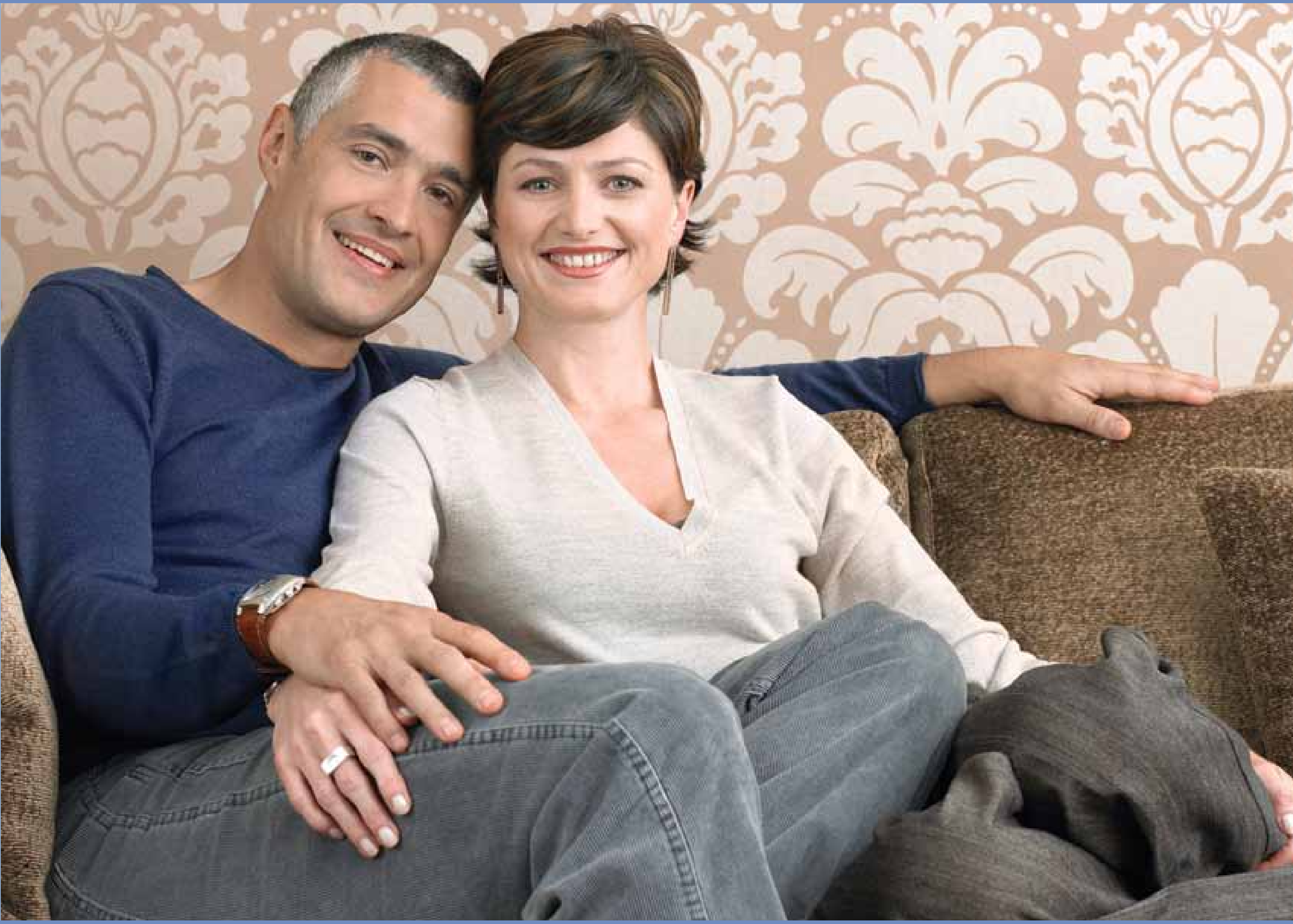
Mutual of Omaha Insurance Company

Mutual Care® *Plus* Portfolio

Long-Term Care Insurance



AGENT and UNDERWRITING GUIDE

Mutual Care® *3 & 5*

Mutual Care® *My Way*

Mutual Care® *at Work*

For producer use only. Not for use with the general public.

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Section 1

Contact Information

Mutual Care Plus Mailing Addresses

General Mail
Long-Term Care Service Office
P.O. Box 64901
St. Paul, MN 55164-0901

Expedited Mail
Long-Term Care Service Office
7805 Hudson Rd., Suite 180
Woodbury, MN 55125-1591

Mutual Care at Work Mailing Addresses

Mutual of Omaha Insurance Company
LTC Multi-Life Underwriting – 6th Floor
Mutual of Omaha Plaza
Omaha, NE 68175

LTC Service Office

Claims

Phone: 877-894-2478
Hours: 7 a.m. to 5 p.m. Central time Monday – Friday

Customer Service

Phone: 877-894-2478
Hours: 7 a.m. to 5 p.m. Central time Monday – Friday

- New Business Service
- Policy Issue
- Billing and Collection

Mutual Care at Work Multi-Life Underwriting Coordinator

Phone: 877-778-0838
Fax: 402-351-5958
Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday
Email: LTC.Multi.Life@mutualofomaha.com

- Case Quoting
- Group Approval
- Multi-Life Inquiries

Fax Numbers

888-539-4672

- Application Requirements

800-921-9335

- Medical Information
- Delivery Requirements
- Policy Change Requests
- Correspondence

General Contact Information

Premium Submission (other than premium collected with the application)

General Mail
Mutual of Omaha
P.O. Box 30154
Omaha, NE 68103-1252

Expedited Mail
1st National Bank
Attn: Stop 2203, Box 30154
1620 Dodge St.
Omaha, NE 68197-2203

Licensing

Phone:	800-867-6873
Hours:	8 a.m. to 4:30 p.m. Central time Monday – Friday

Sales Support

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

- Appointments
- Contracting
- Licensing
- Proposals
- Sales/Product Support

Underwriting

Phone:	800-551-2059
Hours:	8 a.m. to 4:30 p.m. Central time Monday – Friday
Email:	ltcunderwriting@mutualofomaha.com

- Prequalification
- Risk Selection

To Initiate the Personal Health Interview

Phone: 866-544-1617

Mutual Care Plus

Mutual Care 3 • Mutual Care 5 • Mutual Care My Way

Product Details

The following chart contains the built-in and optional benefits of Mutual Care 3, Mutual Care 5 and Mutual Care My Way. Benefits may vary by state. Please see the State Differences Matrix (section 6).

	Mutual Care 3	Mutual Care 5	Mutual Care My Way
Built-in Benefits			
Benefit Period	3 years	5 years	2 years (24 months) 3 years (36 months) 4 years (48 months) 5 years (60 months) 6 years (72 months) 8 years (96 months) Lifetime
Maximum Monthly Benefit	\$3,000 to \$15,000	\$3,000 to \$15,000	\$1,500 to \$15,000
Cash Benefit	35% of home health care maximum monthly benefit	35% of home health care maximum monthly benefit	35% of home health care maximum monthly benefit
Elimination Period	90 calendar days	90 calendar days	0 calendar days 30 calendar days 60 calendar days 90 calendar days 180 calendar days 365 calendar days
Optional Benefits			
Inflation Protection	3% Compound (lifetime)	5% Compound (20-year)	5%, 4% or 3% Compound (lifetime) 5% Compound (20-year) 5% Simple (lifetime) No Inflation Protection with Future Purchase Option
Monthly Benefit Options (percentage of maximum monthly benefit)	100%	100%	Home Health Care 100%, 75%, 50% Assisted Living 100%, 75%, 50% Nursing Home 100%

	Mutual Care 3	Mutual Care 5	Mutual Care My Way
Optional Benefits			
Spouse Benefits ■ Spouse Shared Care ■ Spouse Security Benefit ■ Spouse Waiver of Premium ■ Spouse Survivorship	 Optional Not available Not available Not available	 Optional Not available Not available Not available	 Optional Optional Optional Optional
Non-forfeiture Options ■ Contingent Non-forfeiture ■ Non-forfeiture Shortened Benefit Period	 Default Optional	 Default Optional	 Default Optional
Return of Premium Options ■ Return of Premium Less Claims Paid ■ Return of Premium Less Claims Paid if Death Occurs Before Age 65 ■ Full Return of Premium	 Not available Not available Not available	 Not available Not available Not available	 Optional Optional Optional
Other Optional Benefits ■ Waiver of Elimination Period for Home Health Care ■ Restoration of Benefits ■ Additional Benefit for Injury ■ 5-Year Rate Guarantee	 Not available Not available Not available Not available	 Not available Not available Not available Not available	 Optional Optional Optional Optional

Benefit Descriptions

This section contains an explanation of the built-in and optional benefits of Mutual Care 3, Mutual Care 5 and Mutual Care My Way.

Additional Benefit for Injury

Pays an additional benefit if the insured sustains an injury resulting in need for long-term care services (home health care, assisted living facility or nursing home). The injury must be sustained while the policy is in force and the insured is not chronically ill. The additional benefit for injury is payable any month the insured incurs eligible expenses in excess of the nursing home, assisted living facility or home health care benefits paid that month, up to the maximum monthly benefit of the policy.

- Available only on Mutual Care My Way
- Not available for issue ages over 60

Cash Benefit

When elected, pays a cash benefit (equal to 35 percent of the home health care maximum monthly benefit) in advance each month. The elimination period does not need to be satisfied for the insured to receive the cash benefit.

If we determine the insured is eligible for a cash benefit for less than an entire month, we will adjust the cash benefit for that month. We will assume such a month consists of 30 days, regardless of the actual number of days in the month. If in any month, the insured receives a cash benefit in excess of the amount for which they are eligible, we will reduce any future benefits paid under the policy by the amount of the unearned cash benefit.

When the insured is receiving a cash benefit, no other benefits are payable under the policy. The insured may elect to discontinue the cash benefit by providing written notice to us. After the cash benefit is discontinued, other eligible policy benefits may be payable on a reimbursement basis. The insured may elect to receive the cash benefit one month and reimbursement the next.

We reserve the right to require a new plan of care at least once every 60 days when the insured is receiving the cash benefit. Please note, days in which the cash benefits are utilized do not count toward the elimination period for reimbursement benefits.

Elimination Period

Once the policy's elimination period has been satisfied, the policy pays up to the maximum monthly benefit amount for covered long-term care services.

- No elimination period to satisfy when the cash benefit is elected (if insured changes to reimbursement benefits, elimination period must be satisfied)
- If insured is Class I or II risk, only 90-, 180- and 365-day elimination periods are available

Five-Year Rate Guarantee

Guarantees the initial rate for a five-year period.

- Available only on Mutual Care My Way

Inflation Protection Options

The insured has the choice of the following inflation protection options:

Compound Inflation Protection:

Compound – Lifetime – Your current maximum monthly benefit and maximum lifetime benefit amounts will increase by the percentage you select on each policy anniversary date for the remainder of your lifetime.

- 3% – Mutual Care 3
- 5% – Mutual Care 5
- 3%, 4%, 5% – Mutual Care My Way

Five Percent Compound – 20-year (Mutual Care My Way) – Your current maximum monthly benefit and maximum lifetime benefit amounts will increase by five percent on each policy anniversary date for 20 years.

Simple Inflation Protection:

Five Percent Simple – Lifetime (Mutual Care My Way) – On each policy anniversary date, your maximum monthly benefit will increase by five percent of its original value. In addition, the maximum lifetime benefit will increase by five percent of its original value or its current value, whichever is less.

No Inflation Protection:

Future Purchase Option – If you elect no inflation protection at this time, you may purchase either three or five percent compound lifetime inflation protection (at the rate applicable for your attained age) any time up to five years after the issue date of your policy with no additional underwriting required.*

- Cannot be exercised if the insured is on Waiver of Premium
- Cannot be added, removed of decreased after issue at the insured's request, except for the first 60 days following policy inception (during the first 60 days, the insured can remove the Future Purchase Option, but must select another inflation protection option)

When the insured elects to exercise the Future Purchase Option, he or she will be offered either a three percent compound (lifetime) or five percent compound (lifetime) inflation protection rider, which will be effective on the next policy anniversary date. Once this option has been exercised, no additional increases or decreases to the Future Purchase Option rider will be allowed.

- Not available with any other inflation protection option
- Available only with the Lifetime payment option

*Subject to the following limitations:

- Your premiums are not waived on the policy
- You are not currently eligible to receive policy benefits or you have not received policy benefits in the two years prior to electing the increase

Nonforfeiture Shortened Benefit Period

As long as the policy has been in force for a specified time, this optional rider allows coverage to continue on a reduced basis in the event the policy is terminated.

- If not selected, Contingent Non-forfeiture is the default

Restoration of Benefits

If benefits have been paid under the policy and the insured no longer requires long-term care services for 180 consecutive days, we will restore the maximum lifetime benefit to the amount that would have applied if no benefits had been paid under the policy (except for benefits paid for the spouse under the Spouse Shared Benefit). This restoration may occur one time during the term of the policy.

- Available only on Mutual Care My Way
- Not available with Lifetime benefits

Return of Premium Options

Upon the death of the insured, the premium paid on the policy may be returned to the insured's heirs. The following options are available on Mutual Care My Way:

Return of Premium Less Claims Paid – If the insured dies while the policy is in force, we will return the total amount of premium paid for the policy, less the amount of claims paid under the policy.

- Available only on Mutual Care My Way
- Not available with Spouse Shared Care
- Not available for issue ages over 64

Return of Premium Less Claims Paid if Death Occurs Before Age 65 – If the insured dies while the policy is in force, but prior to the policy anniversary date coinciding with or next following his or her 65th birthday, we will return the total amount of premium paid for the policy, less the amount of claims paid under the policy.

- Available only on Mutual Care My Way
- Not available for issue ages over 64

Full Return of Premium – If the insured dies while the policy is in force, we will return the total amount of premium paid for the policy

- Available only on Mutual Care My Way
- Not available with Spouse Shared Care
- Not available for issue ages over 64

Spouse Security Benefit

Pays a benefit equal to 60 percent of the reimbursement benefits payable each month (excluding the cash benefit, if any). Spouse security benefits will not reduce the maximum lifetime benefit of the policy.

- Available only on Mutual Care My Way
- Not available for Class I and II risks
- Not available with other spouse benefits (Spouse Shared Care, Spouse Waiver of Premium or Spouse Survivorship)
- Not available with Spouse or Two-Person Household premium allowances
- Not available for issue ages over 69

Spouse Shared Care Benefit

Once benefits have been exhausted under the insured's policy but the need for long-term care services continues, the insured may access benefits under his or her spouse's identical policy until a minimum of 12 times the currently monthly benefit remains.

In addition, if one spouse dies while both policies are in force, the surviving spouse will receive the deceased spouse's remaining maximum lifetime benefit with no effect on the surviving spouse's premium.

This optional benefit is available only when both spouses or domestic partners apply at the same time and are issued identical coverage.

- Not available for Class II risks
- Not available for Class I risks with a maximum lifetime benefit greater than 3 years
- Not available with the Spouse Security Benefit
- Not available with Return of Premium at Death Less Claims Paid or Full Return of Premium
- Not available with Lifetime benefits
- Not available if underwriting determines one or both applicants pose a greater than normal risk of premature death
- Not available with Married or Two-Person Household premium allowances

Spouse Survivorship Benefit

If the policy has been in force for 10 years or more, no further premiums are due and payable on the policy from and after the date the spouse dies.

Note: If premiums are increased after policy issue do to an increase or addition of coverage, the increased premium must be in effect for 10 years or more before the increased amount will be waived.

- Available only on Mutual Care My Way
- Not available with Spouse Security Benefit
- Not available with 10-Year, 20-Year or To-Age-65 payment options
- Not available with Married or Two-Person Household premium allowances
- Not available on Class I and Class II risks

Spouse Waiver of Premium

We will waive the payment of premium for the insured when and for as long as the premium for the spouse's policy is waived. When the waiver period under the spouse's policy ends, premium payments will resume for the insured's policy and must be paid to keep the policy in force.

- Available only on Mutual Care My Way
- Not available with Spouse Security Benefit
- Not available with 10-Year, 20-Year or To-Age-65 payment options
- Not available with Married or Two-Person Household premium allowances
- Not available with Class I and Class II risks

Waiver of Elimination Period for Home Health Care

No elimination period must be satisfied in order to receive home health care benefits under the policy. At this point, the elimination period for nursing home and assisted living will begin to be satisfied on a calendar-day basis. This means days you receive home care as well as days you do not receive home care both count toward satisfying this elimination period.

- Available only on Mutual Care My Way
- Not available for Class I or II risks

Additional Policy Details

The following policy details apply to all Mutual Care Plus policies.

Issue Ages

Issue ages for all Mutual Care Plus policies are ages 18 to 79.

Tax Status

All Mutual Care Plus policies are intended to be tax-qualified.

Premium Allowances

All Mutual Care Plus policies offer the following premium allowances:

Spouse – 35 percent each if both the insured and spouse or domestic partner purchase long-term care insurance from Mutual of Omaha

- Not available with Spouse Security Benefit

Preferred – 15 percent for being in good health

Married – 15 percent if the insured is married, but the spouse or domestic partner does not purchase long-term care insurance from Mutual of Omaha

- Not available with Spouse Waiver of Premium, Spouse Survivorship or Spouse Shared Care benefits

Two-Person Household – 10 percent each if both the insured and another adult living in the same household for a continuous 12 months (not the insured's spouse or domestic partner) purchase long-term care insurance from Mutual of Omaha

- Not available with Spouse Waiver of Premium, Spouse Survivorship, Spouse Security or Spouse Shared Care benefits

Association Group – 5 percent if the insured or an eligible member of the insured's family is a member of a qualifying association group

- Not available with limited pay options, except To-Age-65
- Not available with Producer Allowance

Medicare Supplement – 5 percent if the insured is a Mutual of Omaha, United of Omaha or United World Medicare supplement policyholder

- Not available with Producer Allowance

Producer – 5 percent if coverage is written on you and/or your spouse or domestic partner

Premium Payment Options

The following premium payment options are available on all Mutual Care Plus policies:

Lifetime – Premium payments are level and made over the life of the insured

- Default option if no other premium option is selected

10-Year Pay – Premium payments are made over a 10-year period

- Only available at issue
- May be removed at the request of the insured. The premium removal will be based on the insured's original age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available on Association/Sponsored Group policies
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with No Inflation with Future Purchase Option

20-Year Pay – Premium payments are made over a 20-year period

- Only available at issue
- May be removed at the request of the insured. The premium removal will be based on the insured's original age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available on Association/Sponsored Group policies
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with No Inflation with Future Purchase Option

To-Age-65 – Premium payments are made until the insured reaches age 65

- Only available at issue
- Maximum issue age is through age 54
- May be removed at the request of the insured. The premium removal will be based on the insured's original age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with No Inflation with Future Purchase Option

How to Generate a Quote

Mutual Care 3 and 5

Mutual Care 3 and 5 are pre-packaged plans with limited optional features, which makes them easy to quote. In most cases, all you need is a rate chart and the premium worksheet located in the Consumer Guide (application booklet).

MUTUAL CARE® 3 • MUTUAL CARE® 5
LONG-TERM CARE INSURANCE

Premium Worksheet

			Applicant A	Applicant B
1	**BASE PACKAGE RATE**		$	$
2	**OPTIONAL BENEFITS**			
	Spouse Shared Benefit (Policies must have identical benefits)	x 1.16	$	$
3	**PREMIUM ALLOWANCES** (select all that apply*)			
	Association Group – 5% (Qualifying association members)	x 0.95	$	$
	Medicare Supplement – 5% (Mutual of Omaha Insurance Company or an affiliate company)	x 0.95	$	$
	Spouse – 35% (Policies issued on both spouses)	x 0.65	$	$
	Married – 15% (Policy issued on one spouse)	x 0.85		
	Two-Person Household – 10% (Policies issued on two adults)	x 0.90		

*Spouse, Married and Two-Person Household allowances may not be combined.

NOTE: You also may qualify for a 15% Preferred premium allowance for being in good health. The Preferred allowance, if applicable, will be applied following completion of the underwriting process.

			Applicant A	Applicant B
4	**ESTIMATED TOTAL PREMIUM****			
	If paid annually	x 1.00	$	$
	If paid monthly (Minimum of two months premium must be submitted with each application)	x 0.09	$	$

**Due to the effects of rounding, rates calculated using this worksheet may vary slightly from actual rates.

Note: If you selected a maximum monthly benefit amount of $12,500 or more or additional options, including Non-Forfeiture Shortened Benefit Period or another method of payment, your Mutual of Omaha insurance agent will provide an illustration showing your premium.

The following numbers correspond with numbers on the premium worksheet:

1. Transfer the appropriate base package rate from the rate chart (NOTE: Be sure to use the rate card with approved rates in your state)

2. Calculate the rate including the Spouse Shared Care Benefit option, if selected (base rate times 1.16)

3. Calculate the rate including any premium allowances (rate from Step 2 times the appropriate factor)

4. Calculate the estimated total premium (rate from Step 3 times the appropriate factor)

Please Note:

- Due to the effects of rounding, rates calculated using the rate chart and premium worksheet may vary slightly from actual rates computed using illustration software. Be sure to calculate rates in the order shown on the premium worksheet to ensure your calculations are as close as possible to actual rates. Minor adjustments, up or down, may be required and will be made by the home office.
- Illustration software is required to generate a quote if:
  - The applicant is age 71 or older
  - The Nonforfeiture Shortened Benefit Period option is selected
  - If a payment method other than annual or monthly is selected
  - Any amount quoted over $12,000

Mutual Care My Way

Mutual Care My Way offers a variety of plan choices and optional benefits that allow you to customize a policy to meet your clients' unique needs. In order to provide an accurate quote, the use of illustration software is required.

Application Requirements

The application packet includes the application and any vital state forms.

The application must be taken on the client's resident state application packet. Submission of a nonresident state application will require submission of the correct state application before a policy can be issued. The agent must be licensed in the signing state.

Note: If an application is taken on a Kansas resident, the producer must be appointed in Kansas and in the state where the application is signed.

Two applicants are allowed per application. Only the applicants 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. "N/A" is an unacceptable answer. Instead the questions should be answered "no" or "none."

Include a copy of insured's quote with the application packet.

Indicate on the application the best time to contact the applicant for a telephone interview or face-to-face examination. Inform the applicant of the interview or face-to-face process, provide them with, and help them complete the Preparing for the Health Interview form (M26798) located in the Consumer Guide (application book). It is recommended that prior to leaving your client you call 1-866-544-1617, identify yourself as the agent and introduce your client to the service representative. If a nurse is available, an on the spot interview can be done. If a nurse is not available, or if it is not a convenient time for the applicant, an appointment can be made for a future date. Otherwise your client will be called to schedule an interview after the application is received.

Billing Information (Initial Premium)

Please use the following modal factors to calculate premium:

■ Monthly Bank Draft	.09
■ Quarterly	.26
■ Semiannual	.51
■ Annual	1.00

Cash with Application:

- If Monthly Bank Draft is elected and premium is included, two month's premium should be submitted
- If a quarterly, semiannual or annual mode is elected, the full premium for that mode should be submitted

No Cash with Application:

- If Monthly Bank Draft is elected and no premium is included, only one month's premium will be drafted once the policy is issued
- If quarterly, semiannual or annual mode is elected, the customer will receive a bill for the full modal premium selected once the policy is issued

All checks should be made payable to: Mutual of Omaha Insurance Company.

Mutual Care® at Work

Program Overview

What is Mutual Care at Work?

Mutual Care at Work is a multi-life program for businesses with three or more employees.

- The program uses a traditional long-term care insurance product that's completely customizable
- Each participant applies for and, if approved, is issued an individual long-term care insurance policy
- Premium allowances make the coverage less expensive than if participants purchased individual long-term care insurance policies on their own

How does it work?

Employers decide who participates in the program – all employees or a select group of employees (i.e. all managers). They also determine how they would like to fund the program.

- Employer-paid – the employer pays the entire cost of the program – either for all employees or a select group of employees
- Voluntary (employee-paid) – the employer makes the coverage available to employees on a voluntary basis, with each employee paying his or her own premium
- Executive carve-out – the employer pays the cost for a select group of employees. If this option is selected, the employer also may make the program available to other employees on a voluntary basis

Who is eligible to participate?

Coverage is available for the business owner, employees, spouses and extended family members (parents, children, siblings, grandparents, in-laws and all step equivalents). A minimum of three insured employees is required for full underwriting and 10 insured employees for Modified Guarantee Issue or Simplified Issue.

- Employees age 18-64, and actively work 30+ hours per week are eligible for Modified Guaranteed Issue, Simplified Issue and Full underwriting
- Spouses age 18-64, and actively work 30+ hours per week are eligible for Simplified Issue and Full underwriting
- Other participants are eligible for full underwriting if they are employees 65+, retirees, spouses age 65+ (or not working full time), children (age 18 and older), parents, grandparents, in-laws, siblings and all step equivalents

What types of businesses make good prospects?

The quality of a perspective client is the first step for a successful case to be given careful consideration.

Listed below are some guidelines that will help maximize your success:

Typically Acceptable Business Prospects	Typically Unacceptable Business Prospects
■ Law firms ■ Engineering firms ■ Architectural firms ■ Accounting firms ■ Health care professionals ■ Banking and financial services professionals ■ Educators	■ Athletes (professional, jockey, rodeo, racing) ■ Aviation (crop dusters) ■ Chemical industries (acids, alkalis, carcinogens, explosives) ■ Construction/asbestos workers ■ Law enforcement, prison or correctional facility workers ■ Marine (diving, salvage, towing, fishing) ■ Manufacturing (warehouse, packing house) ■ Petroleum and gas workers (drilling, removal, off-shore) ■ Seasonal workers

Desirable Employer Characteristics	Required Employee Characteristics
■ Stable or high-growth companies with few locations ■ Committed to supporting the program ■ Agreeable to on-site employee meetings and enrollment during company time ■ Willing to contribute toward premium (executive, officers, all employees based on age and/or years of service) ■ Employees with long tenure and/or affinity to employer ■ High concentration of well-educated and highly compensated individuals ■ Successful voluntary employee benefit offerings	■ 40% of employees are above a salary of $40,000 ■ 50% of employees are age 40 or above ■ Strong loyalty to company ■ W-2 Employees only ■ Maximum group size is limited to 250 eligible employees

What are the benefits of offering long-term care at work?

Benefits to the Employer	Benefits to Employees
■ Helps attract and retain quality employees ■ Enhances a company's reputation as a place people want to work ■ Builds morale and develops a workforce of loyal employees ■ Provides premium allowances that are not available to the general public ■ Provides relatively low minimum participation requirements ■ Provides flexible underwriting programs ■ Improves productivity and reduces absenteeism ■ Provides tax advantages to the business	■ Helps protect retirement savings from the high cost of care ■ Allows them to purchase coverage for extended family members ■ Provides premium allowances not available to the general public ■ Provides flexible underwriting programs ■ Provides the ease of purchasing insurance at work and paying through payroll deduction ■ Allows them to take their policy with them, even if they leave the company

Underwriting Programs

Mutual Care at Work offers three underwriting programs that allow you to suit the needs of any group.

Underwriting Program	Advantages	Premium Allowance	Underwriting Classes
Modified Guaranteed Issue	■ Three insurability questions ■ Ease of doing business	10%	Select
Simplified Issue	■ Six insurability questions ■ Spouses can apply if actively at work 30+ hours per week ■ Increased available benefits	10%	Select
Full Underwriting	■ All issue ages and benefit levels available ■ Preferred health allowance (15%) available	5%	Preferred Select Class I Class II

Modified Guaranteed Issue

- Available only with employer-paid programs
- Minimum group size is 10 eligible employees; minimum participation is 10 insured employees (program must be taken by 100 percent of the group to which the offer is made, including carve-out groups)

- Spouses are eligible for simplified issue underwriting with a 10 percent premium allowance if actively at work, regardless of employer funding for the spouse
- Extended family members are eligible for full underwriting with a five percent premium allowance
- Maximum monthly benefit of $1,500 to $4,500
- Maximum lifetime benefit of $150,000
- Available premium allowances include:
  - 10 percent Multi-Life Program Allowance
  - 15 percent married allowance
  - 10 percent two-person household allowance

Simplified Issue

- Available with employer-paid and voluntary programs
- Minimum group size is 10 eligible employees; minimum participation is 10 insured employees
- Spouses are eligible for simplified issue underwriting with a 10 percent premium allowance if actively at work, regardless of employer funding for the spouse/employee
- Extended family members are eligible for full underwriting with a five percent premium allowance
- Maximum monthly benefit of $1,500 to $9,000
- Maximum lifetime benefit of $400,000
- Available premium allowances include:
  - 10 percent multi-life program allowance
  - 35 percent spouse allowance
  - 15 percent married allowance
  - 10 percent two-person household allowance

Full Underwriting

- Available with employer-paid or voluntary programs
- Minimum group size is three eligible employees; minimum participation is three insured employees
- Spouses and extended family members are eligible for full underwriting with a five percent premium allowance
- Maximum monthly benefit of $1,500 to $15,000
- Maximum lifetime benefit of $500,000
- Available premium allowances include:
  - 5 percent multi-life allowance
  - 15 percent preferred allowance
  - 35 percent spouse allowance
  - 15 percent married allowance
  - 10 percent two-person household allowance

Additional Details

- New hires are allowed to purchase within 60 days after completing six months of employment
- Re-enrollment is allowed if the employer decides to offer coverage to an employee class not previously offered, or if the employee is new to an employee class to which an offer was previously made
- New family members (life event) can enroll within 60 days from the date of the life event with full underwriting, provided the employee qualified at the time of the original offer
- If the Multi-Life product was offered to a company in the past five years, Simplified Issue will be offered to employees that were not solicited at the prior offering. The eligible employee group will need to meet the group approval requirements. Full underwriting may be allowed for the rest of the employees wanting to apply

Program Options

Program Option	Who Pays the Premium	Minimum Group Size & Participation Requirements	Eligible Group Members	Underwriting
MODIFIED GUARANTEED ISSUE (MGI)	**Employer Paid**	Company must employ 10 or more employees under the age of 65 in the defined group ("Eligible Employees*") and 100% of all Eligible Employees* must enroll in at least a "base" plan	Eligible Employees*	Modified Guaranteed Issue
			Eligible Spouses**	Simplified Issue
			Employees age 65 and older, retirees, spouses or domestic partners, children, parents, grandparents, siblings and all in-law and step equivalents***	Full Underwriting
SIMPLIFIED ISSUE (SI)	**Employer Paid**	Company must employ 10 or more employees under the age of 65 in the defined group ("Eligible Employees*") and at least 10 Eligible Employees* enroll in the plan	Eligible Employees* and Eligible Employee Spouses**	Simplified Issue
			Employees age 65 and older, retirees, spouses or domestic partners, children, parents, grandparents, siblings and all in-law and step equivalents***	Full Underwriting
	Voluntary	Company must employ 10 or more employees under the age of 65 ("Eligible Employees*") and at least 10 Eligible Employees* enroll in the plan	Eligible Employees* and Eligible Employee Spouses**	Simplified Issue
			Employees age 65 and older, ineligible spouses or domestic partners, children, parents, grandparents and siblings and all in-law and step equivalents***	Full Underwriting
FULL UNDERWRITING (FULL)	**Employer Paid or Voluntary**	Company must employ at least 3 Employees – and at least 3 Employees* enroll in the plan	All employees, retirees, spouses or domestic partners, parents, grandparents, children, siblings and all in-law and step equivalents***	Full Underwriting

Additional Program Notes:

- Spouse cannot select benefit limits higher than those selected by the eligible employee
- More than one program option can be selected for a group depending on funding and desired program limits
- To qualify as employer-paid, the employer must fund the minimum benefit level (e.g., $1,500 MMB)

Phone Interview Medical Records & Face-to-Face	Preferred Health Premium Reduction	Program Limits (does not account for inflation)
NO	NO	Up to $4,500 per month & Up to $150,000 Lifetime
NO	NO	
YES FOR CAUSE	YES	

Available Premium Reductions for Modified Guaranteed Issue

	Group	Married	Spousal	House-hold	Preferred
Employee*	10%	15%	n/a	10%	n/a
Spouse**	10%	15%	35%	10%	n/a
Other Eligibles	5%	15%	35%	10%	15%

Phone Interview Medical Records & Face-to-Face	Preferred Health Premium Reduction	Program Limits (does not account for inflation)
NO	NO	Up to $9,000 per month & Up to $400,000 Lifetime
YES FOR CAUSE	YES	
NO	NO	
YES FOR CAUSE	YES	

Available Premium Reductions for Simplified Issue

	Group	Married	Spousal	House-hold	Preferred
Employee*	10%	15%	35%	10%	n/a
Spouse**	10%	15%	35%	10%	n/a
Other Eligibles	5%	15%	35%	10%	15%

Phone Interview Medical Records & Face-to-Face	Preferred Health Premium Reduction	Program Limits (does not account for inflation)
YES FOR CAUSE	YES	Up to $15,000 per month & Up to $500,000 Lifetime

Available Premium Reductions for Full Underwriting

	Group	Married	Spousal	House-hold	Preferred
Employee*	5%	15%	35%	10%	15%
Spouse**	5%	15%	35%	10%	15%
Other Eligibles	5%	15%	35%	10%	15%

* Eligible Employee: Age 18-64, actively at work 30+ hours per week
** Eligible Employee Spouses under age 65, actively at work 30+ hours per week
*** Eligible Employee Spouse & Other Participants: Employees age 65+, retirees, spouses age 65+ (or not working full time), children (age 18 and older), parents, grandparents, in-laws, siblings and all step equivalents

Product Details

Mutual Care at Work

The following chart contains the built-in and optional benefits of Mutual Care at Work, which vary by state.

Built-In Benefits	Mutual Care at Work
Maximum Lifetime Benefit (number of months selected x MMB)	2 years (24 months) 3 years (36 months) 4 years (48 months) 5 years (60 months) 6 years (72 months) 8 years (96 months) **Program Limits:** ■ $150,000 Maximum Lifetime Benefit for Modified Guaranteed Issue ■ $400,000 Maximum Lifetime Benefit for Simplified Issue ■ $500,000 Maximum Lifetime Benefit for Full Underwriting
Maximum Monthly Benefit (MMB)	$1,500 to $15,000 **Program Limits:** ■ Up to $4,500 for Modified Guaranteed Issue ■ Up to $9,000 for Simplified Issue ■ Up to $15,000 for Full Underwriting
Cash Benefit	35% of home health care maximum monthly benefit
Elimination Period	90 calendar days 180 calendar days 365 calendar days
Monthly Benefit Options (percentage of maximum monthly benefit)	Home Health Care 100%, 75%, 50% Assisted Living 100%, 75%, 50% Nursing Home 100%
Optional Benefits	
Inflation Protection	Compound Lifetime – 3%, 4%, 5% Compound (20 Year) – 5% Simple Lifetime – 5% No Inflation
Spouse Benefits ■ Spouse Shared Care ■ Spouse Security Benefit ■ Spouse Waiver of Premium ■ Spouse Survivorship	 Optional Optional Optional Optional
Non-Forfeiture Options ■ Contingent Non-Forfeiture ■ Non-Forfeiture/Shortened Benefit Period	 Default Optional
Return of Premium Options ■ Full Return of Premium ■ Return of Premium at Death Before Age 65 Less Claims Paid ■ Return of Premium at Death Less Claims Paid	 Optional Optional Optional

Other Optional Benefits	
■ Waiver of Elimination Period for Home Health Care	Optional
■ Restoration of Benefits	Optional
■ Additional Benefit for Injury	Optional
■ 5-Year Rate Guarantee	Optional

Benefit Descriptions

This section contains an explanation of the built-in and optional benefits of Mutual Care at Work.

Additional Benefit for Injury

Pays an additional benefit if the insured sustains an injury resulting in need for long-term care services (home health care, assisted living facility or nursing home). The injury must be sustained while the policy is in force and the insured is not chronically ill. The additional benefit for injury is payable any month the insured incurs eligible expenses in excess of the nursing home, assisted living facility or home health care benefits paid that month.

- Not available for issue ages over 60

Cash Benefit

When elected, pays a cash benefit (equal to 35 percent of the home health care maximum monthly benefit) in advance each month. The elimination period does not need to be satisfied for the insured to receive the cash benefit.

If we determine the insured is eligible for a cash benefit for less than an entire month, we will adjust the cash benefit for that month. We will assume such a month consists of 30 days, regardless of the actual number of days in the month. If in any month, the insured receives a cash benefit in excess of the amount for which they are eligible, we will reduce any future benefits paid under the policy by the amount of the unearned cash benefit.

When the insured is receiving a cash benefit, no other benefits are payable under the policy. The insured may elect to discontinue the cash benefit by providing written notice to us. After the cash benefit is discontinued, other eligible policy benefits may be payable on a reimbursement basis. The insured may elect to receive the cash benefit one month and reimbursement the next.

We reserve the right to require a new plan of care at least once every 60 days when the insured is receiving the cash benefit. Please note, days in which the cash benefits are utilized do not count toward the elimination period for reimbursement benefits.

Elimination Period

Once the policy's elimination period has been satisfied, the policy pays up to the maximum monthly benefit amount for covered long-term care services.

- No elimination period to satisfy when the cash benefit is elected (if insured changes to reimbursement benefits, elimination period must be satisfied)

Five-Year Rate Guarantee

Guarantees the initial rate for a five-year period.

Inflation Protection

Automatically increase the insured's current maximum monthly benefit and maximum lifetime benefit on each policy anniversary date to help keep pace with inflation.

Inflation Protection Options

The insured has the choice of the following inflation protection options:

Compound Inflation Protection:

- **Compound – Lifetime**
  Your current maximum monthly benefit and maximum lifetime benefit amounts will increase by the percentage you select on each policy anniversary date for the remainder of your lifetime.

  Options: 5%, 4%, 3%

- **Five Percent Compound – 20-Year**
  Your current maximum monthly benefit and maximum lifetime benefit amounts will increase by five percent on each policy anniversary date for 20 years.

Simple Inflation Protection:

- **Five Percent Simple – Lifetime**
  On each policy anniversary date, your maximum monthly benefit will increase by five percent of its original value. In addition, the maximum lifetime benefit will increase by five percent of its original value or its current value, whichever is less.

No Inflation Protection

An inflation protection option may be removed after issue with no refund of premium. The maximum monthly benefit and remaining maximum lifetime benefit will remain at the level to which they had been increased by this benefit as of the date the benefit is removed. The premium will be changed to the appropriate premium amount for the increased benefit amount provided, based on the age at issue.

Non-Forfeiture/Shortened Benefit Period

As long as the policy has been in force for a specified time, this optional rider allows coverage to continue on a reduced basis in the event the policy is terminated.

- If not selected, Contingent Non-Forfeiture is the default

Restoration of Benefits

If benefits have been paid under the policy and the insured no longer requires long-term care services for 180 consecutive days, we will restore the maximum lifetime benefit to the amount that would have applied if no benefits had been paid under the policy (except for benefits paid for the spouse under the Spouse Shared Care Benefit). This restoration may occur one time during the term of the policy.

Return of Premium – at Death Before Age 65 Less Claims Paid

If the insured dies while the policy is in force, but prior to the policy anniversary date coinciding with or next following his or her 65th birthday, we will return the total amount of premium paid for the policy, less the amount of claims paid under the policy.

- Not available for issue ages over 64

Return of Premium – at Death Less Claims Paid

If the insured dies while the policy is in force, we will return the total amount of premium paid for the policy, less the amount of claims paid under the policy.

- Not available with Spouse Shared Care
- Not available for issue ages over 64

Return of Premium – Full

If the insured dies while the policy is in force, we will return the total amount of premium paid for the policy.

- Not available with Spouse Shared Care
- Not available for issue ages over 64

Spouse Security Benefit

Pays a benefit equal to 60 percent of the reimbursement benefits payable each month (excluding the cash benefit, if any). Spouse security benefits will not reduce the maximum lifetime benefit of the policy.

- Not available for Class I and II risks
- Not available with other spouse benefits (Spouse Shared Care, Spouse Waiver of Premium or Spouse Survivorship)
- Not available with Spouse or Two-Person Household premium allowances
- Not available for issue ages over 69

Spouse Shared Care Benefit

Once benefits have been exhausted under the insured's policy but the need for long-term care services continues, the insured may access benefits under his or her spouse's identical policy until a minimum of 12 times the currently monthly benefit remains.

In addition, if one spouse dies while both policies are in force, the surviving spouse will receive the deceased spouse's remaining maximum lifetime benefit with no effect on the surviving spouse's premium.

This optional benefit is available only when both spouses or domestic partners apply at the same time and are issued identical coverage.

- Not available with Married or Two-Person Household premium allowances
- Not available for Class II risks
- Not available for Class I risks with a maximum lifetime benefit greater than 3 years
- Not available with the Spouse Security Benefit
- Not available with Return of Premium at Death Less Claims Paid or Full Return of Premium
- Not available if underwriting determines one or both applicants pose a greater than normal risk of premature death

Spouse Survivorship Benefit

If the policy has been in force for 10 years or more, no further premiums are due and payable on the policy from and after the date the spouse dies.

- Not available for Class I or II risks
- Not available with the Spouse Security Benefit
- Not available with 10-Year, 20-Year or To-Age-65 payment options
- Not available with Married or Two-Person Household premium allowances

Spouse Waiver of Premium

We will waive the payment of premium for the insured when and for as long as the premium for the spouse's policy is waived. When the waiver period under the spouse's policy ends, premium payments will resume for the insured's policy and must be paid to keep the policy in force.

Note: If premiums are increased after policy issue due to an increase or addition of coverage, the increased premium must be in effect for 10 years or more before the increased amount will be waived.

- Not available for Class I or II risks
- Not available with the Spouse Security Benefit
- Not available with 10-Year, 20-Year or To-Age-65 payment options
- Not available with Married or Two-Person Household premium allowances

Waiver of Elimination Period for Home Health Care

The elimination period selected will be waived for home care and adult day care, which means benefits will begin with the first day of services. At that point, the elimination period for nursing home and assisted living will begin to be satisfied on a calendar-day basis. This means that days that home care is received, as well as days that home care is not received will count toward satisfying the elimination period.

- Not available for Class I or II risks

Additional Policy Details

Issue Ages

Modified Guaranteed Issue and Simplified Issue – issue ages are 18-64
Full Underwriting – issue ages are 18-79

Tax Status

All Mutual Care at Work policies are intended to be tax-qualified.

Partnership Qualified Policies

Mutual Care at Work policies may qualify for partnership based on the state of issue and the aged based inflation requirements of those states where Mutual of Omaha partnership sales are available. To determine partnership qualification of each client, please see the Individual Summary proposal page in WinFlex.

Premium Allowances

All Mutual Care at Work policies offer the following premium allowances:

Spouse/Partner – 35 percent each if both the insured and spouse or domestic partner purchase long-term care insurance from Mutual of Omaha

- Not available with Spouse Security Benefit
- Not available with Modified Guaranteed Issue Underwriting

Preferred – 15 percent for being in good health

- Only available with Full Underwriting
- Can be combined will all household allowances

Married – 15 percent if the insured is married, but the spouse or domestic partner does not purchase long-term care insurance from Mutual of Omaha

- Not available with Spouse Waiver of Premium, Spouse Survivorship or Spouse Shared Care benefits

Two-Person Household – 10 percent each if both the insured and another adult living in the same household for a continuous 12 months (not the insured's spouse or domestic partner) purchase long-term care insurance from Mutual of Omaha

- Not available with Spouse Waiver of Premium, Spouse Survivorship, Spouse Security or Spouse Shared Care benefits

	Program Allowance*	Preferred Health	Spouse	Married	2-Person Household
		15%	**35%**	**15%**	**10%**
MGI	10%	No	No	Yes	Yes
SI	10%	No	Yes	Yes	Yes
Full	5%	Yes	Yes	Yes	Yes

*Program Allowances are available at issue and cannot be changed after 60-day period following policy issue.

Premium Payment Options

Lifetime – Premium payments are level and made over the life of the insured

- Default option if no other premium option is selected

10-Year Pay – Premium payments are made over a 10-year period

- Only available at issue
- May be removed at the request of the insured. The premium removal will be based on the insured's original age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available on Association/Sponsored Group policies

20-Year Pay – Premium payments are made over a 20-year period

- Only available at issue
- May be removed at the request of the insured. The premium removal will be based on the insured's original age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available on Association/Sponsored Group policies

To-Age-65 – Premium payments are made until the insured reaches age 65

- Only available at issue
- Maximum issue age is through age 54
- May be removed at the request of the insured. The premium removal will be based on the insured's original age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship

Tax Advantages

Depending on the tax-structure of the business, there may be significant tax savings when using business dollars to purchase long-term care insurance. Additionally, employees may enjoy tax savings on the long-term care insurance policy they purchase under a company-sponsored program.

Premiums may be tax-deductible

Under current tax laws, the business and its employees may be able to deduct a portion of the premium paid on a tax-qualified long-term care insurance policy.

Policy benefits may be tax-free

Benefits paid by a tax-qualified long-term care insurance policy are tax-free as long as they do not exceed the greater of qualified long-term care daily expenses or the per-day limitation, which is $300 in 2011. Source: Section 7720B and Section 106 of the Internal Revenue Code (IRC)

<table>
<tr><th colspan="3">The Tax Advantages of Long-Term Care Insurance</th></tr>
<tr><td>For the Business</td><td>Self-Employed Business Owners
■ Sole proprietor
■ Partnership
■ LLC
■ S corporation

Long-term care insurance premiums paid by the company for the owner, spouse and dependents may be tax deductible as a business expense.

The deductible amount is based on eligible premium guidelines.</td><td>Owners of C Corporations
Long-term care insurance premiums paid by the company for the owner/employee, a designated class of employees, spouse and dependents may be tax deductible as a business expense.

The deductible amount is not subject to eligible premium guidelines.</td></tr>
<tr><td>For Employees</td><td colspan="2">Employees may be able to claim the long-term care insurance premiums they pay as a medical expense as long as these expenses exceed 7.5 percent of adjusted gross income and deductions are itemized on individual's income tax return.

The deductible amount is based on eligible premium guidelines.</td></tr>
</table>

Refer to the most recent tax guide available on Sales Professional Access (SPA)

Tax implications for limited pay options

Business owners who select a limited pay option, may not be able to deduct the entire amount during the year in which the premium was paid. Typically, the IRS allows a business to deduct only the insurance expenses for the year in which they are allocable. Be sure to advise your client to consult with a tax advisor on premium deductibility.

The information provided is not intended to be tax advice. Consult your tax advisor to determine the tax benefits for your business.

Getting Started

Step 1: Generate a Case Quote

Complete a case quote and present it to the organization. You have two options for generating a quote:

- **Use Mutual of Omaha's WinFlex Multi-Life Proposal Software**
  - Option to run three side-by-side quotes for an employer or individual
- **Contact Mutual of Omaha's Multi-Life Underwriting Department**
  - Send an email to LTC.Multi.Life@mutualofomaha.com
  - Fax 402-351-5958
  - Call 877-778-0838

Using WinFlex Multi-Life Proposal Software

Mutual of Omaha's WinFlex Multi-Life Proposal Software gives you the capability to select illustration reports based on your client and the specific sales needs of each case.

- **All Ages Quote** – This report shows a summary of premiums for all ages from 18-79.* Up to three plan designs can be compared side by side. No census is required to obtain this report.
  *Ages 18-64 in a Modified Guaranteed Issue or Simplified Issue case
- **Group Summary** – This report shows a summary of premiums for each eligible individual as well as the total group premium for all individuals included on the census. Up to three plan designs can be compared side by side and the premium can be illustrated in all available premium modes. A full census is required to obtain this report.
- **Individual Summary** – This report shows an individual summary page for each eligible individual. Up to three plan designs can be compared side by side. This report illustrates annual, semiannual, quarterly and monthly premium modes as well as one additional premium mode, if selected. The total amount for all allowances will also be illustrated. A separate page will print for each prospective client. A full census is required to obtain this report.

Step 2: Submit the Group for Approval

Once the organization is ready to proceed based on the case quote, complete the Multi-Life Group Approval Request Form (M26936) and submit it along with a copy of the case quote and a full census in Excel format to Mutual of Omaha's Multi-Life Department for review.

- The Group Approval Form and Full Census Excel template can be located on the Sales Professional Access (SPA) website

Mail to: Mutual of Omaha Insurance Company
LTC Multi-Life Underwriting – 6th Floor
Mutual of Omaha Plaza
Omaha, NE 68175
Fax: 402-351-5958
Email: LTC.Multi.Life@mutualofomaha.com

Step 3: Group Approval

Within one to two business days, the Multi-Life Underwriting Coordinator will review the Group Approval Request Form and:

- Approve the group
- Request additional information
- Or decline the group

If the group is approved, an Offer Letter containing the details of the program will be sent to you and your marketer or division office.

Step 4: Deliver the Offer Letter

When you receive the Offer Letter, you should immediately deliver it to the organization.

- Review the letter with the organization
- Obtain signatures from the appropriate person at the organization
- Return the signed form to the Multi-Life Underwriting Coordinator within 30 days
- If group is utilizing List Bill/Payroll Deduction, please complete the LTC New Employer Questionnaire (M26939) and return the completed form to the Multi-Life Underwriting Coordinator

The group cannot be activated until the signed Offer Letter is returned to the Multi-Life Underwriting Coordinator.

Step 5: The Implementation Call

Upon receipt of the signed Offer Letter, the Multi-Life Underwriting Coordinator will issue an invitation for an Implementation Call. The call may include:

- The Multi-Life Underwriting Coordinator
- The agent and/or marketer/division office
- The organization's benefits administrator
- The organization's billing contact
- Long-Term Care Service Office

During the call, the implementation process will be discussed, including billing set-up and the enrollment start date.

Following the call, the Multi-Life Underwriting Coordinator will assign a group number and send an Implementation Memo to you or your marketer/division office via email. The Implementation Memo will contain the details of the program.

Step 6: Enrollment

Once you receive the Implementation Memo, you can begin taking applications on the date selected for enrollment to begin.

- The enrollment start date must be within 90 days of the offer letter acceptance
- Applications can be solicited during the 60-day open enrollment period specified during the Implementation Call
- Submit your Multi-Life applications using your normal channel. Then the applications will be sent to Mutual of Omaha's Multi-Life Underwriting Department

Mail to: Mutual of Omaha Insurance Company
LTC Multi-Life Underwriting – 6th Floor
Mutual of Omaha Plaza
Omaha, NE 68175
Fax: 402-351-5958

Application Requirements

You may begin taking applications on the date selected for enrollment to begin.

- The enrollment start date must be within 90 days of the offer letter acceptance
- Submit your Multi-Life applications using your normal channel. Then applications will be sent to Mutual of Omaha's Multi-Life Department
- Minimum participation levels for each program must be met within the 60-day enrollment period. See the Program Options grids for participation requirements for each underwriting program

The Multi-Life application can be used for all three underwriting programs.

- A Multi-Life application must be completed for each applicant, however, the same application can be used as a two-person application in the case that a spouse or other eligible family/household member will be applying for coverage with the employee
- A separate Multi-Life Modified Guaranteed Issue only application (single-person app) is also available. This application contains only three health insurability questions to make the application process as simple as possible and should be used when Modified Guaranteed Issue is the only program offered

Application Completion Requirements

- Applications must be completed based upon the applicant's resident state. If you submit a nonresident state application, you will be required to submit the correct application form prior to policy issue

  Note: If an application is taken on a Kansas resident, the producer must be appointed in Kansas and in the state where the application is signed
- The agent must be licensed in the signing state
- Please see the Sample Application section to determine required application sections for the Underwriting Program selected. All required sections must be filled out completely to ensure timely and accurate processing
- Applications must be received in our home office within 30 days of the end of the open enrollment period. Be sure that all applications have been signed within the 60-day open enrollment period. No applications will be taken after the enrollment period has expired except in the cases listed below in which a 60-day enrollment period will apply
- Please include the Employer Name and Employer Group number at the top of the first page of the application. You will also need to select the applicable Underwriting Program for each applicant under the section "Producer Use Only" also located at the top of the first page. The Employer Group number and Underwriting Program can be located on the Implementation Memo

Applications Outside of Open Enrollment

Applications will only be taken outside of the specified 60-day enrollment period in the following cases:

- New hires are eligible to apply for coverage within a 60-day enrollment period following six months of employment
- Life events (e.g., marriage, new household member) will also be eligible within a 60-day enrollment period following the date of the life event provided the employee was or is eligible for coverage at the time of initial enrollment
- An employee who becomes part of an employee class to which an offer was previously made (e.g., an employee is promoted to the management group which is an executive carve-out group) will be eligible within a 60-day enrollment period

Application Collection

Submit your Multi-Life applications using your normal channels. Then the applications can be bundled, or sent separately as new applications are collected, to the Multi-Life Department at:

Mutual of Omaha Insurance Company
LTC Multi-Life Underwriting
6th Floor
Mutual of Omaha Plaza
Omaha, NE 68175

Billing Information

Billing Options

The agent/marketer/division office and the Multi-Life Underwriting Coordinator will work together to set up a billing plan to meet the needs of the Multi-Life group.

- Direct bill – Available to all participants on a monthly, quarterly, semiannual or annual basis. Monthly billing must be set up through automatic checking account deduction
- List bill/payroll deduction – Available for all eligible employees. Premiums for a spouse or other eligible family member can be collected through payroll deduction, or the spouse or family member can be billed directly. A minimum of three participants and a completed New Employer Questionnaire (M26939) is required to set up a list bill/payroll deduction case
- Third-party vendor – A list bill can be sent to a third party vendor upon approval of the home office. Please contact the Multi-Life Underwriting Coordinator for details

Premium Modes									
	Monthly	Quarterly	Semi-Annually	Annually	9-pay	10-pay	11-pay	24-pay	26-pay
Direct Bill									
List Bill/ PRD									
Third-Party Vendor									

Available modes shown in gray

Premium Payment Options				
	Lifetime	10-Year	20-Year	To-Age-65
Direct Bill				
Payroll Deposit				
Third-Party Vendor				

Available modes shown in gray

Premium Collection

Premium should not be collected with the Multi-Life application. This applies to all direct bill and list bill/payroll deduction cases. As no premium is collected with the application, conditional coverage is not available for Multi-Life cases.

Split Billing

Cases may exist where the employer will only be paying a portion of the employee's premium. For example, the employer may choose to pay for the basic benefit level and the employee may choose to voluntarily buy-up additional coverage. To determine the additional premium, two separate illustrations will need to be run and the difference can be calculated. A bill will be sent to the employer for the entire premium.

Association Marketing

Program Overview

Association Marketing is a cost-effective and efficient way to target groups of individuals with a common occupation or interest – allowing you to build your business through the power of third-party endorsements. More than 600 associations nationwide endorse Mutual of Omaha.

An Association must have bylaws and dues-paying members to qualify. A five percent premium allowance is available if the insured or eligible spouse is a member of a qualifying association.

Association Marketing Guidelines

Membership Requirements

- Local associations must have at least 150 members
- State associations must have at least 250 members
- Multi-state or national associations must have at least 1,000 members
- An individual applicant must be a member of the association for at least three months prior to applying for the coverage to be eligible to receive any discount or enhancement
  - The Association Marketing verification form (M27646) must be submitted with the application to qualify for the preferential rate or no-cost benefit enhancement
  - Agents should not encourage individuals to enroll in an association for the purpose of receiving a discount or enhancement

Membership Qualifications

To qualify as an association, an organization must:

- Have been in existence for at least two years
- Have bylaws and officers
- Have annual dues-paying members who vote on officers and matters of policy
- Due to employer-benefit laws, employees of members are not eligible for coverage using Association Marketing (although they may be eligible for individual or PRD coverage)

Desirable Characteristics

Associations with the following characteristics will be eligible for preferential rates and no-cost benefit enhancements:

- Not formed for the purpose of obtaining insurance
- Not formed to promote political views
- Not formed for commercial venture
- Does not primarily consist of members with hazardous occupations

Undesirable Characteristics

Associations whose membership is made up of the following occupation types are not eligible for the discount:

- Athletes (professional, jockey, rodeo, racing)
- Aviation (crop dusters)
- Chemical industries (acids, alkalis, carcinogens, explosives)

- Construction and asbestos workers
- Law enforcement, prison, or correctional facility workers
- Marine (diving, salvage, towing, fishing)
- Manufacturing (warehouse, packinghouse)
- Petroleum and gas workers (drilling, removal, off-shore)
- Seasonal workers

Getting Started

Step 1: Submit Association Group for Approval
All applications are individually underwritten according to the underwriting guidelines.

Submit a completed Proposal Request Form. A copy of the association's bylaws must be submitted with the Proposal Request. The Proposal Request and bylaws must be submitted electronically using the link found on Sales Professional Access. You will be notified in five to seven business days if the group qualifies or if it does not.

IMPORTANT:
The Proposal Request must be reviewed by the home office to determine eligibility before a formal presentation can be made to an association discussing discounts or enhancements.

Step 2: Association Group Qualification
Once an association has been qualified and agrees to offer the program to their members:

- The association's authorized representative must complete and sign the Affiliation Agreement (M18100_1108)
- You must submit a copy of the Marketing Plan that has been signed by the association's authorized representative
- The signed Affiliation Agreement and Marketing Plan must be submitted electronically on Sales Professional Access

Step 3: Association Group Marketing Materials
All approved marketing materials that may be used to communicate with the association and its members can be found on Sales Professional Access.

The agent is responsible for any promotional expenses they incur working with the association.

Please note: In order to keep the group open and eligible for preferential rates or no-cost benefit enhancements, you must issue the number of applications agreed to in the Marketing Plan within the time frame agreed to in the Marketing Plan. If the required number of applications is not issued within that period of time, the group will be closed to new business. After the initial evaluation period, there must be five issued applications every six months to keep the group open for new business.

If you have questions or need further assistance, contact Sales Support at 1-800-693-6083 or sales.support@mutualofomaha.com.

Sample Association Marketing Plan

Achieving success in marketing and selling to association members requires advanced planning. It is important that the association provides you with ample marketing opportunities so your efforts to contact the members can be effective.

Final approval of group eligibility for preferential rates and no-cost benefit enhancements will be based upon completing this Marketing Plan in its entirety, including the signature of an association representative.

Association Name ____

Group Size__________________

I plan on issuing ____________ applications within the first __________ from the endorsement announcement date.

Announcement Plan

1. Desired endorsement announcement date: _____/______/__________

2. Who will the announcement of the endorsement come from?

   ☐ You
   ☐ The Association
   ☐ Both

3. How will the announcement be made to the members?

   ☐ Meeting Announcement
   ☐ E-mail
   ☐ Letter/Brochure
   ☐ Flyer
   ☐ Other ______________________________

4. Describe the type of presence the association will allow on its website [include the type of information to be displayed and where on the site it will be located].

   ____
   ____
   ____
   ____
   ____

M27662

Section 4

Member Marketing Plan

1. Describe how you plan to work with the association members on an ongoing basis to make them aware of the preferential rate or no-cost benefit enhancement that is available to them.

2. How does the association communicate with its members?

☐ Website
☐ Direct Mail
☐ E-mail
☐ Meeting Announcements
☐ Electronic Newsletter
☐ Printed Newsletter

3. Will the association allow you to put information or advertisements in its communication vehicles?

☐ Yes
☐ No

4. Please describe how you plan to monitor your results.

Producer Name

Producer Signature

Production Number

Date

Phone Number

E-mail Address

Association Rep. Name

Association Rep. Signature & Date

Administrative Information

Administrative Handling

Upgrades

Any option and/or benefit increase may be applied for at time of sale or within 60 days of policy issue. A Benefit Change Request form (G450_1107) signed and dated by both you and the applicant as well as a completed Statement of Good Health form (M24181) is required. Such option or benefit increase, if approved, depending on the type of change, will appear in either a re-issued policy bearing the same number as the initial policy or an updated Schedule of Benefits page. Premium will be based on the applicant's age at the initial policy issue.

After that time period, it is suggested that the insured retain his/her current policy and that a second policy with the desired upgrades be applied for. Premium for the new policy will be based on the insured's age at the time of application.

Downgrades: Dropped and/or Reduced Coverage

Benefit decreases are allowed. Decreases will be effective on the original effective date if requested within 60 days of the original effective date. If the decrease is requested more than 60 days after issue, the effective date of the change is the approval date. Continuing benefits will keep the original issue age and will continue to pay renewal compensation. Such decrease, depending on the type of change, will appear in either a re-issued policy bearing the same number as the initial policy or an updated Schedule of Benefits page. Please see the tables below for details.

Downgrades/Dropping Coverage	
Drop: ■ Inflation Protection ■ Full ROP at Death ■ ROP at Death before age 65 (less claims paid) ■ ROP at Death (less claims paid) ■ Non-Forfeiture – Shortened Benefit Period ■ Spouse Survivorship Benefit ■ Spouse Waiver of Premium ■ Spouse Shared Care Benefit ■ Spouse Security Benefit ■ Restoration of Benefits ■ Additional Years of Rate Guarantee	■ Same policy number ■ Continuing benefits keep original issue age ■ Continuing benefits continue to pay renewal compensation ■ Effective on original effective date if requested within 60 days of original effective date ■ If requested more than 60 days after issue, effective date is approval date ■ Show date of dropped coverage ■ Print new policy and new Schedule Page

Downgrades/Reducing Coverage	
Reduce: ■ Maximum Monthly Benefit; or ■ Maximum Lifetime Benefit(s) Increase: ■ Elimination Period	■ Same policy number ■ All benefits keep original issue age ■ Continuing benefits continue to pay renewal compensation ■ Effective on original effective date if requested within 60 days of original effective date ■ If change requested more than 60 days after issue, effective date is the policy renewal date on or following approval date ■ Show date of reduction ■ Print new Schedule Page

Changes to Premium Paying Period

Changes to the Premium Paying Period are allowed with no additional underwriting. Premium Period changes will be effective on the original effective date if requested within 60 days of the original effective date. If the change is requested more than 60 days after issue, the effective date of the change is the approval date. Renewal commissions will be paid based on a lifetime premium paying period. Such paying period change will appear in either a re-issued policy bearing the same number as the initial policy or an updated Schedule of Benefits page. Please see the table below for details.

Changes to Premium Paying Period	
■ Convert from limited pay to lifetime pay	■ Same policy number ■ No underwriting required ■ Lifetime premium at original age ■ No credit given for payment made during limited pay period ■ Pay renewal commissions based on lifetime premium paying period ■ Effective on original effective date if change requested within 60 days of original effective date ■ If change requested more than 60 days after issue, effective date is the policy renewal date on or following approval date ■ Print new policy and Schedule Page

Underwriting Guidelines

General Underwriting Guidelines

Policy Underwriting

Application

The application packet includes the application and any vital state forms. The application must be taken using the client's resident state application packet. Submission of a nonresident state application will require submission of the correct state application before a policy can be issued. The agent must be licensed in the signing state.

Note: If an application is taken on a Kansas resident, the producer must be appointed in Kansas and in the state where the application is signed.

Application Enrollment Date

Multi-Life – All multi-life applications must be completed and signed within the 60-day open enrollment period.

- The enrollment start date must be within 90 days of the offer letter acceptance

Application Received Date

Individual – Please be sure the application is complete and filled in correctly. Agents may initially send applications to their Marketing Office as a "double-check." Agents are then requested to send applications directly to the Long-Term Care Service Office (New Business). Refer to Contact Information section of this guide for details.

All applications must be received by United of Omaha within 30 days of the application date. Applications that are more than 30-days old when received will require a currently dated application. Premium will be based on the applicant's age as of the new application signing date.

Multi-Life – The application must be received in our home office within 30 days following the end of the 60-day open enrollment period. Premium will be based on the applicant's age as of the application signing date.

Active Duty Military

The applicant must be in the United States when the application is signed, the interview completed, and the policy delivered. Foreign Travel requirements will not apply.

Application Completion

Two applicants are allowed per application (except for the Modified Guaranteed Issue only application). Only the applicants 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
- "N/A" is not an unacceptable answer. Instead the questions should be answered "no" or "none"
- Include a copy of insured's quote with the application packet

Benefit Decreases

Allowed. Refer to the Downgrades/Premium Paying Period Changes chart in the Administrative section of this guide for details. For Multi-Life, if the decrease occurs outside the 60-day period following issue, the Multi-Life Program Allowance is not subject to change.

Benefit Increases

May be allowed within 60 days after policy issue subject to underwriting approval. A completed Statement of Good Health (M24181) is required.

Coverage Effective Date (if policy is issued)

Individual: There are three options that may be selected on the application:

- The date of the application (cash with application)
- The date of policy issue (with or without cash with application)
- If a replacement, up to 60 days from the application date, but not prior to the application signing date

No coverage will be in effect before the Coverage Effective Date.

Multi-Life:

- Date of policy issue for direct bill cases
- Date of the next bill for payroll deduction cases

No coverage will be in effect before the Coverage Effective Date.

Domestic Partners or Parties to a Civil Union

Are eligible for spouse and married allowances and spouse policy benefits.

Foreign Nationals

Policies will not be issued to Foreign Nationals living in the United States for less than 36 continuous months or to those who do not have a valid Permanent Resident Card Form I-551 ("Green Card"). Include the Foreign National and Foreign Travel Questionnaire (L5719) with the applications for applicants who meet residency requirements.

Foreign Travel

The applicant must be in the U.S. to complete the application and interview and to accept delivery of the policy. Those traveling to an OFAC Sanctioned Country are ineligible for coverage.

Issue Ages

Individual::

- 18-79

Multi-Life:

- Modified Guaranteed Issue and Simplified Issue –18-64
- Full Underwriting –18-79

Maximum Monthly Benefit

Maximum monthly benefit for all long-term care policies in force (including other companies) cannot exceed $15,000 at time of issue.

Non-Forfeiture/Shortened Benefit Period

MUST be offered. If not chosen, the Contingent Non-Forfeiture Benefit will be added.

Replacements

A replacement form must be submitted for all applicants replacing other policies and the prior coverage must be shown on the application.

Reinstatements

A client may be eligible for reinstatement of their policy if their attained age is less than 72 and the policy has been lapsed for less than 180 days. The former insured should contact Customer Service to initiate the reinstatement. They will be mailed an application for completion. The underwriter may or may not require a current phone interview and medical records. If reinstatement is approved, the client must pay all back premium within 35 days of reinstatement approval. If money is not received timely, the client is ineligible for reinstatement and must reapply for coverage with premium at current age.

Save Age

Premium will be based upon the applicant's age on the date the application is signed. If the applicant's date of birth is within 30 days of the application signing date, rates will be based upon the younger age.

Suitability

A completed Long-Term Care Personal Worksheet is included in each application packet and must be submitted with each application. The agent is responsible for verifying that the coverage is affordable for the applicant. Minimum financial guidelines are an annual household income of $16,000 or $50,000 in countable assets. This policy is not available to an individual who meets Medicaid eligibility guidelines. If the applicant does not disclose their financial information, or if the disclosed financial information indicates the policy is not suitable, the applicant will be sent a letter requiring them to respond and advise whether or not they want to continue with the application.

Underwriting Requirements

Pharmaceutical Checks

Required on all Multi-Life applicants.

- If a discrepancy or inconsistency arises, additional information may be requested at an underwriter's discretion

The following sections apply only to fully underwritten cases.

Please be certain to inform each applicant that a Telephone Interview or Face-to-Face Examination will be conducted. Be sure to provide the applicant with the brochure entitled "Preparing for the Health Interview" and help them fill-in necessary information.

Telephone Interview

Required for every applicant age 71 and under

- Indicate on the application the best time to contact the applicant for a telephone interview or face-to-face examination
- Inform the applicant of the telephone interview or face-to-face process. Provide them with, and help them complete the Preparing for the Health Interview form (M26798), located in the Consumer Guide (application booklet)
- Initiate the telephone interview prior to leaving your client. Call 1-866-544-1617, identify yourself as the agent and introduce the client to the service representative. If a nurse is available, an on-the-spot interview can be done. If a nurse is not available, or if it is not a convenient time for the applicant, an appointment can be made for a future date. Otherwise your client will be called to schedule an interview after the application is received

Face-to-Face Examination

Required for every applicant Age 72 and above. Younger ages at underwriter discretion

Note:

- If an applicant's hearing loss prevents them from completing a telephone interview, a note should be included with the application advising that a face-to-face examination is needed. For deaf applicants, indicate if they are able to read lips or communicate with sign language
- The face-to-face examination must be completed in the applicant's home. It cannot be completed at their place of work, a relative's home, or a public place such as a restaurant

Medical Records

Will be ordered on all applicants age 70 and above. Medical records on younger ages will be ordered at underwriting discretion. Any condition listed in the Medical Impairments section as Class I or IC will normally require medical records.

Note: A doctor's visit is required within the 24 months preceding the application date for all applicants age 72 or greater, or those wishing to qualify for a Preferred Rate Class.

Telephone Interview	**Cognitive (telephonic or face-to-face)**	**Face-to-Face Interview**	**Medical Records**
Ages 18-71	Ages 65-79 Younger ages if history of CVA, TIA, memory loss, depression, application was mailed	Ages 72-79 Younger ages at underwriter discretion	Ages 70-79 Younger ages at underwriter discretion, application was mailed

Non-Witnessed Applications

Non-witnessed applications are those completed via mail and telephone. The Agent must be licensed in the state where the application is completed and signed.

- Answer Question 2 on the Producer Statement *"I certify that each question was asked exactly as written and recorded the answers completely and accurately in the presence of the Proposed Insured" as "no"*
- On the line next to "If no, explain" indicate that the application was completed over the telephone
- An APS will be required for all applicants
- A cognitive interview will be required for all applicants

Non-English Speaking Applicants

- When completing an application on a non-English speaking applicant, an interpreter must be present to interpret all of the questions on the application
- The interpreter will be required to tell the agent all of the information given as response so the agent can properly complete the application
- The interpreter will also be required to translate for the applicant all of the comments made by the agent, as well as information contained in all of our marketing material and forms
- The agent, with the assistance of the interpreter, will also ask the applicant to sign the application and the Producer or Witness Certification form (MLU25947)
- Our policy allows agents to serve as our interpreters if they are fluent in the same language as the applicant
- If the agent and the applicant are not fluent in the same language, it will be the responsibility of the applicant to have an interpreter available to meet with the agent 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 our policy
- Include a note with the application that a translator will be needed for the interview and indicate what language will be needed for the interview (if applicable)

Underwriting Philosophy

The underwriting philosophy of Mutual of Omaha's Long-Term Care Underwriting Department involves evaluation of the applicant's health history, cognitive status, daily activities, and the ability to perform and maintain activities of daily living (ADL's) and instrumental activities of daily living (IADL's).

The application identifies impairments that will disqualify the applicant from coverage. An application should NOT be submitted for an applicant who answers "yes" to a health insurability question. A policy will not be issued if the applicant is over or under the height and weight guidelines. Multiple health conditions require evaluation on a case-by-case basis. Higher risk applicants may receive an offer for reduced benefits and/or may require a premium increase. The agent will be notified of any offers that are different than as applied.

ADL's	**IADL's**
Eating	Shopping
Toileting	Meal preparation
Transferring	Housework
Bathing	Laundry
Dressing	Managing money
Continence	Taking medication
	Using the telephone
	Walking outdoors
	Climbing stairs
	Reading/writing
	Transportation

An applicant with any of the following is ineligible for coverage.

- Answers "yes" to a health insurability question on the application
- Requires assistance with any ADL's
- Requires assistance with any IADL's
- Receiving Meals on Wheels
- Is pregnant
- Is disabled
- Uses a quad cane, crutches, walker, electric scooter, wheelchair, oxygen, or respirator
- Is non-compliant with medications and/or treatment
- Has not pursued additional workup recommended by their physician
- Has a condition listed as a Decline in the Medical Impairment Guide
- In the last 6 months has
    - Been confined to a nursing home or assisted living facility
    - Received home health care services, or adult day care
    - Received occupational, physical or speech therapy (prequalify the case with an underwriter if you believe the case may warrant review sooner than six months)

Rate Classes

Refer to the Medical Impairments section and Build Chart to help determine the appropriate rate class. It is recommended that an applicant never be quoted better than Select. The underwriter will add a Preferred allowance to the policy where appropriate.

Applications should not be submitted for persons who are over or under the weight guidelines, are taking a medication, or have a health condition indicated as uninsurable.

Preferred	15 percent discount at underwriter discretion. Refer to Preferred Criteria
Select	100 percent
Class I	125 percent
Class II	150 percent

Note:

- Multi-Life: Select is the only available Rate Class for both Modified Guaranteed and Simplified Issue Underwriting Programs
- Maximum allowable benefits for Class I and II risks is a 5-Year (60 Months) Maximum Lifetime Benefit
- The following benefit options are not available to Class I and Class II risks:
  - Spouse Security Benefit
  - Spouse Waiver of Premium
  - Spouse Survivorship Benefit
  - Spouse Shared Care (is available for Class I risks with a Maximum Lifetime Benefit of 3 Year (36 Months) or less)
  - Waiver of Elimination Period for Home Health Care
  - 10- and 20-Year Premium Option
  - To-Age-65 Premium Option

Preferred Criteria

Applicant must meet ALL of the following criteria to receive Preferred. The determination to offer Preferred will be made by the underwriter. Preferred is only available in the case of Full Underwriting. Agents are strongly encouraged to never quote a case better than Select.

1. Tobacco free for the past two years.
2. Is not taking any prescription medications other than:
   - Allergy medications (excluding steroids)
   - Female hormone replacement
   - Thyroid hormone replacement
   - Antacids and heartburn medications
   - Medication for controlled high blood pressure (readings of 140/90 or less for the past six months)
   - Medication for controlled cholesterol (cholesterol <250)
   - Medication for temporary, acute conditions

3. Applicant must not have been diagnosed or treated for any of the following within the last 5 years:
   - Balance disorder, difficulty walking or weakness
   - Blood disease or disorder
   - Circulatory disease or disorder, including, but not limited to Peripheral Vascular Disease, Stroke, TIA
   - Diabetes
   - Fibromyalgia
   - Heart disease (excluding controlled high blood pressure or mild mitral valve prolapse)
   - Kidney or liver disease or disorder
   - Neurological disease or disorder
   - Osteoporosis
   - Paget's Disease
   - Respiratory disease or disorder, including, but not limited to Asthma, COPD, Emphysema
   - Rheumatoid arthritis
4. No use of a cane.
5. Has not been declined, rated or denied reinstatement for long-term care insurance within the past three years.
6. Has seen their physician for a checkup and blood work within the last two years.
7. Height and weight must be within the minimum and preferred maximum range on the Build Chart.
8. The following health conditions may qualify for Preferred:
   - Osteoarthritis age <60, on one nonsteroidal medication
   - Osteopenia (T score -2.4 or better)
   - Osteoporosis age <60, T score -2.9 or better, regular exercise program, taking antiresorptive medication
9. Any history of cancer (excluding basal cell skin cancer) does not qualify for Preferred.

Build Chart – Unisex

Height	Minimum	Preferred Maximum	Select Maximum	Class I Maximum
5'0"	93	153	189	220
5'1"	95	158	195	227
5'2"	96	164	202	235
5'3"	98	169	208	242
5'4"	101	174	215	250
5'5"	104	180	222	258
5'6"	106	186	229	266
5'7"	110	191	236	274
5'8"	113	197	243	282
5'9"	117	203	250	291
5'10"	121	209	257	299
5'11"	124	215	265	308
6'0"	128	221	272	316
6'1"	132	227	280	320
6'2"	136	233	287	326
6'3"	139	240	295	330
6'4"	142	246	300	344
6'5"	144	253	312	350
6'6"	148	260	320	360

- An applicant below the minimum weight is ineligible for coverage.
- An applicant who is within the weight requirements but has other health conditions may be ineligible for coverage.
- An applicant who exceeds the maximum Select weight and has any condition listed on the impairment guide as a Class I or IC will be declined.
- An applicant above the Class I Maximum weight is ineligible for coverage.

Health-Related Underwriting Guidelines

Uninsurable Health Conditions

Acoustic Neuroma (unoperated)
Acromegaly
ADL Deficit
AIDS/ARC
Adult Day Care within 6 months
Agoraphobia
Alcohol 4 or more drinks daily
Alcoholism with any current alcohol use
ALS
Alzheimer's Disease
Amputation due to disease
Amputation 2 or more limbs
Ankylosing Spondylitis
Anorexia
Aplastic Anemia
Arnold-Chiari Malformation (unoperated)
Arrhythmia (uncontrolled)
Arteriovenous Malformation (AVM) (unoperated)
Arthritis requiring narcotic pain medication
Asperger's Syndrome
Assisted Living Facility (resident within 6 months)
Ataxia
Avascular Necrosis (unoperated)

Back Pain (disabling or requiring narcotic pain medication)
Bell's Palsy (present)
Benign Positional Vertigo (BPV) (with falls)
Bipolar (diagnosed within 3 years, psychiatric hospitalization within 2 years, 2 or more psychiatric hospitalizations)
Blindness (not adapted or with ADL/IADL limitations)
Bowel Incontinence
Branched Retinal Vein Occlusion (2 or more)
Buerger's Disease
Bulimia
Bullous Pemphigoid (active)

Cardiomyopathy (dilated)
Cerebral Aneurysm (unoperated)
Cerebral Palsy
Cerebrovascular Accident (CVA) (2 or more)
Charcot Marie Tooth
Chronic Pain (requiring narcotics, TENS unit, implantable stimulator, ADL/IADL deficit)
Cirrhosis
Complex Regional Pain Syndrome
Confusion
Connective Tissue Disease
Cor Pulmonale
CREST Syndrome
Crohn's (multiple flares or with complications)
Cushing's Syndrome
Cystic Fibrosis

Defibrillator (implanted)
Dementia
Dermatomyositis
Diabetic Complications (neuropathy, nephropathy, retinopathy, gastropathy)
Dialysis
Dilated Cardiomyopathy
Disabled
Down's Syndrome
Dystonia

Epilepsy (>2 seizures/year)
Epstein-Barr Virus (within 2 years)

Fibromuscular Dysplasia
Fibromyalgia (disabling)
Frailty
Friedrich's Ataxia

Glomerulonephritis

Head Injury (residual functional or cognitive impairment)
Heart Transplant
Hemiplegia
Hemophilia
Hepatitis (chronic, active, alcohol related, residual liver damage)
HIV Positive
Home Health Care (within 6 months)
Huntington's Chorea
Hydrocephalus

IADL Deficit
Immune Deficiency
Implantable Stimulator
Irritable Bowel Syndrome (uncontrolled or with weight loss)

Kidney Failure
Kidney Transplant

Lacunar Infarct (2 or more)
Liver Transplant
Lou Gehrig's Disease
Lupus (systemic)

Marfan's Syndrome
Medicaid Recipient
Memory Loss
Mental Retardation
Mixed Connective Tissue Disease
Multiple Myeloma
Multiple Sclerosis
Muscular Dystrophy
Myelodysplasia

Uninsurable Health Conditions (continued)

Myelofibrosis
Myasthenia Gravis (generalized)

Neurofibromatosis
Neurogenic Bowel or Bladder
Neuropathy (related to diabetes or alcohol, or with history of falls or skin ulcers)
Nursing Home resident (within 6 months)

Organ Transplant
Organic Brain Syndrome
Osteoporosis (T score -3.5 or worse)
Oxygen use

Pancreas Transplant
Pancreatitis (alcohol related, or >2 episodes)
Paralysis
Paraplegia
Parkinson's Disease
Pemphigus Vulgaris
Physical Therapy (within 6 months*)
*contact Underwriting to prequalify if within 6 months
Pick's Disease
Polycystic Kidney Disease
Polymyositis
Polyneuropathy
Post Herpetic Neuralgia
Post Polio Syndrome (with progressive weakness, fatigue, or limitations)
Pregnancy
Psychiatric Hospitalization (within 3 years, or 2 or more)
Psychosis
Pulmonary Hypertension

Quad Cane use
Quadriplegia

Reflex Sympathetic Dystrophy

Schizophrenia
Scleroderma
Shingles (within 6 months)
Sjogren's Syndrome (systemic)
Social Withdrawal
Spina Bifida
Stroke (2 or more)
Surgery (requiring general anesthesia scheduled or planned)
Systemic Lupus

Thalassemia Major
Thrombocytosis
Transient Ischemic Attack (TIA) (2 or more)
Tuberculosis

Underweight

Ventriculoperitoneal shunt
Von Willebrand's Disease

Walker use
Wegener's Granulomatosis
Weight loss (unintentional or unexplained)
Wheelchair use

Some Medications Associated With Uninsurable Health Conditions

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications.

Medication	Condition
3TC	HIV
Alkeran	Cancer
Amantadine	Parkinson's
Apokyn	Parkinson's
Aptivus	HIV
Aricept	Dementia
Artane	Dementia
Atripla	HIV
Avinza	Chronic Pain
Avonex	Multiple Sclerosis
Azilect	Parkinson's
AZT	HIV
Baclofen	Multiple Sclerosis
Baraclude	Hepatitis B
Betaseron	Multiple Sclerosis
Carbidopa	Parkinson's
Cerefolin	Memory Loss
Cogentin	Parkinson's
Cognex	Dementia
Combivir	HIV
Comtan	Parkinson's
Copaxone	Multiple Sclerosis
Crixivan	HIV
Cytoxan	Cancer, severe Arthritis
D4T	HIV
DDC	HIV
DDI	HIV
DES	Cancer
DuoNeb	COPD
Eldepryl	Parkinson's
Eligard	Prostate Cancer
Emtriva	HIV
Epivir	HIV
Epogen	Kidney Failure, HIV
Epzicom	HIV
Ergoloid	Dementia
Exelon	Dementia, Parkinson's
Furosemide >60 mg/day	Heart/Kidney Disease
Fuzeon	HIV
Galantamine	Dementia
Geodon	Schizophrenia
Gold	Rheumatoid Arthritis
Haldol	Psychosis
Hepsera	Hepatitis B
Herceptin	Cancer
Hydrea	Cancer
Hydergine	Dementia
Imuran	Immunosuppression
Insulin >50 units/day	Diabetes
Interferon	HIV, Hepatitis, Multiple Sclerosis
Indinavir	HIV
Invega	Schizophrenia
Invirase	HIV
Kaletra	HIV
Kemadrin	Parkinson's
Lasix >60 mg/day	Heart Disease
L-Dopa	Parkinson's
Letairis	Pulmonary Hypertension
Lexiva	HIV
Leukeran	Immunosuppression
Levodopa	Parkinson's
Lioresal	Multiple Sclerosis
Lomustine	Cancer
Megace	Cancer
Megestrol	Cancer
Mellaril	Psychosis
Melphalan	Cancer
Memantine	Dementia
Methadone	Chronic Pain, Drug Abuse
Methotrexate >25 mg/week	Rheumatoid Arthritis
Myerlan	Cancer
Namenda	Dementia
Narcotics	Chronic Pain
Navane	Psychosis
Natrecor	CHF
Nelfinavir	HIV
Neoral	Immunosuppression
Neupro	Parkinson's
Norvir	HIV
Novatrone	Multiple Sclerosis
Oxycodone	Chronic Pain
Oxycontin	Chronic Pain
Paraplatin	Cancer
Parlodel	Parkinson's
Pegasys	Hepatitis C
Peg-Intron	Hepatitis C
Percocet	Chronic Pain
Percodan	Chronic Pain
Permax	Parkinson's
Prednisone >10 mg/day	COPD, Arthritis
Prezista	HIV
Procrit	Kidney Failure, HIV
Prolixin	Psychosis
Razadyne	Dementia
Rebetol	Hepatitis C
Rebif	Multiple Sclerosis
Reminyl	Dementia
Remodulin	Pulmonary Hypertension
Requip	Parkinson's
Rescriptor	HIV
Retrovir	HIV
Reyataz	HIV
Riluzole	ALS
Risperdal	Psychosis
Ritonavir	HIV
Sandimmune	Immunosuppression
Selzentry	HIV
Sinemet	Parkinson's
Somavert	Acromegaly
Stalevo	Parkinson's
Stelazine	Psychosis

Some Medications Associated With Uninsurable Health Conditions (continued)

Medication	Condition
Sustiva	HIV
Symmetrel	Parkinson's
Tacrine	Dementia
Tasmar	Parkinson's
Teslac	Cancer
Thiotepa	Cancer
Thorazine	Psychosis
Trelstar-LA	Prostate Cancer
Trizivir	HIV
Truvada	HIV
TYSABRI	Multiple Sclerosis
Tyzeka	Hepatitis B
Valycte	CMV HIV

Medication	Condition
VePesid	Cancer
Vicodin	Chronic Pain
Videx	HIV
Vincristine	Cancer
Viracept	HIV
Viramune	HIV
Viread	HIV
Zanosar	Cancer
Zelapar	Parkinson's
Zelodox	Schizophrenia
Zerit	HIV
Ziagen	HIV
Ziprasidone	Schizophrenia

Alzheimer's Disease/Dementia

Aricept
Artane
Cognex
Ergoloid
Exelon
Galantamine
Razadyne
Reminyl
Hydergine
Memantine
Metrifonate
Namenda
Tacrine

Multiple Sclerosis

Avonex
Baclofen
Betaseron
Copaxone
Lioresal
Rebif

Parkinson's Disease

Amantadine
Carbidopa
Cogentin
Eldepryl
Kemadrin
L-Dopa
Levodopa
Mirapex
Parlodel
Permax
Requip
Sinemet
Symmetrel

Uninsurable Health Combinations

All shaded health condition combinations are ineligible for coverage.

Refer to the Medical Impairments section for handling of unshaded health condition combinations.

	Atrial Fibrillation	Stroke	TIA	VHD	Diabetes	PVD	Carotid Stenosis	Tobacco use in the past 12 months
Atrial Fibrillation								
Stroke								
Transient Ischemic Attack (TIA)								
Valvular Heart Disease (VHD)								
Diabetes								
Peripheral Vascular Disease (PVD)								
Carotid Stenosis								
Average BP reading >159/89								
Tobacco use in the past 12 months								

Medical Impairments

Every attempt will be made to offer coverage. Multiple medical conditions may result in an offer of reduced benefits, a substandard rating, or a decline.

Conditions listed as Class I or IC will normally require an Attending Physician's Statement (APS).

S	Standard coverage issued at standard rates
Class I	25 percent rating maximum benefit period of 5 years, minimum elimination period of 90 days
Class II	50 percent rating may be offered by underwriting when multiple medical impairments are present, maximum lifetime benefit of 5 years (60 Months), minimum elimination period of 90 days
IC	Individual Consideration
D	Decline

Abdominal Aortic Aneurysm (AAA)
Operated, after 6 months, fully recovered .... S
Unoperated, stable for 2 years, diameter <5 cm .... S
Unoperated, enlarging, or diameter >5 cm .... D

Acoustic Neuroma surgically removed, after 6 months, no residuals .... S
Unoperated .... D

Acromegaly .... D

Addison's Disease, after 3 years, controlled .... S
After 12 months, controlled .... Class 1-IC

ADL Deficit .... D

AIDS/ARC .... D

Adult Day Care within 6 months .... D

Agoraphobia .... D

Alcohol regular consumption of 4 or more drinks per day .... D
Advised by a physician to limit, or stop alcohol consumption due to alcohol induced health or social problems .... D

Alcoholism recovered at least 3 years, active in a support group, and no current alcohol use .... S
Still drinking .... D

ALS (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease) .... D

Alzheimer's Disease .... D

Amaurosis Fugax .... see TIA

Amnesia, Transient Global .... see TIA

Amputation due to trauma, after 12 months, one limb, no limitations .... S
Due to disease .... D
Two or more limbs .... D

Ankylosing Spondylitis .... D

Anemia cause identified .... S-IC
Not fully evaluated, cause unknown, or Aplastic .... D

Angina .... see CAD

Medical Impairments (continued)

Angioplasty	see CAD
Aneurysm operated, after 6 months, fully recovered	S
Other than Cerebral, unoperated, stable for 2 years	IC
Cerebral, unoperated	D
Anorexia	D
Anxiety	
< 70 years of age, after 12 months, controlled with medication, fully functional	S
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S-IC
Aortic Insufficiency	see Heart Valve Disorder
Antiphospholipid Syndrome	Class I
With history of TIA or Stroke	D
Arnold-Chiari Malformation surgically corrected, after 3 years	IC
Unoperated	D
Arrhythmia excluding Atrial Fibrillation	
Controlled	S-IC
Uncontrolled	D
Arteriovenous Malformation (AVM)	
>1 year since surgical repair, no residuals	Class I
Unoperated, or operated with residual impairment	D
Arthritis after 1 year	
Mild, controlled, no ADL/IADL deficits	S
Moderate, controlled, no ADL/IADL deficits	Class I
Severe, uncontrolled, or ADL/IADL deficits	D
Rheumatoid Arthritis mild, moderate, stable for 1 year, no limitations	Class I-IC
On Prednisone >10mg/day, or Methotrexate >25mgs week, or Gold	D
Severe disease, or with ADL/IADL deficits	D
Any, taking a medication indicated for severe arthritis on uninsurable medication list, requiring daily narcotics	D
Asbestosis	see COPD
Asperger's Syndrome	D
Asthma	see COPD
Assisted Living Facility Resident within 6 months	D
Ataxia or Muscular Incoordination	D
Atrial Fibrillation/Flutter single episode, after 6 months, controlled on medication	S
Chronic, after 6 months, controlled on Coumadin	Class I
Diagnosed or hospitalized within 6 months	D
With history of TIA, CVA, or Heart Valve Disorder	D
Chronic, not on Coumadin	D
Average BP reading >159/89	D
Avascular Necrosis, after 12 months, treated no residual limitations	IC
Untreated or with any limitations	D
Surgically repaired, no limitations, after 1 year	S

Medical Impairments (continued)

Back Pain/Strain single episode, not disabling	S
Chronic, not disabling	S-1C
Chronic, disabling, or epidural steroid injections within 6 months	D
Balance Disorder, after 6 months, resolved	S-IC
Less than 6 months, or currently present	D
Bell's Palsy resolved	S
Present	D
Benign Positional Vertigo (BPV)	
Not associated with falls	S
Associated with falls	D
Bipolar	
After 3 years, controlled on medication, fully functional	S
<3 years duration, or psychiatric hospitalization within the past 5 years	D
Blindness	
Fully adapted, independent with ADL/IADLs	S
Not adapted or with ADL/IADL limitations	D
Blood Pressure	
(See High Blood Pressure)	
Branched Retinal Vein Occlusion	
Single	S
Two or more	D
Broken Bones	see Fracture
Brain Attack	see CVA
Bronchitis	see COPD
Bronchiectasis	see COPD
Buerger's Disease	D
Bulimia	D
Bullous Pemphigoid in remission 2 years, not on steroids	IC
Active disease	D
Cancer surgically removed, or fully treated, full recovery, no recurrence	S
Bladder, transitional, treated, fully recovered	
Invasive, after 3 years	IC
Recurrent	IC
Breast	
In situ, treatment completed	S
Stage I, after 1 year	S
Stage II-III, after 2 years	S
Stage IV, after 5 years	Class I-IC
Colon, after 2 years	S-IC
Skin	
Basal cell	S
Squamous cell	S
Melanoma	
Stage I or Clark's Level I-V, after 3 months	S
Stage II or III, after 2 years	S
Stage IV, after 5 years	Class I-IC

Medical Impairments (continued)

Prostate	
Stage A or B, after 12 months, surgically removed, current PSA <0.1	S
Treated with radiation, after 12 months, current PSA <0.5	S
Stage C, after 2 years, current PSA <0.1	S
Stage D	D
Age >70 receiving hormone treatment (Lupron, Casodex, Eulixin, Zoladex), Initial Gleason Score < VI, and current PSA < 0.5	Class I-D
All other cancers, or multiple sites or metastatic, 2 years since date of last treatment, no current evidence of disease	IC-D
Any cancer, 2 years since date of last treatment, no current evidence of disease, tobacco use within 12 months	Class I-D
Cardiomyopathy hypertrophic, no CHF, no hospital stays, syncope, or palpitations	
Ejection fraction >45% and stable for 2 years	Class I-IC
Dilated	D
Carotid Artery Disease/Stenosis operated, fully recovered, after 6 months, tobacco free 12 months	S
Operated, tobacco use within 12 months	Class I-IC
Unoperated, <70% stenosis, no symptoms, tobacco free 12 months	S
Unoperated, <70% stenosis, no symptoms, tobacco use within 12 months	IC-D
History of TIA or CVA, or valvular heart disease	D
Operated or unoperated in combination with Type I or Type II diabetes,	
<70% stenosis, tobacco free 12 months	Class I
<70% stenosis, tobacco use within 12 months	D
>70% stenosis	D
Cerebral Palsy	D
Cerebrovascular Accident (CVA)	see Stroke
Cerebrovascular Disease	
Brain imaging findings of lacunar infarcts, small vessel ischemia, or white matter changes	D
Cervical Spondylosis	
Mild	S
Moderate to severe	Class I-IC
Charcot Marie Tooth	D
Claudication	see Peripheral Vascular Disease
Chronic Bronchitis	see COPD
Chronic Fatigue, after 12 months, no functional limitations	IC Lifetime Benefits not available
Any functional limitations	D
Chronic Hepatitis	see Hepatitis
Chronic Pain	
Requiring daily narcotics or TENS Unit or implantable stimulator or with ADL/IADL limitations or with epidural steroid injection within 6 months	D Lifetime Benefits not available
All others	IC
Chronic Regional Pain Syndrome	D

Section 6

Medical Impairments (continued)

Cirrhosis	D
Collagen Vascular Disease	D
Colostomy/Ileostomy, cares for independently, handle as per cause	S-IC
Requires assistance to care for	D
Compression Fractures due to osteoporosis, or with functional limitations	D
All others	IC
Confusion	D
Connective Tissue Disorder	D
Congestive Heart Failure (CHF) single episode, recovered, after 12 months	S
Chronic, mild, well controlled, Lasix <40mg/day	Class I-IC
All others, or in combination with atrial fibrillation, diabetes, or heart valve disorder	D
COPD (Chronic Obstructive Pulmonary Disease)	
Mild, tobacco free for 12 months	S
Mild, smoker diagnosed by chest X-ray only, no medications, no symptoms, stable Pulmonary Function Tests (PFT's)	Class I
Mild or moderate, tobacco use in the past 12 months, on medication, or symptomatic	D
Moderate, tobacco free for 12 months, stable PFT's	Class I-IC
Moderate, smoker, on medication, or symptomatic	D
Severe, using oxygen, or home nebulizer treatments	D
Any, hospitalized for an exacerbation in the past 6 months	D
Any, FEV1 <65%	D
Cor Pulmonale	D
Coronary Artery Disease (angina, heart attack, Angioplasty, stent, or Bypass)	
After 6 months, stable, no limitations, no significant residual heart damage, tobacco free 12 months	S
After 6 months, stable, no limitations, tobacco use within 12 months	Class I
With PVD	Class I-IC
In combination with diabetes, tobacco use within 12 months	Class II, 2 years 180 day elimination period
In combination with diabetes, tobacco free 12 months	Class I-IC
With poorly controlled hypertension (average BP >158/89), or congestive heart failure, or PVD, or ejection fraction <45%	D
CPAP	see Sleep Apnea
CREST Syndrome	D
Crohn's in remission at least 2 years	S
After 2 years, 1-2 flares per year	Class I
Multiple flares or with complications	D
Cushing's Syndrome	D
Cystic Fibrosis	D
Deep Venous Thrombosis, after 6 months, single episode, recovered	S
Recurrent	IC-D
Defibrillator/Automatic Implantable Cardiac Defibrillator	D
Degenerative Disc Disease	see Herniated Disc

Medical Impairments (continued)

Degenerative Joint Disease	see Arthritis
Dementia	D
Demyelinating Disease	D
Depression	
Situational recovered, treatment free, after 6 months, no psychiatric hospitalizations in the past 3 years	S
Major <70 years of age, after 12 months, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S-IC
Depression with Electroconovulsive Therapy (ECT)	
ECT >10 years ago, fully functional, maintained on antidepressants, no psychiatric hospitalizations after ECT	S
With subsequent psychiatric hospitalization	D
Depression, any, 2 or more psychiatric hospitalizations for any reason	D
Dermatomyositis	D
Diabetes Type II, controlled and stable with diet and exercise or oral medications, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months, tobacco free 12 months.	S
Diabetes Type I or II, controlled and stable, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months	
Tobacco use within 12 months	Class I
Insulin <50 units/day	Class I
Insulin >50 units/day	D
In combination with:	
Carotid Artery Disease, operated or unoperated	
<70% stenosis, tobacco free 12 months	Class I
<70% stenosis, tobacco use within 12 months	D
>70% stenosis	D
Retinal vein occlusion	Class II, 2 years 180 day elimination
Heart disease, tobacco use within 12 months	Class II, 2 years 180 day elimination
Heart disease, tobacco free 12 months	Class I-IC
Retinopathy, neuropathy, or nephropathy	D
Skin ulcers or amputation	D
Peripheral Vascular Disease, or history of TIA or Stroke	D
Average BP reading >158/89	D
Hemoglobin Alc>9.0, or noncompliant with treatment	D
Microalbunim >20mg/dl	D
Dialysis	D
Difficulty walking	see Balance Disorder
Disabled, collecting any type of disability benefits	D
Diverticulitis medically managed	S
With bleeding, weight loss, or surgery recommended	D

Medical Impairments (continued)

Dizziness	
Benign Positional Vertigo (BPV), not associated with falls	S
BPV associated with falls	D
Acute, viral, resolved after 3 months	S
All others, within 6 months	D
After 6 months, evaluated, resolved	S
After 2 years, not evaluated, stable with occasional episodes, not associated with falls	S-IC
Multiple episodes, or progressive, or associated with falls	D
Down's Syndrome	D
Drug Abuse treated, active in support group, drug free for 5 years	Class I-IC
Within 5 years	D
Dystonia	D
Echocardiography	
Left Atrium >5.0 cm.	D
Ejection Fraction <45%	D
Electric Scooter Use	D
Emphysema	see COPD
Epilepsy controlled with medication, no seizures for 1 year	S
1 or 2 seizures per year	Class I
Poorly controlled	D
Epstein-Barr Virus 2 years treatment free, full recovery, no residuals	S
<2 years since treatment, currently treated, or present	D
Factor V Von Leiden incidental finding, or no history of clots	S-Class I
With history of clot, on Coumadin or Warfarin	Class I
With history of clot, not on Coumadin or Warfarin	D
With history of clot while adequately anticoagulated	D
Fainting	see Dizziness
Falls, single episode	S-IC
Multiple episodes, or with injuries	IC-D
Fatigue, after 12 months, resolved	S
Within 12 months, or with functional limitations	IC-D
Fibromuscular Dysplasia	D
Fibromyalgia after 1 year, well controlled, no ADL/IADL deficits	S-Lifetime Benefits not available
Poorly controlled, or disabling	D
Fracture-Traumatic, one bone, after 3 months, fully recovered, no limitations	S
In combination with mild osteoporosis	S
In combination with moderate to severe osteoporosis	D
Associated with multiple falls, chronic dizziness, or gait disorder	D
Fracture-Non Traumatic, in combination with any degree of osteoporosis, not on Antiresorptive medication, or with functional impairment	D
Frailty	D
Friedrich's Ataxia	D

Medical Impairments (continued)

Gastric Bypass/Banding, after 2 years, fully recovered, no complications	S
Glaucoma, stable vision, controlled eye pressures	S
All others	IC
Glomerulonephritis	D
Grave's Disease, after 12 months	S
Guillain-Barre Syndrome, after 12 months, no residuals	S
Head Injury, after 6 months, no residuals	S-IC
With residual functional or cognitive impairment	D
Heart Attack	see CAD
Heart Valve Disorder, operated 1 or 2 valves, fully recovered, after 6 months	S
Unoperated, single valve, mild, no symptoms, no surgery planned	S
Unoperated, single valve, moderate to severe, or surgery planned	D
Any, unoperated with Atrial Fibrillation, or history of TIA or CVA	D
Hemochromatosis, after 12 months, successfully treated with phlebotomy, or chelation, and stable blood counts	S-IC
Hemophilia	D
Hepatitis, any chronic, active, or alcohol related, or with residual liver damage	D
Hepatitis A or B, after 6 months, fully recovered	S
Hepatitis C	
After 2 years, successfully treated with Interferon, or cleared spontaneously without treatment, virus undetectable by PCR	IC
Currently treated, or treated within 2 years	D
Unresponsive to Interferon, or never treated with Interferon, or virus not cleared spontaneously without treatment	D
Virus detectable by PCR	D
Herniated Disc/Degenerative Disc Disease (DDD)	
Unoperated, no ADL limitations, not advised to have surgery	S
Operated, after 6 months, full recovery, no hardware	S
Operated, after 6 months, full recovery, hardware	Class I
Operated or unoperated, requires daily narcotics or implantable stimulator for pain control	D
Operated or unoperated with ADL limitations	D
High Blood Pressure, after 6 months, compliant with treatment:	
Average BP <160/90	S
Average BP <170/94	Class I
Average BP >170/94, or any, noncompliance with treatment	D
Hip Replacement, one hip after 3 months, full recovery, no use of assistive devices, no longer receiving physical therapy	S
Both hips, fully recovered	Class I
Surgery recommended or planned	D
HIV Positive	D
Hodgkin's Disease stage I, after 3 years, fully recovered	S
All others, fully recovered, after 5 years	IC
Home Health Care received within 6 months	D
Huntington's Chorea	D

Medical Impairments (continued)

Hydrocephalus with or without shunt	D
Hypothyroidism	S
IADL Impairment	D
Idiopathic Thrombocytopenia Purpura (ITP)	
Platelet count >50,000 for 1 year	Class I
Immune Deficiency	D
Implantable Stimulator	D
Incontinence, urinary, stress, manages independently	S
Urinary, uncontrolled, or requires assistance with management	D
Stool	D
Irritable Bowel Syndrome, controlled, weight stable	S
Uncontrolled or with weight loss	D
Joint Replacement, one joint after 3 months, fully recovered, no use of assistive devices	S
2 or more, fully recovered, no limitations	Class I-IC
Surgery recommended or planned	D
Kidney Disorder, mild renal insufficiency, stable 2 years	S-IC
Moderate to severe	D
Kidney failure, single episode, fully recovered after 2 years	S-IC
Kidney Transplant	D
Kidney removal (1), after 2 years, with stable kidney function	S
Polycystic Kidney Disease	D
Dialysis	D
Chronic Kidney Failure	D
Knee Replacement, one knee after 3 months, fully recovered, no use of assistive devices, no longer receiving physical therapy	S
Both knees, fully recovered	Class I
Labrynthitis	see Dizziness
Lacunar Infarct	
Single	see Stroke
Single in combination with white matter or small vessel ischemia	D
Multiple	D
Left Atrial Enlargement >5.0 cm	D
Leukemia	
Acute, after 3 years	IC
CLL	
Stage 0 or I, WBC <15,000 for 2 years	Class I
Stage I-IV	D
Lou Gehrig's Disease	D
Lupus, discoid, after 12 months	S
Systemic	D
Lyme Disease, after 12 months, fully recovered, no residuals	S-IC
Undergoing treatment or with residuals	D

Medical Impairments (continued)

Lymphedema, medically managed, no limitations	S
With limitations or history of skin ulcers	D
Lymphoma	
Stage I or II, after 2 years, in complete remission	S-IC
Stage II or IV, after 4 years, in complete remission	S-IC
Low-grade	D
Macular Degeneration,one eye	S
Both eyes	IC-D
Manic Depression	see Bipolar
Marfan's Syndrome	D
Medicaid Recipient	D
Medullary Sponge Kidney	IC
Memory Loss	D
Meniere's Disease, after 6 months, symptoms controlled, no limitations	S
Associated with falls	D
Meningioma removed, after 12 months, no limitations.	S-IC
Surgery planned	D
Meningitis, after 12 months, fully recovered.	S-IC
Present	D
Mental Retardation	D
Mital Valve Prolapse	S-IC
Mixed Connective Tissue Disease	D
Monoclonal Gammopathy, after 1 year	IC-D
Multiple Myeloma	D
Multiple Sclerosis	D
Murmur	see Heart Valve Disorder
Muscular Dystrophy	D
Myasthenia Gravis, ocular, after 1 year	S
Generalized	D
Myelodysplasia	D
Myelofibrosis	D
Myocardial Infarction.	see Coronary Artery Disease
Narcolepsy effectively treated	S-IC
Untreated or resulting in accidents or injury.	D

Section 6

Medical Impairments (continued)

NASH – Nonalcoholic Steatohepatitis, after 2 years, ALT <2x normal, weight within Select maximum, well controlled diabetes (if applicable) and well controlled lipids, and <3 alcoholic drinks per week	
No fibrosis by liver biopsy	Class I
Mild fibrosis	3 years, 180 day elim, Class II-IC
Moderate to severe fibrosis or cirrhosis	D
Weight above Select maximum	D
Neurofibromatosis	D
Neurogenic Bowel or Bladder	D
Neuropathy, mild, fully evaluated, no limitations	S-IC
Not fully evaluated, related to diabetes or alcohol, or with history of falls, or skin ulcers	D
Nursing Home Confinement, after 6 months, full recovery, no limitations	IC
Within 6 months	D
Obesity	see Weight chart
Obsessive Compulsive Disorder, after 3 years, controlled on medication	
Fully functional	S-IC
Limits functional ability	D
Psychiatric hospitalization within 5 years	D
Organic Brain Syndrome	D
Organ Transplant	D
Osteopenia, on medication	S
Osteoarthritis	see Arthritis
Osteomyelitis	see Avascular Necrosis
Osteoporosis, T score -2.5 – -2.9, on medication, no history of nontraumatic fractures	S
T score -3.0 – -3.4, on medication, no history of nontraumatic fractures	Class I
T score -3.5 or worse	D
Any with history of nontraumatic fracture, or not on medication, or with functional limitations	D
Oxygen use	D
Pacemaker, after 3 months	S-IC
Recommended or surgery pending	D
Paget's Disease, no symptoms and no limitations	IC
With symptoms or history of fractures	D
Pancreas Transplant	D
Pancreatitis, after 12 months, single episode, fully recovered	S
Related to alcohol use, or 2 or more episodes	D
Panic Attack/Disorder	see Anxiety
Paralysis	D
Paraplegia	D

Medical Impairments (continued)

Parkinson's Disease	D
Pemphigus Vulgaris	D
Peripheral Neuropathy	see Neuropathy
Peripheral Vascular Disease	
Mild, tobacco free 12 months, no symptoms, no limitations after 6 months	S
Moderate, or in combination with coronary artery disease, after 6 months	Class I-IC
Severe, or tobacco use within 12 months	D
Average BP reading >159/89	D
Any, with limitations, history of leg ulcers, TIA, diabetes, pending surgery, or stent placement or surgery within the past 6 months	D
Physical Therapy received within 6 months	D
Pick's Disease	D
Pituitary Adenoma removed, after 12 months, no limitations	S
Stable x3 years, no surgery planned	IC
Surgery planned	D
Pneumonia, after 3 months, single episode, fully recovered	S
Associated with chronic lung disease	see COPD
Polio fully recovered, no limitations, no assistive devices	S
Fully recovered, no limitations, leg brace	IC
With recurrence or limitations	D
Post Polio Syndrome after 2 years, nonprogressive, no limitations, no assistive devices	IC
Progressive weakness or fatigue, or with limitations	D
Polycystic Kidney Disease	D
Polycythemia Vera after 2 years, managed with medication or Phlebotomy, platelets <450,000	Class II, 2 years 180 day elimination
Polymyalgia Rheumatica mild, after 1 year, no limitations	S
Moderate, no functional limitations	Class I-IC
Severe, or with limitations	D
Polymyositis/Dematomyositis	D
Polyneuropathy	D
Post Herpetic Neuralgia	D
Post Traumatic Stress Disorder (PTSD), after 12 months, controlled, fully functional	S-IC
After 12 months, not adequately controlled or with functional impairment	D
Pregnancy	D
Undergoing fertility evaluation or treatment	D
Prostate Specific Antigen (PSA) steadily rising	D
Rising and falling	S-IC
Psoriasis, mild to moderate, controlled with medication	S
Severe	IC
Psoriatic Arthritis	see Arthritis

Medical Impairments (continued)

Psychosis	D
Pulmonary Edema	D
Pulmonary Embolism, after 6 months, single episode, fully recovered	S-IC
Present, multiples, or underlying coagulation disorder	D
Pulmonary Fibrosis, localized, nonprogressive, normal PFT's, after 2 years	IC
Active, progressive disease, abnormal PFT's	D
Pulmonary Hypertension	D
Quad Cane Use	D
Quadriplegia	D
Reflex Sympathetic Dystrophy (RSD)	D
Renal Disease/Failure	see Kidney Disorder
Restless Leg Syndrome	S
Retinitis Pigmentosa	see Blindness
Rheumatoid Arthritis	see Arthritis
Sarcoidosis	see COPD
Sciatica	S-IC
Schizophrenia	D
Scleroderma	D
Scoliosis	
Mild	S
Moderate to severe	IC
Seizures	see Epilepsy
Shingles, after 6 months, fully recovered	S
Present, or with residuals	D
Shy-Drager Syndrome	D
Sickle Cell Anemia	D
Trait only, no active disease	S
Active disease	D
Sjogren's Syndrome	
Mild, dryness of eyes and mouth only	S
In combination with Rheumatoid Arthritis, Connective Tissue Disease, or with other organ involvement	D
Skin Cancer	see Cancer
Sleep Apnea responsive to treatment	S
Severe or unresponsive to treatment	D
Social Withdrawal	D

Medical Impairments (continued)

Spina Bifida	D
Spinal Stenosis operated, fully recovered, after 12 months	S
Unoperated, mild to moderate	Class I-IC
Unoperated, severe or surgery recommended	D
Any, with epidural injections or physical therapy within 6 months, or functional limitations, or chronic pain requiring daily narcotics	D
Stroke	
Single episode, fully recovered after 2 years, no limitations, tobacco free 12 months	Class I
Two or more	D
In combination with any of the following:	
Atrial Fibrillation	D
Unoperated carotid stenosis	D
Heart valve disorder	D
Average blood pressure reading >159/89	D
Previous TIA(s)	D
Diabetes	D
Residual weakness or functional loss	D
Tobacco use within the past 12 months	D
Ocurred while adequately anticoagulated	D
Surgery, requiring general anesthesia, planned, not completed	D
Syncope	see Dizziness
Systemic Lupus	D
Temporal Arteritis, after 12 months, fully recovered	S-IC
TENS Unit	
Past use	IC
Current use	D
Thalassemia	
Minor	S
Major	D
Thrombocythemia	D
Thrombocytopenia platelet count >50,000	Class I 3 years
Thrombocytosis	D
Torticollis resolved with Botox, after 6 months	S
Tourette's Syndrome fully functional, no limitations	IC
Any functional limitations	D
Transient Global Amnesia	see TIA

Medical Impairments (continued)

Transient Ischemic Attack (TIA) single episode, fully recovered after 1 year	Class I
Two or more	D
In combination with any of the following:	
Atrial Fibrillation	D
Unoperated carotid stenosis	D
Heart valve disorder	D
Previous stroke	D
Diabetes	D
Average BP reading >159/89	D
Residual weakness or functional loss	D
Tobacco use within the past 12 months	D
Occurred while adequately anticoagulated	D
Other peripheral vascular disease	D
Transverse Myelitis	D
Tremor fully evaluated, benign familial, no limitations	S
Not fully evaluated, with limitations, or gait disturbance	D
Trigeminal Neuralgia	
After 12 months managed with antispasmodics or anticonvulsants, no limitations	S
6 months after surgery, resolved	S
Poorly controlled or disabling	D
Tuberculosis after 12 months, treated, fully recovered, normal PFT's	S
Present or with lung damage or other organ involvement	D
Ulcerative Colitis	see Crohn's
Underweight	D
Valvular Heart Disease	see Heart Valve Disorder
Ventriculoperitoneal Shunt	D
Vertigo	see Dizziness
Von Willebrand's Disease	D
Walker Use	D
Weakness	D
Wegener's Granulomatosis	D
Weight Loss, unexplained, or not fully evaluated	D
Wheelchair Use	D
Wolff-Parkinson-White Syndrome, after 6 months, ablated, not present	S
Uncontrolled	D

Producer Requirements

Licensing and Appointments

Appointment Requirements

(May vary by state)

Non Pre-appointment States – All states except GA, MT, PA, NC
Agents who are properly licensed may solicit business prior to being appointed by Mutual of Omaha. Applications must be submitted with contracting paperwork. Please note that policies will not be issued until the effective date of the agent's appointment.

Pre-appointment States – GA, MT, PA, NC
Agents must be properly licensed and appointed by Mutual of Omaha prior to solicitation. If an application is dated prior to an agent's appointment effective date, it will be rejected and a letter will be mailed to the client.

Note: Pre-appointment requirements do not apply to entities holding a broker license.

Background Checks

All new agents will be subject to a background check, including:

- Credit History
- Insurance Department Actions
- Federal Criminal
- County Criminal

Agents must disclose all information and truthfully answer each question on the information sheet. If any question is answered "yes," an explanation (signed and dated by the agent) and any supporting documentation must accompany the contracting paperwork.

Note: It is nearly impossible to get an agent approved if something turns up on the background check that was not disclosed.

The background check is completed by an outside entity and typically takes from three to five business days, but could take longer depending on circumstances. If an issue with a background check is found, the agent will be contacted and asked to get the issue resolved, if possible.

No information regarding the findings of the background check can be discussed with the MGA.

If Mutual of Omaha declines to appoint an agent, both the agent and the MGA, if applicable, will be notified in writing.

All existing agents must have background checks completed when an appointment is added or if the agent's latest background check is more than two years old.

Errors and Omissions Insurance

Proof of Errors and Omissions Insurance covering each Special Agent and General Agent is required in the amount of $1,000,000 per claim for all Mutual of Omaha Insurance Company, United of Omaha Life Insurance Company, Companion Life Insurance Company and United World Life Insurance Company products (excluding Medicare Supplement/Medicare Select).

Continuing Education – Long-Term Care

Your state may require long-term care continuing education. Please contact your state's Department of Insurance for more information.

Partnership Training – Long-Term Care

Partnership training is required to sell long-term care insurance and/or partnership qualified policies in states where partnership has been approved for sale. Please contact your state Department of Insurance for information on state requirements.

Producer Training

Mutual of Omaha has joined forces with LTCiTraining.com to bring you the industry's most comprehensive partnership training courses.

- Developed by industry experts Phyllis Shelton and Phillip Sullivan
- Meets newly mandated NAIC and Deficit Reduction Act partnership training requirements
- ClearCert certified
- Technical support provided
- Free for agents who sell Mutual of Omaha's LTCi products (contact your marketer for details)
- You can access the training through our Sales Professional Access (SPA)

Welcome Letter

Once an agent is appointed, a "welcome letter" will be sent to the MGA or directly to the Special/General Agent, along with the executed contract and compensation schedules.

Long-Term Care Insurance underwritten by:

MUTUAL OF OMAHA INSURANCE COMPANY

Mutual of Omaha Plaza

Omaha, NE 68175

mutualofomaha.com