

MUTUAL OF OMAHA INSURANCE COMPANY



> Critical AdvantageSM

CANCER, HEART ATTACK & STROKE AND CRITICAL ILLNESS INSURANCE.

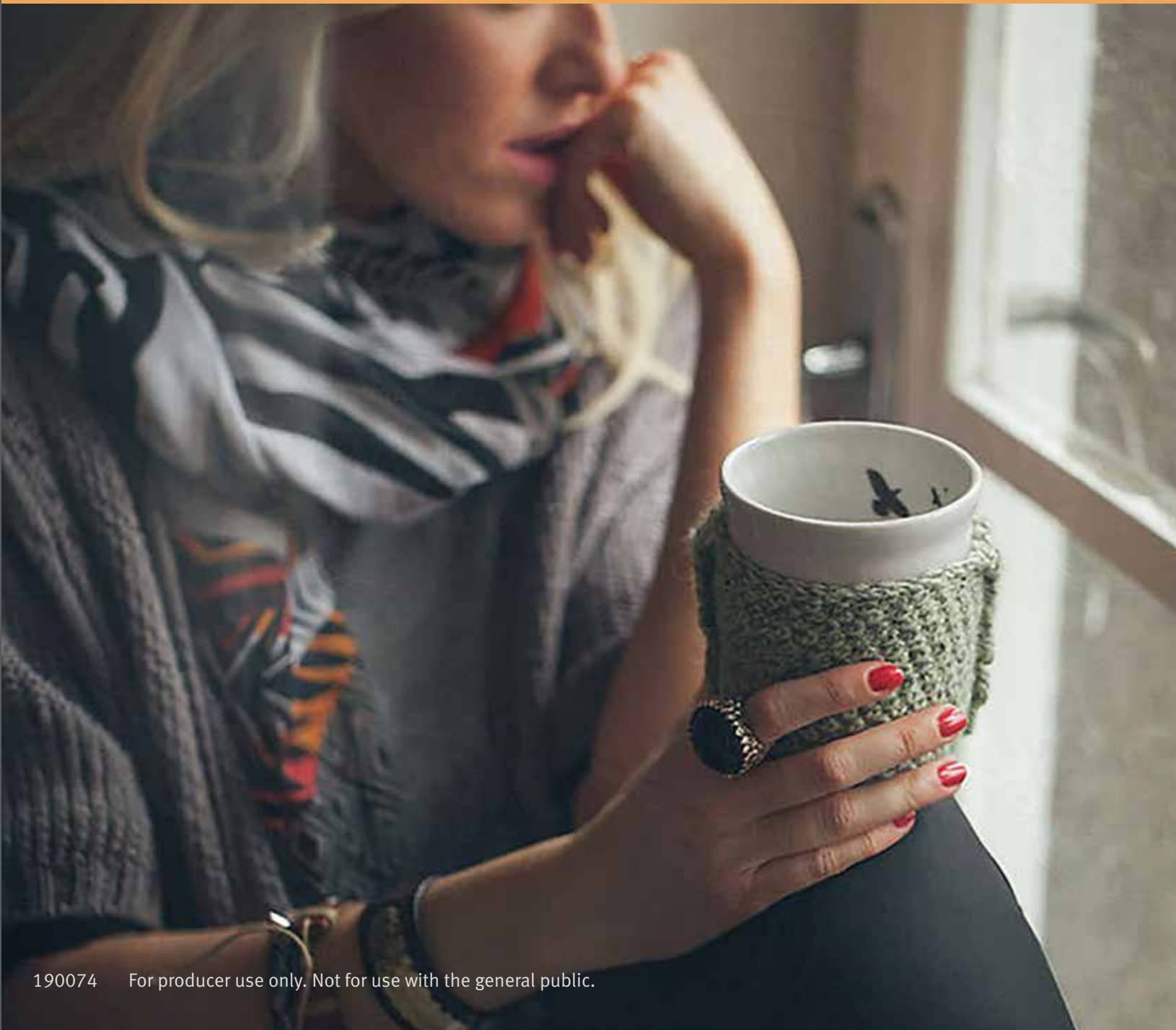


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Product Information

Cancer, Heart Attack & Stroke, Critical Illness

These products provide a lump-sum cash benefit upon diagnosis of cancer, heart attack or stroke, or a critical illness. Policy benefits can be used any way the client chooses. This gives them extra cash to help pay medical and non-medical expenses, including:

- Replacing lost income while they're off work
- Continuing to pay ongoing expenses, like mortgage payments, groceries and utilities
- Paying health insurance deductibles and copayments
- Hiring home health care or child care services
- Traveling to receive treatment

Portfolio Overview

This chart gives you an overview of the products available and allows you to clearly see the similarities and differences.

	Cancer	Heart Attack & Stroke	Critical Illness
Issue Ages (Lifetime Coverage)	18 to 89	18 to 89	18 to 64
Issue Ages (Term Coverage)	18 to 54	18 to 54	18 to 54
Benefit** Amounts	\$10,000-\$100,000	\$10,000-\$100,000	\$10,000-\$100,000
Base Benefit	Lump-sum payment	Lump-sum payment	Lump-sum payment Return of Premium upon Death
Policy Terms	10 years 15 years 20 years 30 years Lifetime	10 years 15 years 20 years 30 years Lifetime	10 years 15 years 20 years 30 years Lifetime
Plan of Coverage	Individual Individual plus child(ren)* Family*	Individual Individual plus child(ren)* Family*	Individual Individual plus child(ren)* Family*
Payment Schedule	100% of benefit amount for cancer (internal cancer or malignant melanoma)	100% of benefit amount for heart attack or stroke 25% of benefit amount for coronary artery bypass surgery or coronary angioplasty	100% of benefit amount for cancer, heart attack, stroke, Alzheimer's disease, blindness, deafness, kidney failure, major organ transplant or paralysis 25% of benefit amount for coronary artery bypass surgery or coronary angioplasty
Riders***	Heart Attack & Stroke Intensive Care Cash Value	Cancer Intensive Care Cash Value	Intensive Care Cash Value

Features and riders may not be available with all policies or approved in all states. Please refer to the state special matrix.

*Children will be limited to a total of \$50,000 maximum amount of total coverage.

**A person can own more than one Mutual of Omaha lump-sum policy as long as coverage limits for any one covered condition does not exceed \$100,000 of base benefit or rider coverage between all Mutual of Omaha coverages (current or new).

***Riders are available only at time of issue. Intensive Care and Cash Value Riders are available only on lifetime coverage.

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Lump Sum Cancer

This policy is designed to provide benefits for cancer only (internal cancer or malignant melanoma). Coverage is not provided for other diseases or accidents.

Here's How it Works:

Upon the diagnosis of cancer, the insured will receive a lump-sum payment of 100 percent of the benefit amount selected. Once the benefit has been paid, the policy will end, unless benefits continue under an attached rider.

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Underwriting	Benefit Amounts	Base Benefit	Policy Terms	Coverage Plans	Available Riders**
Express \$10,000 - \$50,000	\$10,000 \$20,000 \$30,000	Lump-sum payment	10 year 15 year 20 year 30 year Lifetime	<ul style="list-style-type: none"> Individual Individual & Child(ren)* Family* 	<ul style="list-style-type: none"> Heart Attack & Stroke Intensive Care Cash Value
Simplified \$51,000 - \$100,000	\$40,000				
	\$50,000				
	\$60,000				
	\$70,000				
	\$80,000				
	\$90,000				
	\$100,000				

*Children will be limited to a total of \$50,000 maximum amount of total coverage.

**Riders are available only at time of issue. Intensive Care and Cash Value Riders are available only on lifetime coverage.

- **Issue Age** – 18 to 89
- **Dependent Children** – Dependent children are eligible for coverage through age 25 or until date of marriage, whichever occurs first
- **Family Coverage** – Either partner on a family plan may be the primary insured. Premiums will be based on the age of the oldest insured
- **30-Day Waiting Period** – A 30-day waiting period for cancer coverage begins on the policy effective date
- **Guaranteed Renewable** – The coverage is guaranteed renewable for life or until the end of the term period

Lump Sum Heart Attack & Stroke

This policy is designed to provide benefits for heart attack and stroke or the performance of coronary angioplasty surgery or coronary artery bypass surgery only. Coverage is not provided for other diseases or accidents.

Here’s How it Works:

Upon the diagnosis of heart attack or stroke or the performance of coronary angioplasty surgery or coronary artery bypass surgery, the insured will receive a percentage of the benefit amount selected in a lump-sum payment:

- 100 percent for heart attack or stroke
- 25 percent for coronary angioplasty surgery or coronary artery bypass surgery (payable once per insured person during the life of the policy)

Once 100 percent of the benefit has been paid, the policy will end, unless benefits continue under an attached rider.

Underwriting	Benefit Amounts	Base Benefit	Policy Terms	Coverage Plans	Available Riders**
Express \$10,000 - \$50,000 Simplified \$51,000 - \$100,000	\$10,000 \$20,000 \$30,000 \$40,000 \$50,000 \$60,000 \$70,000 \$80,000 \$90,000 \$100,000	Lump-sum payment	10 year 15 year 20 year 30 year Lifetime	<ul style="list-style-type: none"> • Individual • Individual & Child(ren)* • Family* 	<ul style="list-style-type: none"> • Cancer • Intensive Care • Cash Value

*Children will be limited to a total of \$50,000 maximum amount of total coverage.

**Riders are available only at time of issue. Intensive Care and Cash Value Riders are available only on lifetime coverage.

- **Issue Age** – 18 to 89
- **Dependent Children** – Dependent children are eligible for coverage through age 25 or until date of marriage, whichever occurs first
- **Family Coverage** – Either partner on a family plan may be the primary insured. Premiums will be based on the age of the oldest insured
- **Guaranteed Renewable** – The coverage is guaranteed renewable for life or until the end of the term period

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Lump Sum Critical Illness

This policy is designed to provide benefits for cancer, heart attack, stroke, Alzheimer's disease, blindness, deafness, kidney failure, major organ transplant surgery, paralysis or the performance of coronary angioplasty surgery or coronary artery bypass surgery only. Coverage is not provided for other diseases or accidents.

Here's How it Works:

Upon the diagnosis of cancer, heart attack or stroke, Alzheimer's disease, blindness, deafness, kidney failure, major organ transplant surgery, paralysis or the performance of coronary angioplasty surgery or coronary artery bypass surgery, the insured will receive a percentage of the benefit amount selected in a lump-sum payment:

- 100 percent for cancer, heart attack, stroke, Alzheimer's disease, blindness, deafness, kidney failure, major organ transplant surgery, paralysis
- 25 percent for coronary angioplasty surgery or coronary artery bypass surgery (payable once per insured person during the life of the policy)

Once 100 percent of the benefit has been paid, the policy will end, unless benefits continue under an attached rider.

Underwriting	Benefit Amounts	Base Benefit	Policy Terms	Coverage Plans	Available Riders**
Express \$10,000 - \$50,000	\$10,000	Lump sum payment Return of Premium upon Death	10 year 15 year 20 year 30 year Lifetime	<ul style="list-style-type: none"> • Individual • Individual & Child(ren)* • Family* 	<ul style="list-style-type: none"> • Intensive Care • Cash Value
	\$20,000				
\$30,000					
\$40,000					
\$50,000					
\$60,000					
\$70,000					
\$80,000					
\$90,000					
\$100,000					
Simplified \$51,000 - \$100,000					

*Children will be limited to a total of \$50,000 maximum amount of total coverage.

**Riders are available only at time of issue. Intensive Care and Cash Value Riders are available only on lifetime coverage.

Return of Premium

If the primary insured dies while covered under this policy we will return all premium paid under the policy minus benefits already paid under the policy or any attached riders.

- **Issue Age** – 18 to 64
- **Dependent Children** – Dependent children are eligible for coverage through age 25 or until date of marriage, whichever occurs first
- **Family Coverage** – Either partner on a family plan may be the primary insured. Premiums will be based on the age of the oldest insured
- **30-Day Waiting Period** – A 30-day waiting period for cancer coverage begins on the policy effective date
- **Guaranteed Renewable** – The coverage is guaranteed renewable for life or until the end of the term period

Optional Rider Descriptions

These riders are only available at time of issue.

Cancer – Pays a lump-sum benefit upon diagnosis of cancer (internal cancer or malignant melanoma).

- Underwriting – Express and Simplified
- Benefit amounts of \$10,000 to \$100,000
- Issue ages 18 to 89
- 30-day waiting period for cancer coverage begins on the policy effective date
- Available on the heart attack & stroke policy only
- Available on lifetime and term coverage

Heart Attack & Stroke – Pays a lump-sum benefit upon diagnosis of heart attack or stroke or the performance of coronary angioplasty surgery or coronary artery bypass surgery.

- Underwriting – Express and Simplified
- Benefit amounts of \$10,000 to \$100,000
- Issue age 18 to 89
- Underwriting subject to height and weight guidelines
- Percentage of benefit payable:
 - 100 percent for heart attack or stroke
 - 25 percent for coronary angioplasty surgery or coronary artery bypass surgery (payable once per insured person during the life of the policy)
- Available on the cancer policy only
- Available on lifetime and term coverage

Intensive Care Unit – Pays a daily room benefit for each day of confinement in an intensive care unit of a hospital as the result of a sickness or injury.

- Benefit amounts of \$250, \$500, \$750 or \$1,000 per day
- Issue age 18 to 64
- Benefits payable for a maximum of 30 days during any period of confinement
- Benefit paid will not reduce the lump-sum benefit available for any insured person
- Underwriting subject to height and weight guidelines
- Available on all policy kinds
- Available only on lifetime coverage
- When an insured reaches age 65, the ICU daily room indemnity benefit in force at the time will reduce by 50 percent if the insured was under age 60 when the rider was issued. For an insured who was age 60 or older when the rider was issued, the 50 percent reduction of the ICU daily room indemnity benefit amount will occur on the first policy renewal date on or after the five-year anniversary of the rider date

Cash Value – Provides a percentage of all premiums paid for the policy and all riders, minus the amount of any benefits paid in claims for all insured persons.

- Issue age* 18 to 60
- Benefits are payable when this rider ends providing it has been in force for more than five years. Benefits will be paid on the earliest of:
 - The date the insured requests removal of the rider;
 - The date the policy lapses because the insured did not pay the premium before the end of the grace period; or
 - The date the policy ends for any other reason
- The percentage payable is based on the number of full years this rider was in force. The percentage amount* ranges from three percent in the sixth year to 100 percent in the 25th year
- Available on all policy kinds
- Available only on lifetime coverage types

*May vary by state

Cash Value Percentages**		
1-5 years – 0%	12 years – 27%	19 years – 62%
6 years – 3%	13 years – 32%	20 years – 68%
7 years – 7%	14 years – 36%	21 years – 74%
8 years – 11%	15 years – 41%	22 years – 80%
9 years – 15%	16 years – 46%	23 years – 86%
10 years – 19%	17 years – 51%	24 years – 93%
11 years – 23%	18 years – 56%	25 years and over – 100%

**Cash value issue ages and percentages may differ by state.

General Underwriting Guidelines

General Underwriting Guidelines

Coverage Options

- Individual
- Individual plus child(ren) – Covers one adult and all dependent children (all children must be listed on the policy in order to be covered. Newborn and newly adopted children will be automatically insured)
- Family – Covers the primary insured, partner and all dependent children (all children must be listed on the policy in order to be covered. Newborn and newly adopted children will be automatically insured)

Definitions:

Partner – One person who is:

- The spouse to whom the applicant is legally married; or
- A registered domestic partner or civil union partner of the applicant; or
- An adult person who:
 - Shares a serious and committed personal relationship with the applicant that is intended to be lifelong; and
 - Has shared a common permanent residence with the applicant on a continuous basis for the most recent three years; and
 - Is not married to, a domestic partner or civil union partner of, or in a committed personal relationship with anyone else; and
 - Is not related to the applicant in any way that would bar marriage in the state where the applicant and partner reside

Dependent Child – The applicant's or partner's unmarried, natural born child, adopted child or stepchild who is under age 26.

Premium Structure

- Unisex

Benefit Amount

- \$10,000 to \$100,000
- Child(ren) coverage will equal the base plan face amount but cannot exceed total base benefit of \$50,000 for any one covered condition

Issue Age

- Issue age will be determined based on the age of the applicant on the date the application is signed
- Premium will be based on age of oldest insured

Policy	Lifetime Coverage	Term Coverage
Lump Sum Cancer	18 to 89	18 to 54
Lump Sum Heart Attack & Stroke	18 to 89	18 to 54
Lump Sum Critical Illness	18 to 64	18 to 54
Rider	Lifetime Coverage	Term Coverage
Cancer Benefit Rider	18 to 89	18 to 54
Heart Attack & Stroke Benefit Rider	18 to 89	18 to 54
Intensive Care Unit Benefit Rider	18 to 64	N/A
Cash Value Benefit Rider	18 to 60*	N/A

*Cash value issue ages may vary by state.

Underwriting Program

- Express Underwriting – Simple yes/no knock-out questions for face amounts of \$50,000 and below
- Simplified Underwriting – Simple yes/no knock-out questions with the addition of MIB and Pharmaceutical inquiry, and random telephone interviews for face amounts of \$51,000 to \$100,000
- Accumulative lump-sum face amounts above \$50,000 across all lump-sum or critical illness policies/riders in force with Mutual of Omaha have additional underwriting requirements
 - Additional requirements (if required):
 - MIB inquiry
 - Pharmaceutical
 - Telephone interview

Underwriting Outcomes

- Issue Standard
- Decline – No coverage available
 - Any person who answers “Yes” to a health question will be excluded from coverage

Guaranteed Renewability

- Lifetime
- Term – 10, 15, 20 or 30 years
 - All term policies will be issued with a Lifetime Extension Option rider (refer to the “Conversion from Term Coverage” section for details)

Premium Savings

- Clients who select Monthly Bank Service Plan (BSP) will receive a one dollar discount per premium payment for both the initial and renewal premiums.

Citizenship/Residency Requirements

- Applicants must be United States citizens permanently residing within the United States or its territories
- Foreign Nationals who have a Permanent Resident Visa and have lived continuously in the United States or its territories for at least three years also will be eligible for coverage
- Non-resident foreign nationals or those persons anticipating residence in a foreign country, even temporarily, are ineligible for lump-sum insurance

Foreign Travel

- Applicants who travel to foreign countries frequently, for more than 90 days annually, and/or those who travel to areas with political unrest, poor economic conditions, lack of modern living standards or modern medical facilities, are ineligible for lump-sum coverage
- Applicants who are working outside of the United States also are ineligible for lump-sum coverage

Product Combination

- A person can own more than one Mutual of Omaha lump-sum policy as long as coverage limits for any one covered condition does not exceed \$100,000 of base or rider coverage between all Mutual of Omaha coverages (current or new)
- Underwriting requirements will be based on the total dollar amount of coverage requested for any one of the covered condition(s)
- Dependent children can be covered under multiple lump-sum policies as long as a lump-sum limit of \$50,000 for one covered condition is not exceeded

Rider Combination

- A person may be covered under **only one** Intensive Care Unit Benefit Rider even if insured under multiple policies
- A person may be covered under **more than one** Cash Value Benefit Riders when insured under multiple policies

*A pre-existing condition is a condition which medical advice, *diagnosis*, care, or treatment was recommended by or received from a *physician* within 12 months prior to the *policy effective date*. We will not pay benefits for loss resulting from a pre-existing condition, unless such loss occurs 12 months or more after the *policy effective date*.

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Uninsurable Medical Conditions*

Lump Sum Cancer

The medical conditions listed below are not insurable with lump sum cancer plans:

- Applicants who have been diagnosed with or treated for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or Aids Related Complex (ARC) or any AIDS related condition
- Applicants who have been advised by a medical professional to undergo treatment, further diagnostic evaluation or testing, or who recently had diagnostic tests performed where the results are still pending or were inconclusive for any medical condition
- Applicants who are currently receiving treatment, ever had treatment or been advised to have treatment for internal cancer, lymphoma, leukemia, or melanoma
- Applicants who, within the past five years, have had persistently abnormal PSA readings, an abnormal mammogram, pap smear, colonoscopy, or other cancer screening test where cancer has not been ruled out

Lump Sum Heart Attack & Stroke

The medical conditions listed below are not insurable with Heart Attack & Stroke plans:

- Applicants who have been diagnosed with or treated for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or Aids Related Complex (ARC) or any AIDS related condition
- Applicants who have been advised by a medical professional to undergo treatment, further diagnostic evaluation or testing, or who recently had diagnostic tests performed where the results are still pending or were inconclusive for any medical condition
- Applicants who have ever been diagnosed with, treated for, or advised to have treatment for any disease, disorder, or abnormality of the heart or circulatory system
- Applicants who have been diagnosed with, treated for, or advised to have treatment for carotid artery disease, peripheral artery disease, cerebrovascular disease, stroke, or TIA (transient ischemic attack)
- Applicants who, within the past six months, have had two or more blood pressure readings of 140/90 or above
- Applicants who have ever been diagnosed with diabetes
- Applicants who fall outside height and weight guidelines specified in the Build Chart on page 10

Lump Sum Critical Illness

The medical conditions listed below are not insurable with Critical Illness plan:

- Applicants who have been diagnosed with or treated for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or Aids Related Complex (ARC) or any AIDS related condition
- Applicants who have been advised by a medical professional to undergo treatment, further diagnostic evaluation or testing, or who recently had diagnostic tests performed where the results are still pending or were inconclusive for any medical condition
- Applicants who are currently receiving treatment, ever had treatment or been advised to have treatment for internal cancer, lymphoma, leukemia or melanoma
- Applicants who, within the past five years, have had persistently abnormal PSA readings, an abnormal mammogram, pap smear, colonoscopy, or cancer screening test where cancer has not been ruled out
- Applicants who have ever been diagnosed with, treated for, or advised to have treatment for any disease, disorder, or abnormality of the heart or circulatory system
- Applicants who have been diagnosed with, treated for, or advised to have treatment for carotid artery disease, peripheral artery disease, cerebrovascular disease, stroke, or TIA (transient ischemic attack)
- Applicants who, within the past six months, have had two or more blood pressure readings of 140/90 or above
- Applicants who have ever been diagnosed with diabetes

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- Applicants who have been diagnosed with or treated for any of the following: Abnormal Kidney Function, Kidney Disease, Renal Failure or Insufficiency, Alzheimer's Disease, Chronic Liver Disease (to include Cirrhosis, Hepatitis B & C), Eye or Ear Disorder/Disease, Neurological Condition (such as Multiple Sclerosis, Parkinson's, Seizures, Muscular Dystrophy), Organ Transplant, Pulmonary Fibrosis, Recurrent Breast Tumors or Cysts, or Severe Chronic Lung Disease
- Applicants who fall outside height and weight guidelines specified in the Build Chart on page 10

*Uninsurable medical conditions may not be the same on all policies or approved in all states. Refer to your state specific application.

Intensive Care Unit Benefit Rider

The medical conditions listed below are not insurable with the Intensive Care Unit Benefit Rider:

- Applicants who are currently bedridden, hospital confined, in a nursing home or assisted living facility, or confined to a wheelchair
- Applicants who have been diagnosed and/or treated with any disease or disorder of the lung, liver, connective tissue, brain or nervous system
- Applicants who have been advised to have surgery that has not been performed or recently had surgery from which he/she is not fully recovered
- Applicants who are currently pregnant
- Applicants who fall outside height and weight guidelines specified in the Build Chart on page 10

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Build Chart – Heart Attack & Stroke and Critical Illness benefits and Intensive Care Unit rider

Use this Build Chart for the heart attack & stroke, critical illness benefit and the intensive care unit rider. Finding the applicant's height in the left-handed column and then looking across the row to find the applicant's weight. The column heading above their weight will determine the appropriate risk class.

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Height Feet and Inches	Decline Below	Decline Over
4'8"	80	174+
4'9"	83	181+
4'10"	86	187+
4'11"	89	194+
5'0"	92	200+
5'1"	95	207+
5'2"	98	214+
5'3"	102	221+
5'4"	105	228+
5'5"	108	235+
5'6"	112	242+
5'7"	115	250+
5'8"	118	257+
5'9"	122	266+
5'10"	125	272+
5'11"	129	280+
6'0"	133	288+
6'1"	136	296+
6'2"	140	304+
6'3"	144	313+
6'4"	148	321+
6'5"	152	329+
6'6"	156	338+
6'7"	160	347+
6'8"	164	356+
6'9"	168	364+
6'10"	172	374+
6'11"	176	383+

NOTE: The proposed primary insured and his or her partner, if applicable, must fall within height and weight guidelines when applying for **heart attack & stroke** and **critical illness** benefits and the **intensive care unit** rider.

Completing the Application

General Guidelines

The application packet contains the application plus all forms required in the applicant’s state of residence. Follow these guidelines when submitting an application.

- **Use the correct application** – Be sure to use the application for the client’s state of residence. Nonresident state applications will not be accepted. You will be required to submit the correct state application before a policy can be issued
- **You must have the appropriate state license** – If the application is taken in person, you must be licensed in the state where the application is signed. For mailed applications, you must be licensed to sell in the state where the client is at the time of solicitation
- **Only the applicant(s) may sign** – When lump-sum insurance sales are made, only the applicant(s) for insurance may complete and sign the application
- **White out is not allowed** – If a question is answered in error, draw a single line through the error and have the correction initialed by the applicant
- **Don’t use “N/A”** – “N/A” is not an acceptable answer. Instead, use “No,” “None,” or “Yes” when answering a question on the application
- **Check the date** – Applications must be received by Mutual of Omaha within 30 days of the application date. Applications that are more than 30 days old will require a new, complete and currently dated application. Premium will be based on the applicant’s age as of the new application signing date

Application Completion Requirements

- Applications must be completed in ink. Typewritten applications bearing the applicant’s handwritten signature will be accepted
- Any corrections or alterations to the application must be made in the presence of, or initiated by the applicant, not the agent. Changes made with corrective tape or fluids will not be accepted
- No application will be accepted that has been altered or corrected with regard to the signature of the proposed insured, the date signed, or the licensed agent’s signature
- Backdating an application will not be accepted

Assisting Non-English Speaking Applicants

If you and the applicant are not fluent in the same language, an interpreter must be present to translate all questions and responses.

- It is the applicant’s responsibility to have an interpreter available to meet with you when the application is completed. The applicant may choose an interpreter, but the interpreter cannot be a family member, beneficiary or someone who would benefit from the issuance of a policy. You may serve as an interpreter if you and the applicant are fluent in the same language
- In addition to questions on the application and the applicant’s responses, the interpreter is required to translate all comments you make as well as information contained in marketing materials and forms
- With the assistance of an interpreter, you should ask the applicant to sign the application and the Producer or Witness Certification form (MLU25947)
- Be sure to include a note with the application that a translator will be needed for the health interview and indicate what language

Checking Case Status

Application and underwriting status is available on Sales Professional Access (SPA) – our secure agent website.

- Log in using your seven-digit production number
- Select the “Reports” tab
- Then select the link labeled “Med Supp, LTC, DI and Other Health Products” to view your case status report

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Application Submission

Brokerage	Agency
Mutual of Omaha Records/Mailing Processing Center 9330 State Hwy. 133 Blair, NE 68008-6179 Fax: (402) 997-1804	Submit through your Division Office

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Eligibility Requirements for Payroll Deductions

- This program is voluntary participation and available to all eligible full-time employees working 30+ hours per week. The underwriting program allows the employee to customize coverage using the three associated lump-sum products and optional riders.
 - Three Eligible Employees
 - No pre-approval required for group sizes 3-250 eligible employees
 - Individual Underwriting Guidelines Apply

Business Submission – Payroll Deduction

Mutual of Omaha provides a lump-sum insurance application that agents will find easy to use. All applications and required forms can be found on our Sales Professional Access (SPA) website.

Step 1: Create a Quote

Complete a case quote using Mutual of Omaha's WinFlex.

Step 2: Submit applications and appropriate forms

- Submit one signed copy of Fully Underwritten Employer Acknowledgement form with initial Lump Sum applications
- Complete Payroll Deduction form for each applicant
- Submit your applications and accompanying forms using your normal channel

Mail to: Records/Mailing Processing Center
9330 State Hwy. 133
Blair, NE 68008-6179
Fax: 402-997-1804

Administrative Information

Application Completion Requirements

- Applications must be completed based upon the applicant's resident state
- The agent must be licensed in the signing state
- Applications must be received in our home office within the 30 days

Billing Information

Billing Options

- **Payroll Deduction** – Available for all eligible employees. A minimum of three participants and a completed Payroll Deduction form are required to set up a payroll deduction case. All employees using payroll deduction must elect the same premium mode. The following premium modes are available for payroll deduction:

PRD Modes Modal Factors

9-Pay 0.1111
10-Pay 0.1000
11-Pay 0.9090
18-Pay 0.0555
19-Pay 0.0526
20-Pay 0.0501
21-Pay 0.0476
22-Pay 0.0454
23-Pay 0.0435
24-Pay 0.0417
25-Pay 0.0401
26-Pay 0.0385

Direct Bill – Available to all participants on a monthly, quarterly, semiannual and annual basis. Monthly billing must be set up through automatic checking account deduction.

Premium Collection

Premium should not be collected with PRD applications. Conditional coverage is not available for Lump Sum cases.

Application Processing

Incomplete Applications

- If we are unable to complete our underwriting requirements within 60 days of the application date, we must close the file as incomplete and any premium collected will be refunded
- A letter of explanation is sent to the agent and the applicant to inform them that insurance is not in force as a result of an incomplete application

Appealing an Underwriting Decision

- Applications that are declined or issued other than applied for are eligible for reconsideration through an appeal process
- To ensure privacy, the specific reason for a policy being declined or issued other than applied for is shared only with the applicant
- After reviewing the letter with the applicant please review the information in this guide for our handling of the applicant's condition(s)
- If the applicant disagrees with the specific reason given in the letter, he or she has the right to submit additional information. Here's how the appeal process works:
 - A notice of appeal must be submitted in writing by the applicant and/or his or her physician within 60 days of receipt of the letter (some states vary slightly). Informal (verbal) appeals will be considered at the request of General Managers, District Sales Managers and Brokerage Managers
 - A decision letter will be sent to the applicant within 60 days of receipt of the appeal information
 - The 30-day period for review of the policy and billing notice of premium due are independent of the appeal process
 - The application date will determine whether the original application can be used along with a Statement of Good Health or if a new application will be required

Declined Applications

When an application is denied, a letter will be sent to the applicant and any premium collected will be refunded.

Replacements

Replacement of present insurance must conform to the replacement regulations for the applicant's state of residence.

- You should advise the proposed insured to continue premium payments on any present insurance until underwriting is completed and a policy is issued
- Make sure the proper forms are fully completed, paying special attention to the replacement questions, agent certification, the existing policy number and issuing company
- Replacement forms can be obtained from Sales Professional Access (SPA)

Downgrades

A downgrade reduces benefits. Downgrades can be requested by the policyholder in a letter containing his or her signature and date. The following downgrades are allowed:

- Decreasing the lump-sum benefit amount
- Removing a family member
- Removing coverage or riders

Conversion from Term Coverage

Mutual of Omaha allows the insured to convert a term benefit period to lifetime benefit period without underwriting after the third year and through the 10th year the policy is in force at current age.

- The term coverage maximum issue age is 54

Premium Processing

Premiums – At least one month’s premium must be submitted or authorized with the application.

- If the application is faxed, Bank Service Plan (BSP) must be utilized with the draft initial premium option
- Monthly direct billing is not available

Bank Service Plan (BSP) – Can be used to pay premiums on new and existing policies.

- Have the applicant complete the authorization in the application
- Send a voided check or provide banking information (routing & account information) on BSP authorization with the application
- For in force policies, send the form listing the policies already in force and a voided check. If your client has more than one policy, we will establish a convenient combined payment plan for all the policies to keep them in force with one monthly authorized payment. Please contact Policyowner Service for questions

Policy Issue and Delivery

Delivering the Policy – It’s important to deliver the policy in person to build relationships with your clients and ensure they receive their policies in a prompt and reliable manner.

Producer Requirements

Licensing and Appointments

Non-Pre-Appointment States (All states except PA)	Pre-Appointment States (PA)
<ul style="list-style-type: none"> If you are properly licensed in your state, you may solicit business prior to becoming appointed with Mutual of Omaha Applications must be submitted along with contracting paperwork. Each state has different rules on number of days to submit an appointment to the state Department of Insurance from the date the application is received Policies cannot be issued until the effective date of your appointment 	<ul style="list-style-type: none"> You must be properly licensed and appointed with Mutual of Omaha BEFORE soliciting business If an application is dated prior to your appointment effective date, it will be rejected and a letter will be mailed to the applicant

Background Checks

All new agents are subject to a background check, which includes credit history, insurance department actions and federal and county criminal records.

- Be sure to disclose all information and answer each question on the information sheet truthfully. If answering “Yes” to any questions, an explanation (signed and dated by you) and any supporting documentation must accompany the contracting paperwork
- Background checks are conducted by an outside entity and typically take one to three business days. If an issue is found, you will be contacted in writing to resolve it, if possible
- No information regarding the finding of the background check can be discussed with your MGA
- If Mutual of Omaha declines to appoint you, both you and your MGA, if applicable, will be notified in writing

Errors and Omissions Insurance

Errors and Omissions insurance in the amount of \$1,000,000 per claim is required for Mutual of Omaha Insurance Company products.

Contact Information

Application Submission

Records/Mailing Processing Center
9330 State Hwy. 133
Blair, NE 68008-6179
Fax: 402-997-1804

Policy Delivery & Pending Application Requirements

Fax: 402-997-1920

**Mutual of Omaha
Licensing**

Phone: 800-867-6873
Hours: 8 a.m. to 4:30 p.m. Central Time Monday – Friday
Fax: 402-997-1830
Email: contractsandappointments@mutualofomaha.com

Sales Support

Agency: 877-617-5589
Brokerage: 800-693-6083
Hours: 7:30 a.m. to 5:30 p.m. Central Time Monday – Friday
Email: sales.support@mutualofomaha.com

Lump Sum Service Office – Claims

Phone: 800-268-6443
Hours: 7 a.m. to 5 p.m. Central Time Monday – Friday

Underwriting

Phone: 844-822-0265
Hours: 8 a.m. to 4:30 p.m. Central Time Monday – Friday

Multi-Life Billing Questions

Phone: 800-877-1050

Policyowner Service

Phone: 800-775-6000
Hours: 7 a.m. to 5:30 p.m. Central Time Monday – Thursday
7 a.m. to 5 p.m. Central Time Friday

Underwriting Call Center

Phone: 800-715-4376
Hours: 7 a.m. to 5:00 p.m. Central Time Monday – Friday



Insurance Underwritten by:

MUTUAL OF OMAHA INSURANCE COMPANY

3300 Mutual of Omaha Plaza

Omaha, NE 68175

mutualofomaha.com

1-800-775-6000