

# NOTICE OF INFORMATION PRACTICES



Mutual of Omaha Insurance Company (“we,” “our,” “Mutual of Omaha”) is providing this notice in accordance with your state law. In the course of properly underwriting and administering insurance coverage, we rely on information collected from various sources to determine eligibility for insurance or benefits.

We rely heavily on information provided by you on your application, including the medical questionnaire and any exams where applicable. We may also collect information from others, such as medical professionals who have treated you, hospitals, other insurance companies, and consumer reporting agencies.

## **This information may be collected from:**

- Applications or other forms we receive from you
- Your transactions with us, such as your payment history
- Your transactions with other companies
- Other sources such as motor vehicle reports
- Government agencies
- The Medical Information Bureau, Inc. (MIB) or other insurance support sources
- Consumer reporting agencies

We may collect this information through correspondence, in person or by telephone. Please see our privacy policy at [www.mutualofomaha.com/privacy](http://www.mutualofomaha.com/privacy) for information on our use of artificial intelligence.

In certain circumstances, and in compliance with applicable law, we or our reinsurers may release your personal or privileged information in our/their files, to third parties without your authorization. These disclosures are primarily made to identify you for the collection of information, for reinsurance or other services, claims purposes, or to help detect or prevent fraud and misrepresentation.

## **Disclosures may also be made to:**

- Medical facilities or a medical professional for the purpose of verifying insurance coverage or benefits;
- Conduct an operations or services audit, using only reasonably necessary information to do so;
- Insurance regulatory, law enforcement, or other governmental authority pursuant to law;
- A marketer for the permitted purpose of marketing a product or service\*
- An affiliate of ours, or, an agent, for the marketing of an insurance product or service, in accordance with applicable laws



Upon request, you have the right to be told about and to see a copy of items containing personal information about you which appear in our files, including information contained in investigative consumer reports. You may also have the right to request deletion of personal information and seek correction of personal information you believe to be inaccurate in accordance with your state law. For the purpose of ensuring the security of your information, we will require proper identification prior to providing any information. You can make a rights request by sending a signed written request either to Mutual of Omaha's Privacy Office at the address provided below or via e-mail to [privacy.office@mutualofomaha.com](mailto:privacy.office@mutualofomaha.com). Requests should include your full name, address, telephone number, and your policy number (if available). If no policy number is available, please provide the date which coverage was applied for. We will respond to a verifiable consumer request within thirty (30) business days of its receipt. We will respond to your request with the personal information that we can locate and reasonably retrieve in our files. We will mail you copies per your request.

We can either disclose medical record information to you, or a licensed medical professional you designate who provides medical care with respect to the condition to which the information relates.

There are situations where we may refuse to honor your request. The response we provide will explain the reasons we cannot comply with a request, if applicable. We do not charge a fee to process or respond to your verifiable request unless it is excessive, repetitive, or manifestly unfounded. If we determine that the request warrants a fee, we will tell you why we made that decision and provide you with a cost estimate before completing your request.

Upon the receipt of the information requested, you have the right to request that we correct, amend or delete any portion of your information. Requests can be sent to Mutual of Omaha's Privacy Office at the address provided below or via e-mail to [privacy.office@mutualofomaha.com](mailto:privacy.office@mutualofomaha.com). Please include your full name, address, and telephone number along with an explanation of correction, amendment, or deletion. We will respond to your request to correct, amend or delete in writing within thirty (30) business days. We will also furnish a copy of the correction, amendment, or fact of deletion to any person you designate who may have, within the preceding two years, received such recorded personal information; any insurance-support organization whose primary source of personal information is obtained from us<sup>†</sup>; and any insurance-support organization that furnished the personal information that has been corrected, amended, or deleted. There are situations where we may refuse to honor your request. If you receive notification in writing of the reasons for refusal, you have the right to file a statement with us if you disagree.

WRITTEN REQUESTS MAY BE SENT

VIA U.S. MAIL TO:

% Privacy Office  
Mutual of Omaha Insurance Company  
3300 Mutual of Omaha Plaza  
Omaha, NE 68175

*†In compliance with applicable law, we will not disclose medical-record information, privileged information, or personal information relating to an individual's character, personal habits, mode of living, general reputation, or classification derived from that information for marketing purposes. We will also not market to individuals who have indicated they do not want their information disclosed for marketing purposes.*

*†Provided, however, that the correction, amendment or fact of deletion need not be furnished if the insurance-support organization no longer maintains recorded personal information about you.*