

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

HIV/AIDS-Related Tests: We may ask an insurance applicant whether he or she has tested positive for HIV infection or another health condition derived from HIV infection. However, we may not inquire whether an applicant has been tested for or received a negative result from a specific type of test for HIV or a health condition derived from HIV, such as an HIV-1 Antibody, Western Blot Assay Serum test.

We may only disclose information about those tests with the specific written request of the person who was the subject of the test and then only to a limited number of persons or entities.

Genetic Information: Neither we, nor a group plan, may require a person to disclose a genetic test. We may not disclose a genetic test about a person without the person's prior consent.

External Review: External review is the process by which, at the request of a claimant under a policy, our decision on coverage is reviewed by outside third parties. To disclose Medical Information for external review purposes, we are required under Kentucky law to obtain a special written consent of the person who is the subject of the Medical Information.

Policy Numbers: We may not disclose policy numbers to outside third parties for use in telemarketing, direct mail or marketing through electronic means.

Authorization to Disclose Medical Information: If a person provides us with an authorization to disclose Medical Information, the authorization will only be valid for 24 months.