

MUTUAL OF OMAHA INSURANCE COMPANY

VANDERHOUWEN & ASSOCIATES, INC.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

1. If you are unable to work because of an illness or injury, **not work-related**, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)
You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board.
IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
 - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
 - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.
8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

MUTUAL OF OMAHA INSURANCE COMPANY
3300 MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175
(800) 999-3309

Policy #: G M N Y 6 X 0 0 8 D 0 1 - 0 0 0 1

Effective From: 12/01/22

To: 12/01/23

Under a Plan or Agreement

Statutory

Class(es) of Employees Covered:

ALL ELIGIBLE EMPLOYEES

NYS Workers' Compensation Board
Customer Service: (877) 632-4996
www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.
Employers must post DB-120 so that all classes of their employees know who will pay their benefits.

MUTUAL OF OMAHA

PRIVACY NOTICE – PERSONAL INFORMATION

This is the Privacy Notice of Mutual of Omaha Insurance Company and its affiliates listed below (collectively, “Mutual of Omaha”, “us” “our” or “we”)

- Companion Life Insurance Company
- Medicare Advantage Insurance Company of Omaha
- Mutual of Omaha Investor Services, Inc.
- Mutual of Omaha Marketing Corporation
- Mutual of Omaha Medicare Advantage Company
- Mutual of Omaha Structured Settlement Company
- Omaha Health Insurance Company
- Omaha Insurance Company
- Omaha Supplemental Insurance Company
- United of Omaha Life Insurance Company
- United World Life Insurance Company

This Notice applies to our current and former customers.

Why You Are Receiving This Notice

This Notice describes the Personal Information (“PI”) we may collect. It also details how we use and protect that PI.

PI includes name, address, Social Security number, income, employment, medical and similar information.

If you have a policy that is covered by the HIPAA regulations, you also have received a HIPAA privacy notice. The HIPAA notice relates to the privacy of your protected health information.

To obtain a copy of the HIPAA notice, visit:

<https://www.mutualofomaha.com/legal-services/privacy-notices-and-forms>.

You may also contact us by mail at:

Mutual of Omaha
Attn: Privacy Office
3300 Mutual of Omaha Plaza
Omaha, NE 68175-1029

Information We Collect

We may collect PI about you 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 and medical information bureaus
- Consumer reporting agencies

How We Protect Your Information

We restrict access to your PI. Access is given only to individuals who need access to your information to provide you our insurance or financial services. We maintain physical, technical and administrative safeguards to protect your information in compliance with federal and state law.

Sharing Within Mutual of Omaha

Your Personal Information

We may share your PI among our affiliates. We may also share information about your transactions, such as your payment history.

We do not share your medical information, except as required or permitted under federal and state law.

Your Creditworthiness Information

We may also share certain information about your creditworthiness among Mutual of Omaha and our affiliates. This sharing helps us better match our products and services with your needs.

Creditworthiness includes:

- Your marital status
- Your income
- Your employment history
- Your credit history

Sharing With Third Parties

We may share your PI with third parties outside Mutual of Omaha. For example:

- To our agents and brokers
- To respond to a judicial process or government regulatory authority
- To process an insurance transaction that you request
- To service your policy or account
- To allow third parties to perform insurance or other functions on our behalf
- To other financial institutions with whom we have joint marketing agreements
- As required or permitted under federal or state law

Important Privacy Choices

You may tell us to not share information about your creditworthiness among our affiliates.

To exercise this right, call us toll free at:

1-800-522-6912

Please be prepared to provide your policy or account number when you call.

Your request will apply to all of the products you have with Mutual of Omaha. If there is more than one owner of an insurance product or service, either party may request that we not share PI as described in this Privacy Notice on behalf of yourself and the other owners.

We will honor your request for as long as we keep information about you.

If you have already told us to not share your information, it is not necessary to tell us again. Your request will remain on file with us until you ask for a change.

For Nevada residents: Nevada law requires us to advise you of your option to be placed on our internal "do not call" list. This will prevent you from receiving sales calls from Mutual of Omaha.

You may make this request by:

- Calling 1-800-228-9999 and speaking with a customer service representative
- Writing us at:
Mutual of Omaha
Attn: Privacy Office
3300 Mutual of Omaha Plaza
Omaha, NE 68175-1029
- Emailing us at:
directresponse@mutualofomaha.com

If you have questions about this notice, you may contact us at the address listed above. Or, you may contact the Nevada Attorney General's office at:

Office of the Nevada Attorney General
Bureau of Consumer Protection
555 E. Washington Avenue, Suite 3900
Las Vegas, NV 89101
Phone: (702) 486-3132
Email: BCPINFO@aq.state.nv.us