurrence of the Condition/Illness \*
- Duration of the Condition/Illness\*
- Degree of Recovery from the Condition/Illness\*
- Information regarding any prescription medication taken in the past six months (including medication name, dosage/frequency, dates taken and the reason for taking)\*

## INFORMATION ABOUT ALTERNATE NAMES

If the name associated with any of your medical records differs from the name provided on the form, you will need to provide any alternate names. This might occur in the event of a name change due to marriage or adoption, for example.



## **NOTICE OF INFORMATION PRACTICES**

In the course of properly underwriting and administering your insurance coverage, Mutual of Omaha and its affiliated companies ("we") will rely heavily on information provided by you. We may also collect information from others, such as medical professionals who have treated you, hospitals, other insurance companies, and consumer reporting agencies.

In certain circumstances, and in compliance with applicable law, we or our reinsurers may also release your personal or privileged information in our/their files, to third parties without your authorization. You have the right to be told about and to see a copy of items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of personal information you believe to be inaccurate.

In compliance with applicable law, we or our reinsurers may also release information in our/their files, including information in an application, to other insurance companies to which you apply for life or health insurance or to which a claim is submitted.

So that there will be no question that the insurance benefits will be payable at the time a claim is made, we urge you to review your application carefully to be sure the answers are correct and complete.

**THE ABOVE IS A GENERAL DESCRIPTION OF OUR INFORMATION PRACTICES. IF YOU WOULD LIKE TO RECEIVE A MORE DETAILED EXPLANATION OF THESE PRACTICES, PLEASE SEND YOUR REQUEST TO – ATTN: GROUP UNDERWRITING INDIVIDUAL SELECTION; MUTUAL OF OMAHA; MUTUAL OF OMAHA PLAZA; OMAHA, NE 68175.**

## **MIB GROUP, INC. PRE-NOTICE**

Information regarding your insurability will be treated as confidential. Mutual of Omaha and its affiliated companies, or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information is – Post Office Box 105; Essex Station; Boston, MA 02112.

Mutual of Omaha and its affiliated companies, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

## **FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

Mutual of Omaha and its affiliated companies, or its/their duly authorized representative(s), may request and obtain an investigative consumer report for the purpose of serving as a factor in the underwriting of your insurance application.

An investigative consumer report means any written, oral or other communication of any information by a consumer reporting agency bearing on your character, general reputation, personal characteristics or mode of living obtained through personal interviews with your neighbors, friends, acquaintances, associates, or those who may have knowledge concerning such items of information.

Upon written request we will provide you with additional disclosures relating to the nature and scope of the investigative consumer report. Following this Disclosure Statement is a written Summary of Your Rights under Section 609 (c) of the Fair Credit Reporting Act, as amended.

If you request the additional disclosures from either United of Omaha Life Insurance Company or Mutual of Omaha Insurance Company, please send your request to the following address – Attn: Group Underwriting Individual Selection; Mutual of Omaha; Mutual of Omaha Plaza; Omaha, NE 68175.

## **INVESTIGATIVE CONSUMER REPORTS NOTICE**

Mutual of Omaha and its affiliated companies ("we") may request that an investigative consumer report be prepared, whereby information about you is obtained through personal interviews with your neighbors, friends, associates, acquaintances or others who may have knowledge relating to your character, general reputation, personal characteristics, or mode of living. Upon request, we will inform you whether an investigative consumer report was done, and the nature and scope of the investigation.

You may request to be interviewed in connection with the preparation of an investigative consumer report. You also have the right, upon request, to receive a copy of the investigative consumer report from the consumer reporting agency that prepared it.

We will provide you the name, address and telephone number of the consumer reporting agency so that you may request a copy of any such report directly from the agency. You may question the accuracy or seek correction of information contained in such report.