



User's Guide

iGO E-App

United of Omaha Whole Life Living Promise



July 2013

IGO E-App Living Promise

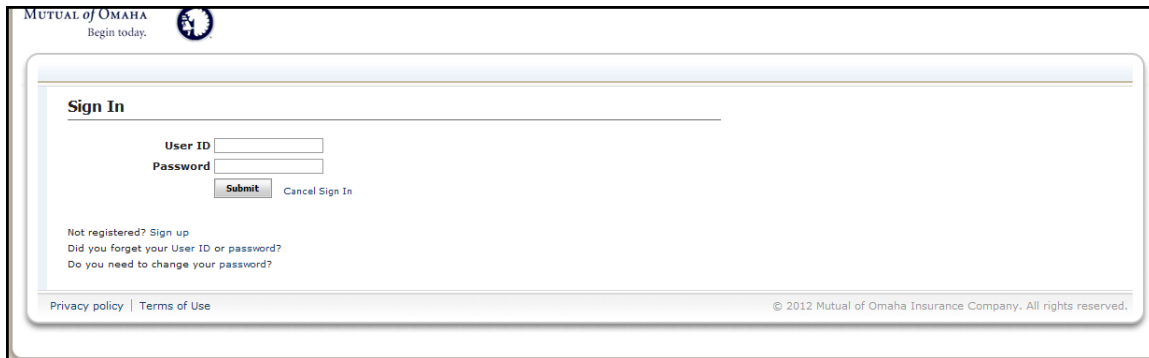
Getting Started.....	3
Start New Case.....	5
View My Cases	7
Alerts.....	8
Available Alert Messages	9
Case Actions Drop Down	10
View Forms PDF Icon	11
Case Details Page.....	12
Re-Send Email Tool.....	13
Searching for Cases	15
Broadcast Message	Error! Bookmark not defined.
Primary Insured screen.....	17
Navigation Tips.....	18
Navigation Window	18
Additional Questions	19
Save and Return Later.....	19
View the Application	20
Social Security Number	20
Owner screen	22
Underwriting screens	23
Underwriting 2 screen	25
Living Promise Eligibility screen.....	26
Not an Individual Beneficiary.....	29
Plan Information screen	30
Credit Card – Approved	35
Bank Service Plan screen.....	36
Premium Payment screen – Conditional Receipt.....	37
Other Coverage Information screen.....	38
Other Coverage Information, Contd. screen	39
Producer Statement screen	40
Producer Statement, Contd. screen.....	41
Validate and Lock Data.....	42
Application Not in Good Order	43
Application in Good Order and Locked.....	44

Getting Started

iGo Electronic Applications are available for the Living Promise product.

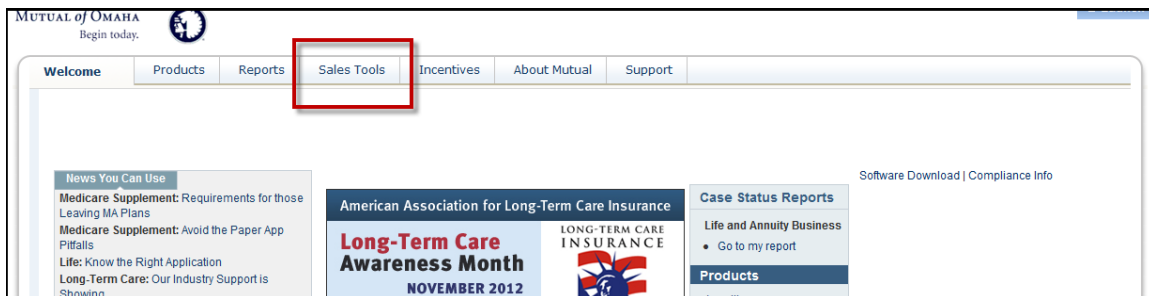
You may access the Living Promise electronic application through Mutual of Omaha's SPA site. The application is available through the Life Quotes link or the I-Go Electronic Applications link.

First you will sign in with your User ID and Password.



The screenshot shows the Mutual of Omaha Sign In page. At the top left is the Mutual of Omaha logo with the tagline "Begin today." Below the logo is a "Sign In" heading. Underneath, there are input fields for "User ID" and "Password", followed by a "Submit" button and a "Cancel Sign In" link. Below the input fields, there are links for "Not registered? Sign up", "Did you forget your User ID or password?", and "Do you need to change your password?". At the bottom left are links for "Privacy policy" and "Terms of Use". At the bottom right is the copyright notice: "© 2012 Mutual of Omaha Insurance Company. All rights reserved."

Brokers - Select Sales Tools



The screenshot shows the Mutual of Omaha SPA site navigation bar. The "Sales Tools" link is highlighted with a red box. The navigation bar includes links for "Welcome", "Products", "Reports", "Sales Tools", "Incentives", "About Mutual", and "Support". Below the navigation bar, there are several content blocks: "News You Can Use" with links for Medicare Supplement, Life, and Long-Term Care; "American Association for Long-Term Care Insurance Long-Term Care Awareness Month NOVEMBER 2012"; "Case Status Reports" with a link for "Life and Annuity Business" and "Go to my report"; and "Products". At the top right of the content area is a link for "Software Download | Compliance Info".

Select iGO Electronic Applications

MUTUAL of OMAHA
Begin today.

Welcome Products Reports **Sales Tools** Incentives About Mutual Support

Sales Tools

Medicare Supplement e-Application

Note: Medicare Supplement: e-App Down Friday Nights

Med Supp e-App
Generate quotes and submit business on this e-App at point-of-sale. To date all states are available on the e-App, except CO, HI and MN.

[Resources](#)

e-Application

Note: e-App is available in all states except: NY, PR and VI for Term Life and CA, MA, MN, PR and VI for Accidental Death.


[iGO Electronic Application Resources for Term Life and Accidental Death Products](#)

Forms & Materials

Provides a marketing catalog of the marketing, new business and ancillary material available.

Life Quotes

Generate quotes for many of United of Omaha's life products, including term and universal life. Once you've found your quote, request an iGO e-App or paper version of the application. Quotes are for informational purposes only. Refer to Winflex for actual rates.

 **iGO Electronic Applications**
Ensure "in good order" iGO e-App™ electronic applications with complete data and accurate state forms. Obtain client and agent e-Signatures and submit your application electronically.

Power Up Your LTC & DI Sales with Association Marketing
Learn more about Mutual of Omaha's powerful program for building group-marketing referrals and networks.
[Mutual of Omaha's Association Marketing Program](#)

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[Home](#)

Click on the [Start New Case](#) button to begin a new case or
Click on the [View My Cases](#) button to access applications already started.

MUTUAL of OMAHA
Begin today.

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Welcome [Sign Out?](#) | [Help](#)

Start New Case



View My Cases

Start New Case

The Case Information tab displays. The screen is divided into three areas:

- Proposed Insured
- Case Description
- Carrier Product

Navigation tip: Use the tab key to advance field-to-field. Yellow fields are required fields and must be completed. Type the first letter of the variable name when the field is a drop-down list of values. When entering a State, the fields may display either the entire state name or the state's two-digit postal code.

MUTUAL of OMAHA  Powered by  iPipeline

[My Cases](#) Welcome [Sign Out?](#) [Help](#)

Start New Case

Case Information

Status: **Started** | Agent of Record: SUSAN L IVY | Data Modified: 10/31/2011

Proposed Insured

First Name: Last Name:

Date of Birth: Age: Gender:


Case Description

(Examples: \$500,000.00, Kid's Policy, Business Policy, etc)

Carrier and Product


State: Product Type:


Product:

 Please choose State and Product Type above and click "Find Available Products"

When all the required fields are complete, the Find Available Products button is enabled.

The products meeting the state and product type search criteria appear at the bottom of the screen. Click on the Select button adjacent to the desired product.

MUTUAL of OMAHA

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My Cases

Welcome

[Sign Out?](#) | [Help](#)

Start New Case

Case Information

Status: **Started** | Agent of Record: | Date Modified: 10/29/2012 |

Proposed Insured

First Name:
John

Last Name:
Doe

Date of Birth: 01/01/1947 | Age: 65 | Gender: Male

Case Description


(Examples: \$500,000.00, Kid's Policy, Business Policy, etc)

Carrier and Product

State: Nebraska | Product Type: Whole Life

Find Available Products


Product:


Carrier	Product	IGO e-App
MUTUAL of OMAHA 	Living Promise	<div>Select e-Sign</div>

Save Changes

View My Cases

The View My Cases button is used to return to applications already in progress or to check on the status of the electronic signature process under the Alerts section.

MUTUAL of OMAHA










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[My Preferences](#) | [Sign Out?](#)

Display Cases with Activity in All

Check box(es) below to: Case Actions










Alerts

	Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
	Lewis, Ryan Face Amount: \$250,000 Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	 Term Life Answers-Full Application	6/20/2013		Case Actions
	Smith, Mary Face Amount: \$500,000 Agent of Record: Jason Wells Case Details...	Awaiting Consumer e-Signature	MUTUAL of OMAHA	 Term Life Answers-Full Application	6/20/2013		Case Actions
	Smith, John Face Amount: \$500,000 Agent of Record: Jason Wells Case Details...	Awaiting Consumer e-Signature	MUTUAL of OMAHA	 Term Life Answers-Full Application	6/17/2013		Case Actions

<< < Page 1 > >> Go to page:

Cases

Start New Case

	Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
	Williams, John Face Amount: \$150,000 Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	 Term Life Answers-Full Application	6/18/2013		Case Actions
	Walsh, Kerry Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	 Term Life Answers-Full Application	5/14/2013		Case Actions
	Park, James Face Amount: \$200,000 Agent of Record: Jason Wells Case Details...	Locked - Ready to Sign	MUTUAL of OMAHA	 Term Life Answers-Full Application	5/14/2013		Case Actions

Alerts

Alerting capabilities have been built around predefined case actions and events within iGO e-App. In the instance a particular action or event occurs, an alert icon will display with the corresponding case records, and the case will automatically shift upward into the new Alerts section of the dashboard. Users may view the alert message by hovering over the orange alert icon. An alert will automatically clear when an event or action occurs that renders it invalid. Additionally, users may choose to manually clear an alert if desired. Once all alerts associated with a case have been cleared, the case will return to the Cases section of the dashboard. In the event more than one alert has triggered for a particular case, the alerts will stack one on top of the other as pictured below.

Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
Lewis, Ryan						
Face Amount: \$250,000 Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	Term Life Answers- Full Application	5/20/2013		Case Actions
Smith, Mary						
Mary Smith's e-Signature link will expire on 5/29/2013 Mary Smith has been temporarily locked out of the e-Sign process due to failed authentication. Please verify that the SSN/TIN/PIN the client is required to enter is accurate.			Term 5	5/17/2013		Case Actions
Face Amount: \$500,000 Agent of Record: Jason Wells Case Details...	Awaiting Consumer e-Signature	MUTUAL of OMAHA	Term Life Answers- Full Application	5/17/2013		Case Actions

<< < Page 1 > >> Go to page:

Available Alert Messages

Alert messages notify users of various activities associated with their cases giving them the opportunity to proactively engage with their clients.

#	Alert when...	Status Equals:	Alert Message
1.	Agent needs to e-Sign	Awaiting Agent e-Signature	Your e-Signature is needed at this time
2.	Consumer e-Signature link is about to expire on MM/DD/YYYY [international date YYYY/MM/DD]	Awaiting Consumer e-Signature	[e-Signer's Name] e-Signature link will expire on MM/DD/YYYY.
3.	Agent e-Signature link is about to expire	Awaiting Agent e-Signature	Your e-Signature link will expire on MM/DD/YYYY
4.	Agency approval link is about to expire	Awaiting Agency Approval	Your agency is required to review this case before e-Submitting it to the carrier. The link to access and review this case will expire on MM/DD/YYYY.
5.	Consumer e-Signature link expires	e-Signature Link Expired	The e-Signature link has expired. Please send a new e-Signature link to [e-Signer's Name]
6.	Agent e-Signature link expires	e-Signature Link Expired	The e-Signature link has expired. Please send a new link, or contact support for further assistance.
7.	Agency Approval Link expires	e-Signature Link Expired	The link to review and approve this case has expired. Please contact your agency or representative for assistance.
8.	Sync is Required to e-Submit to carrier	Sync to e-Submit	This case has not been e-Submitted to the carrier. Please connect to the internet and Sync to e-Submit.
9.	Consumer declines to e-Sign	Consumer Declined to e-Sign	[e-Signer's Name] has declined to e-Sign. To re-initiate the e-Signature process, you must unlock the case.
10.	Principal approver declines to approve	Declined by Principal Approver	Your principal approver has declined approve your case. Please contact your principal approver for additional information.
11.	Agency declines to approve and e-Submit to carrier	Agency Declined to e-Submit	Your agency has declined to e-Submit your case at this time. Please contact your agency or representative for additional information.
12.	Consumer is locked out of e-Sign process	Awaiting Consumer e-Signature	[e-Signer's Name] has been temporarily locked out of the e-Sign process due to failed authentication. Please verify that the SSN/TIN/PIN the client is required to enter is accurate.

Case Actions Drop Down

Every case in iGO will now display a Case Action drop down menu containing available actions for that case. Available actions are determined by the status the case is currently in.

The screenshot displays the iGO Case Actions interface. At the top, there is a red header bar with the text "Alerts" and a "Hide" link. Below the header is a table with columns: Name, Status, Carrier, Product, Date Modified, View Forms, and Case Actions. The table contains three rows of case data. The first row is for "Lewis, Ryan" with a status of "Started", carrier "MUTUAL of OMAHA", and product "Select UL". The second row is for "Smith, Mary" with a status of "Awaiting Consumer e-Signature", carrier "MUTUAL of OMAHA", and product "ValueTerm 20". The third row is for "Smith, John" with a status of "Awaiting Consumer e-Signature", carrier "MUTUAL of OMAHA", and product "ValueTerm 20". A dropdown menu is open for the first case, showing the following options: Case Actions, Open Case, Delete Case, Duplicate Case, and Unlock Case. The bottom of the interface features a pagination bar with navigation buttons and a "Go to page:" field.

Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
Lewis, Ryan Face Amount: \$250,000 Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	Select UL	5/20/2013		Case Actions Open Case Delete Case Duplicate Case Unlock Case
Smith, Mary Face Amount: \$500,000 Agent of Record: Jason Wells Case Details...	Awaiting Consumer e-Signature	MUTUAL of OMAHA	ValueTerm 20	5/20/2013		Case Actions
Smith, John Face Amount: \$500,000 Agent of Record: Jason Wells Case Details...	Awaiting Consumer e-Signature	MUTUAL of OMAHA	ValueTerm 20	5/17/2013		Case Actions

<< < Page 1 > >> Go to page:

View Forms PDF Icon

Users may now view the PDF associated with the case directly from the My Cases Dashboard or the Case Details page. Upon clicking the PDF icon button corresponding to an individual case, all completed information for that case will map to the forms and display in a pop-up window.

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[My Preferences](#) | [Sign Out?](#)

Display Cases with Activity in All

Check box(es) below to: Case Actions

Alerts

	Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
	Lewis, Ryan Face Amount: \$250,000 Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	Term Life Answers-Full Application	6/20/2013		Case Actions
	Smith, Mary Face Amount: \$500,000 Agent of Record: Jason Wells Case Details...	Awaiting Consumer e-Signature	MUTUAL of OMAHA	Term Life Answers-Full Application	6/20/2013		Case Actions
	Smith, John Face Amount: \$500,000 Agent of Record: Jason Wells Case Details...	Awaiting Consumer e-Signature	MUTUAL of OMAHA	Term Life Answers-Full Application	6/17/2013		Case Actions

Cases

Start New Case

	Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
	Williams, John Face Amount: \$150,000 Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	Term Life Answers-Full Application	6/16/2013		Case Actions
	Walsh, Kerry Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	Term Life Answers-Full Application	5/14/2013		Case Actions
	Park, James Face Amount: \$200,000 Agent of Record: Jason Wells Case Details...	Locked - Ready to Sign	MUTUAL of OMAHA	Term Life Answers-Full Application	5/14/2013		Case Actions

Page 11 of 44

Case Details Page

The Case Details page can be accessed via a link located on the My Cases Dashboard. This page provides an overview of an individual case including a Case Summary, Activity, History, e-Signature Status, and any Alerts pertaining to that case.



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[My Preferences](#) | [Sign Out?](#)

[Back to My Cases](#)

Actions for this case: [Case Actions](#)

Case Details

Document:

Case Summary:

Case Description	Husband and Wife
Insured	John Smith
Insured Email	jsmith@gmail.com
Insured Date of Birth	06/05/1955
Phone Number	(786)541-0564
Address	1145 West Market Street West Chester
Carrier	National Carrier
Product Name	Term Life Answers-
State	FL
Product Type	Term Life
Health Class	No
Replacement (Yes/No)	No
Premium	\$209.36
Payment Mode	Trial Application
Primary Beneficiary(ies)	Mary Smith

Alerts and Messages:

John Smith's e-Signature link will expire on 05/29/2013

e-Signer Status:

Consumer	Role	PIN/TIN/SSN	e-Signature Status	Action
John Smith	Proposed Insured	1111	Pending Awaiting Signature	Resend

Activity History:

5/20/2013 3:37 PM	e-Signature email notification sent to Regg WedFive
-------------------	---

Re-Send Email Tool


Users may easily and conveniently view the e-Signature details for an individual case on the Case Details Screen. A record will appear for each individual that has been sent an e-Signature email. The user may view the name of the party required to e-Sign, their signing role, and the information they must authenticate with to access the e-Signature information online. Additionally, a resend button will display next to all individuals eligible to receive emails.

[Back to My Cases](#)


Actions for this case: [Case Actions](#)

Case Details

Document:



Alerts and Messages:

 This case was shared by you with Gandy, Russell.

e-Signer Status:

Consumer	Role	PIN/TIN/SSN	e-Signature Status	Action
John Smith	Proposed Insured	1111	Pending Awaiting Signature	Resend

Case Summary:

Case Description	May16-6
Insured	John Smith
Insured Email	jsmith@gmail.com
Insured Date of Birth	06/06/1965
Phone Number	(786)641-0564
Address	1581 E. Market Street, Chester PA 19073
Carrier	National Carrier
Product Name	OneTerm Plus
State	FL
Product Type	Term Life
Health Class	No
Replacement (Yes/No)	No
Premium	\$209.35
Payment Mode	Trial Application
Primary Beneficiary(ies)	Mary Smith

Activity History:

5/20/2013 3:37 PM	e-Signature email notification sent to John Smith
5/20/2013 3:31 PM	Ran Illustration
5/15/2013 3:43 PM	Ran Illustration
5/15/2013 3:41 PM	Case started


Upon clicking the Resend button, a pop up window will display (shown below). The user may simply resend the email, and/or adjust the email address if needed. Note – updating the email address from this tool will not update the email address in the application.

[Back to My Cases](#)


Actions for this case: [Case Actions](#)

Case Details

Document:



Alerts and Messages:

 This case was shared by you with Gandy, Russell.

Resend e-Signature Email

Check the box corresponding to the individual(s) you wish to resend emails to. You may adjust the email address as necessary, then click Resend Email.

Note: Updates to email addresses will only be saved if the notification is sent.

To:	Recipient	Email	Role	e-Signature Status	Expiration Date
<input checked="" type="checkbox"/>	John Smith	<input type="text" value="jsmith@gmail.com"/>	Proposed Insured	Pending Awaiting Signature	5/20/2013

From:

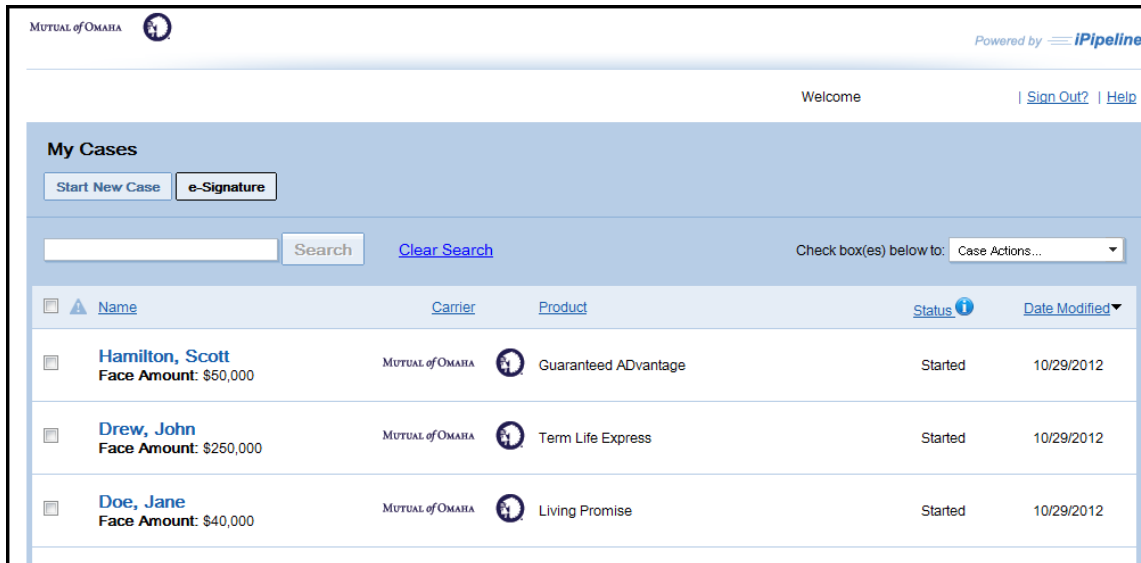
Custom Text

[Resend Email](#) [Cancel](#)

Health Class	No
Replacement (Yes/No)	No
Premium	\$209.35
Payment Mode	Trial Application
Primary Beneficiary(ies)	Mary Smith

Searching for Cases

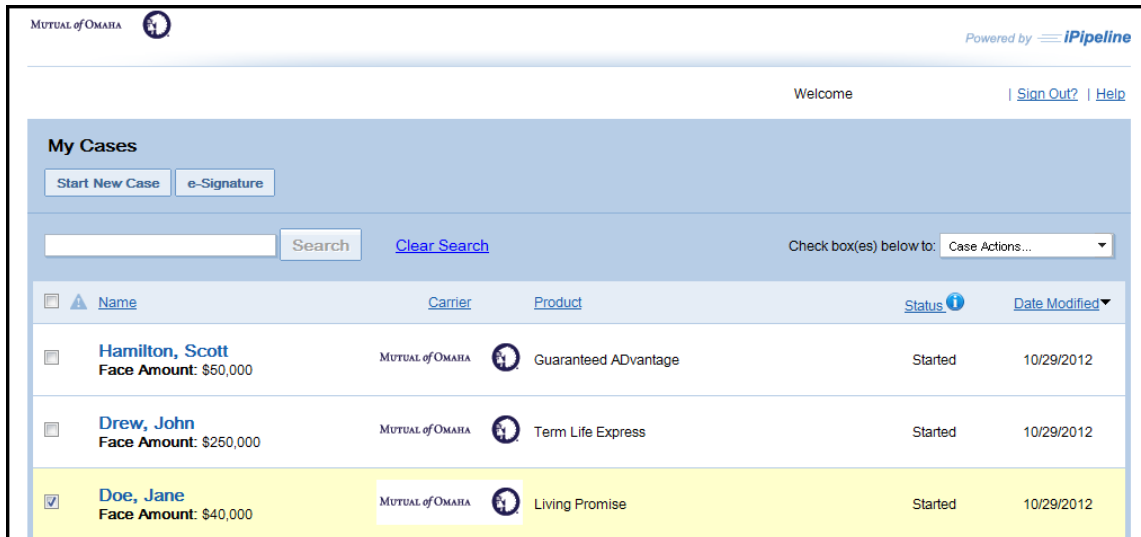
To quickly locate an application, enter the applicant's name in the First, Middle or Last Name field and click the Search button.



The screenshot shows the 'My Cases' section of the Mutual of Omaha iPipeline interface. At the top, there are links for 'Start New Case' and 'e-Signature'. Below these is a search bar with a 'Search' button and a 'Clear Search' link. To the right of the search bar is a dropdown menu labeled 'Check box(es) below to:' with 'Case Actions...' selected. The main content is a table with columns: Name, Carrier, Product, Status, and Date Modified. The table lists three cases: Hamilton, Scott (Face Amount: \$50,000, Guaranteed ADvantage, Started, 10/29/2012), Drew, John (Face Amount: \$250,000, Term Life Express, Started, 10/29/2012), and Doe, Jane (Face Amount: \$40,000, Living Promise, Started, 10/29/2012). Each row has a checkbox to its left.

<input type="checkbox"/>	Name	Carrier	Product	Status	Date Modified
<input type="checkbox"/>	Hamilton, Scott Face Amount: \$50,000	MUTUAL of OMAHA	Guaranteed ADvantage	Started	10/29/2012
<input type="checkbox"/>	Drew, John Face Amount: \$250,000	MUTUAL of OMAHA	Term Life Express	Started	10/29/2012
<input type="checkbox"/>	Doe, Jane Face Amount: \$40,000	MUTUAL of OMAHA	Living Promise	Started	10/29/2012

To make changes or continue an application, find the applicant in the list of applicants and click on the applicant's name



This screenshot is identical to the previous one, but the row for 'Doe, Jane' is highlighted in yellow, indicating it is the selected case. The checkbox to the left of her name is also checked.

<input type="checkbox"/>	Name	Carrier	Product	Status	Date Modified
<input type="checkbox"/>	Hamilton, Scott Face Amount: \$50,000	MUTUAL of OMAHA	Guaranteed ADvantage	Started	10/29/2012
<input type="checkbox"/>	Drew, John Face Amount: \$250,000	MUTUAL of OMAHA	Term Life Express	Started	10/29/2012
<input checked="" type="checkbox"/>	Doe, Jane Face Amount: \$40,000	MUTUAL of OMAHA	Living Promise	Started	10/29/2012

Case Information screen

The Case Information and the Application tabs appear. Click on the Application tab to navigate to the application.

MUTUAL of OMAHA

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My Cases

Welcome

[Sign Out?](#) | [Help](#)

Doe, Jane

MUTUAL of OMAHA

Living Promise

[Case Notes](#)

Case Actions...

Case Information

Application

Status: **Started**

Agent of Record:

Date Modified: 10/29/2012

Proposed Insured

First Name:

Last Name:

Date of Birth: Age: Gender:

Case Description

(Examples: \$500,000.00, Kid's Policy, Business Policy, etc)

Carrier and Product

State:


Product Type:


[Show My Selected Product](#) [Show All Available Products](#)

Product: **Living Promise**

Carrier	Product	iGO e-App
MUTUAL of OMAHA	Living Promise	<input type="button" value="Select"/> e-Sign

Primary Insured screen

MUTUAL of OMAHA


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My Cases

Welcome

[Sign Out?](#) | [Help](#)

Doe, Jane

MUTUAL of OMAHA

Living Promise

[Case Notes](#)

Case Actions...

Case Information

Application

e-Application

Primary Insured

☐ Primary Insured, Contd.

☐ Underwriting 1

☐ Underwriting 2

☐ Beneficiaries

☐ Other Coverage Information

Primary Insured

Insured Legal Name

First

Middle

Last

Jane

Doe

Date of Birth

01/01/1947

Age

65

Gender

☐ Male

☒ Female

Social Security No.

Height

Weight

Contact Information

Street Address

City

State

NE

Zip Code

Phone No. - Home

Cell

Work

E-Mail

Are you a legal resident of the United States?

☒ Yes

☐ No

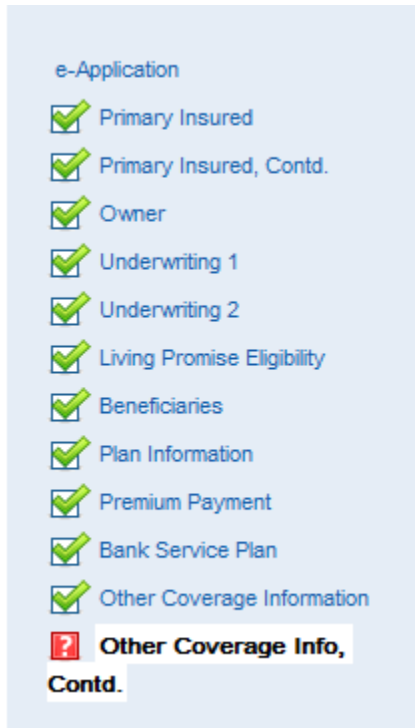
Next

Save

View Forms

Navigation Tips

Navigation Window



The left navigation window is used as a screen-to-screen guide. As each screen is completed successfully, the red question mark is replaced by a green check mark. The check mark indicates the screen is In Good Order (iGO). All screens must be in good order to electronically sign and submit the application.

To be in good order, all required (yellow) fields must be completed and all screens must contain a green check mark.

The screens listed in the navigation window are the required screens for this case. If additional screens become required because of other information entered, more screens will display in the window.

You will be guided to the next screen in the order they appear, but if during the interview process you find out information that does not follow the pre-defined sequence, click on the screen name to go directly to that screen.

Additional Questions

Depending on the answer to a question, more questions may appear. For example, if the answer to the question, "Does the insured have a driver's license?" is Yes, more information is required.

If the insured is not the owner, more screens will appear in the navigation window asking for information for the owner.

Save and Return Later

If at any time you need to leave the application and return at a later time to finish, click on the Save button in the upper right-hand area of the screen. Once information is saved, you can sign out and finish the application later.

View the Application

You may view the application at any time during the interview process. The forms required for the state where the primary insured reside appear with information that's been entered on the screens.

Click on the View Form button. A PDF form of the application appears.

The screenshot shows a web browser window with the address bar displaying <https://igofrms-test.ipipeline.com/CossEnterpriseSuite/WebForms/StreamPdf.aspx>. The browser is identified as 'Windows Internet Explorer provided by ...'. The toolbar shows standard navigation and zoom controls, with the zoom level set to 76.3%.

The PDF form is for the **UNITED OF OMAHA LIFE INSURANCE COMPANY**, a Mutual of Omaha Company located at Mutual of Omaha Plaza, Omaha, NE 68175. The company logo is in the top right corner, and the phone number 734804-113622993 is listed.


The form is titled **Application for Individual Life Insurance** and is divided into three main sections:

- PROPOSED INSURED:** This section contains fields for the Proposed Insured's legal name (Jane Doe), gender (Female), height (5' 6"), weight (120), Social Security No. (245-124124), date of birth (01/01/1947), age (65), state of birth, driver's license No. and state, legal residence address (1234 Street, Omaha NE 68105), city, state, zip, phone No. ((402) 354-5788), and E-mail. It also includes two yes/no questions: 'In the past 12 months, has the Proposed Insured used any form of tobacco or nicotine replacement therapy?' (Yes) and 'Are you a legal resident of the United States? (If "No," you are not eligible for coverage)' (Yes).
- OWNER:** This section is for the Policyowner and includes fields for Name of Policyowner (First, Middle Initial, Last), Policyowner Address (Street, City, State, Zip), Social Security No., Gender (Male, Female), Date of Birth, Age, Phone No., E-mail, Relationship to Proposed Insured, and Citizenship Country.
- Part One:** This section is titled 'IF THE PROPOSED INSURED ANSWERS "YES" TO ANY QUESTIONS IN PART ONE, THAT PERSON IS NOT ELIGIBLE FOR ANY COVERAGE UNDER THIS APPLICATION.' It contains a list of questions: '1. Has the Proposed Insured currently or within the past 12 months been: (a) bedridden or confined to any hospital, nursing home, or other medical facility or received, or been advised to have, any of the following: care in a nursing home, assisted living facility, adult day care facility, home health care services; or hospice facility?' (Yes/No) and '(b) requiring the assistance with activities of daily living such as taking medications, bathing, dressing, eating, toileting, getting in and out of a chair or bed, or the management of bowel or bladder problems?' (Yes/No).

Social Security Number

The Proposed Insured's Social Security number is important. The last four digits of this number are used to access the application for the e-mail electronic signature. Without this number, the Proposed Insured will not be able to view or e-sign the electronic application.

Primary Insured, Contd. screen



Living Promise[Case Notes](#)

Case Actions...

Application

BackNextSave

Primary Insured, Contd.

Driver Information

Does the Insured have a driver's license?

☐ Yes☐ No

In the past 12 months, has the Proposed Insured used any form of tobacco or nicotine replacement therapy?

☐ Yes☐ No

Birth Country

USA

State of Birth

Is the name used for medical records different than the name entered on the application?

☐ Yes☐ No

Will the Proposed Insured be the Owner?



☐ Yes☐ No

BackNext


View Forms

Page 21 of 44

Owner screen

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My Cases Welcome | [Sign Out?](#) | [Help](#)

Doe, Jane  **Living Promise** [Case Notes](#) Case Actions...

Case Information **Application**

e-Application
☒ Primary Insured
☒ Primary Insured, Contd.
☒ **Owner**
☐ Underwriting 1
☐ Underwriting 2
☐ Beneficiaries
☐ Plan Information
☐ Premium Payment
☐ Other Coverage Information
☐ Other Coverage Info, Contd.

Owner

Owner Type

Owner Address and Contact Information

☐ Address same as Proposed Insured

Street Address

City State Zip Code

E-Mail

Phone Number

[Back](#) [Next](#) [Save](#) [View Forms](#)

If the owner is different from the Proposed Insured, the Owner screen will generate.

The owner may be an individual, employer or trust. Different fields appear depending on the type of owner.

Enter the Owner's name and identifying information. If the owner is a business, the authorized officer's name must be entered. If the owner is a trust, a trustee's name must be entered. This information must contain the name of the individual who will sign the application. If the business or trust requires more than one signer then they cannot e-sign. They must Print and Wet sign in order to submit the application.

Underwriting screens

The Underwriting 1 and 2 screens correlate to the Living Promise application. Answer the questions as they pertain to the Proposed Insured. If you answer any one question Yes, a comment box will be displayed to enter in additional information but it is not required.

Application

Underwriting 1

If the Proposed Insured answers 'Yes' to any questions in Part One, that person is not eligible for any coverage under this application.

1. Is the Proposed Insured currently:

(a) bedridden or confined to any hospital, nursing home, long-term care facility or skilled nursing facility; or receiving or been advised to receive care in a nursing home, hospice care, or home health care? ☒ Yes ☐ No

Diagnosis, Dates, Durations, Medications, Dosages:

(b) requiring the assistance with activities of daily living such as taking medications, bathing, bladder problems? ☐ Yes ☒ No

Back Next Save View Forms

Underwriting 1 screen

e-Application

- ☒ Primary Insured
- ☒ Primary Insured, Contd.
- ? **Underwriting 1**
- ☐ Underwriting 2
- ☐ Beneficiaries
- ☐ Plan Information
- ? Premium Payment
- ☐ Other Coverage Information
- ☐ Other Coverage Info, Contd.
- ☐ Producer Statement
- ☐ Producer Statement, Contd.
- ☐ Validate And Lock Data

Back Next Save

Underwriting 1

If the Proposed Insured answers 'Yes' to any questions in Part One, that person is not eligible for any coverage under this application.

1. Is the Proposed Insured currently:

(a) bedridden or confined to any hospital, nursing home, long-term care facility or skilled nursing facility; or receiving or been advised to receive care in a nursing home, hospice care, or home health care? ☐ Yes ☐ No

(b) requiring the assistance with activities of daily living such as taking medications, bathing, dressing, eating, toileting, getting in and out of a chair or bed, or the management of bowel or bladder problems? ☐ Yes ☐ No

(c) requiring any of the following (other than for fractures, bone or joint surgery, including replacement): wheelchair, electric scooter, or oxygen equipment to assist breathing (excluding use for sleep apnea)? ☐ Yes ☐ No

2. Has the Proposed Insured **ever been**:

(a) diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) Infection (symptomatic or asymptomatic) or been treated for AIDS, ARC, or HIV by a physician or health care provider? ☐ Yes ☐ No

(b) diagnosed with, been treated for or advised by a physician or health care provider to receive treatment for Alzheimer's Disease, Dementia, Huntington's Disease, Sickle Cell Anemia, Myelodysplastic Syndrome (MDS), Lou Gehrig's Disease (ALS), Quadriplegia, Paraplegia, Down's Syndrome, mental incapacity, congestive heart failure, Cirrhosis, Metastatic Cancer or recurrent Cancer of the same type? ☐ Yes ☐ No

(c) diagnosed with insulin shock, diabetic coma, or had an amputation due to diabetic complications or diagnosed with End Stage Renal Disease or requiring dialysis? ☐ Yes ☐ No

(d) advised to receive or have received an organ or bone marrow transplant? ☐ Yes ☐ No

(e) diagnosed by a physician or health care provider as having a terminal medical condition that is expected to result in death within the next twelve (12) months? ☐ Yes ☐ No

3. In the past 12 months, has the Proposed Insured been:

(a) advised by a physician to have a surgical operation, diagnostic testing other than for routine screening purposes or for those related to HIV/AIDS, treatment, hospitalization, or other procedure which has not been done or for which results are not known? ☐ Yes ☐ No

(b) diagnosed by a physician or health care provider as having heart disease or heart surgery of any kind? ☐ Yes ☐ No



4. In the past 2 years, has the Proposed Insured been diagnosed with, been treated for or advised by a physician or health care provider to receive treatment for any form of cancer (except basal or squamous cell skin cancer)? ☐ Yes ☐ No

View Forms


Underwriting 2 screen

e-Application		Back	Next	Save
<input checked="" type="checkbox"/> Primary Insured				
<input checked="" type="checkbox"/> Primary Insured, Contd.				
<input checked="" type="checkbox"/> Underwriting 1				
<input checked="" type="checkbox"/> Underwriting 2				
<input type="checkbox"/> Beneficiaries				
<input type="checkbox"/> Plan Information				
<input type="checkbox"/> Premium Payment				
<input type="checkbox"/> Other Coverage Information				
<input type="checkbox"/> Other Coverage Info, Contd.				
<input type="checkbox"/> Producer Statement				
<input type="checkbox"/> Producer Statement, Contd.				
<input type="checkbox"/> Validate And Lock Data				
Underwriting 2 If the Proposed Insured answers 'Yes' to any questions in Part Two, that person is eligible only for the Graded Benefit Product.		View Forms		
<p>5. Has the Proposed Insured ever (a) received care or treatment for, or (b) been advised by a physician or health care provider to seek treatment for:</p> <p>(a) Diabetes before age 50 or diabetes at any age with complications of Retinopathy (eye), Nephropathy (kidney), Neuropathy (nerve), or Peripheral Vascular Disease (PVD or PAD)? <input type="radio"/> Yes <input type="radio"/> No</p> <p>(b) Hepatitis C? <input type="radio"/> Yes <input type="radio"/> No</p> <p>(c) Chronic Lung Disease, including Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Emphysema, or Sarcoidosis? <input type="radio"/> Yes <input type="radio"/> No</p>				
<p>6. In the past 4 years, has the Proposed Insured: (a) received care or treatment for, or (b) been advised by a physician or health care provider to seek treatment for:</p> <p>(a) Cancer, Leukemia, Melanoma or any other internal cancer (except basal or squamous cell skin cancer)? <input type="radio"/> Yes <input type="radio"/> No</p> <p>(b) Chronic Kidney Disease, Systemic Lupus or Scleroderma? <input type="radio"/> Yes <input type="radio"/> No</p> <p>(c) Bipolar Depression, Schizophrenia, Parkinson's Disease or Multiple Sclerosis? <input type="radio"/> Yes <input type="radio"/> No</p>				
<p>7. In the past 2 years, has the Proposed Insured: (a) received care or treatment for, or (b) been advised by a physician or health care provider to seek treatment for:</p> <p>(a) Coronary Artery Disease, Heart Attack, Coronary Artery Bypass Surgery, Angioplasty, Cardiomyopathy, irregular heart rhythm, or Valvular Heart Disease with surgical repair or replacement? <input type="radio"/> Yes <input type="radio"/> No</p> <p>(b) Stroke or Transient Ischemic Attack (TIA)? <input type="radio"/> Yes <input type="radio"/> No</p>				
<p>8. In the past 2 years, has the Proposed Insured:</p> <p>(a) been convicted of or currently awaiting trial for a felony? <input type="radio"/> Yes <input type="radio"/> No</p> <p>(b) been treated for or advised to have treatment for alcohol or drug abuse or convicted more than once of reckless driving or driving under the influence of drugs or alcohol? <input type="radio"/> Yes <input type="radio"/> No</p> <p>(c) used unlawful drugs in any form or abused or misused prescription drugs? <input type="radio"/> Yes <input type="radio"/> No</p>				
<p>9. In the past 2 years, has the Proposed Insured been hospitalized by a physician or health care provider for any mental or nervous disorder? <input type="radio"/> Yes <input type="radio"/> No</p>				
<p>10. In the past 12 months, has the Proposed Insured consulted a physician for chronic cough, <u>unexplained</u> weight loss greater than 10 pounds, fatigue or unexplained gastrointestinal bleeding? <input type="radio"/> Yes <input type="radio"/> No</p>				
		Back	Next	

Living Promise Eligibility screen

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My Cases Welcome | [Sign Out?](#) | [Help](#)

Doe, Jane  **Living Promise** [Case Notes](#) Case Actions...

Case Information **Application**

e-Application

- ☒ Primary Insured
- ☒ Primary Insured, Contd.
- ☒ Owner
- ☒ Underwriting 1
- ☒ Underwriting 2
- ☒ **Living Promise Eligibility**
- ☒ Beneficiaries
- ☐ Plan Information
- ☐ Premium Payment
- ☐ Other Coverage Information
- ☐ Other Coverage Info, Contd.

Living Promise Eligibility

Please Note:

According to the application, if the Proposed Insured answers "Yes" to any of the questions on Underwriting Screen 1 or 2, that person is not eligible for coverage under this application.

If you would like to continue with this application, please do so.

Or,

Please return to the Case Information tab, and click on the Product Type Dropdown to select a different product. The information previously entered will not need to be re-entered.

[Back](#) [Next](#) [Save](#) [View Forms](#)


If any of the questions on the Underwriting 1 screen is answered "Yes", the Living Promise Eligibility screen will appear in the left navigation window.


If any of the questions on the Underwriting 2 screen is answered "Yes" and the application is in the state of AR, MT, NC, WA, the Living Promise Eligibility screen will appear. The Graded Benefit product is not available in these states.

If any of the questions on the Underwriting 2 screen is answered "Yes" and the insured is greater than age 80, the Living Promise Eligibility screen will appear.

You may continue with the application or change to a different product. The information regarding the Proposed Insured will not need to be re-entered.

Beneficiaries screen

MUTUAL of OMAHA


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My Cases

Welcome

[Sign Out?](#) | [Help](#)

Doe, Jane

MUTUAL of OMAHA

Living Promise

[Case Notes](#)

Case Actions...

Case Information

Application

e-Application

☒ Primary Insured

☒ Primary Insured, Contd.

☒ Owner

☒ Underwriting 1

☒ Underwriting 2

☒ Living Promise Eligibility

☒ **Beneficiaries**

☐ Plan Information

☐ Premium Payment

☐ Other Coverage Information

☐ Other Coverage Info, Contd.

Back

Next

Save

View Forms

Beneficiaries

Please enter your Primary Beneficiaries.

Name	Relationship to Insured	% Share
Click here to add...	-	-

The total % Share (0%) of the Primary Beneficiaries must equal 100%.

Would you like to designate a contingent beneficiary?

☐ Yes ☐ No

Back

Next

The insured may have up to 10 primary beneficiaries and 10 contingent beneficiaries. Click on the yellow row to add a beneficiary.

The percentage share of all beneficiaries must equal 100% to be in good order

Individual Beneficiary

Primary Insured, Contd.

Owner

Underwriting 1

Underwriting 2

Living Promise Eligibility

Beneficiaries

Plan Information

Premium Payment

Other Coverage Information

Other Coverage Info, Contd.

Please enter your Primary Beneficiaries.

Name	Relationship to Insured	% Share
Click here to add...	-	-

Primary Beneficiary

Is this an ☒ Individual ☐ Not an individual

If designating "Children of Insured", select "Not an individual" and type "Children of Insured" in "Name" field

Beneficiary Name

First

Middle Initial

Last

Relationship to Proposed Insured

% Share

Social Security No.

Date of Birth

Please enter Date of Birth or Social Security Number to ensure faster application processing.

SaveDeleteClose

The total % Share (0%) of the Primary Beneficiaries must equal 100%.

Would you like to designate a contingent beneficiary?

YesNo

BackNext

View Forms

Click on the radio button for either an “Individual” beneficiary or “Not an individual”.

If the beneficiary is to be the insured’s children shared equally, use the “Not an Individual” option and enter “Children of the Insured” in the Name field.

Not an Individual Beneficiary

☒ Primary Insured, Contd.

☒ Owner

☒ Underwriting 1

☒ Underwriting 2

☒ Living Promise Eligibility

☒ **Beneficiaries**

☐ Plan Information

☐ Premium Payment

☐ Other Coverage Information

☐ Other Coverage Info, Contd.

Please enter your Primary Beneficiaries.

Name	Relationship to Insured	% Share
Click here to add...	-	-

Primary Beneficiary

Is this an ☐ Individual ☒ Not an individual

If designating "Children of Insured", select "Not an Individual" and type "Children of Insured" in "Name" field

Beneficiary Name

Name

Relationship to Proposed Insured

% Share

100

 Please indicate a percentage between 1-100%.

Tax ID No.

-

Save

Delete

Close

The total % Share (0%) of the Primary Beneficiaries must equal 100%.

Would you like to designate a contingent beneficiary? ☒ Yes ☐ No

Back

Next

View Forms

Plan Information screen

The screenshot shows the 'Plan Information' screen within the Mutual of Omaha iPipeline system. The interface includes a top navigation bar with the Mutual of Omaha logo and 'Powered by iPipeline'. A 'My Cases' tab is active, showing a case for 'Doe, Jane' under the 'Living Promise' plan. The 'Case Information' section on the left lists various steps: 'e-Application' (checked), 'Primary Insured' (checked), 'Primary Insured, Contd.' (checked), 'Underwriting 1' (unchecked), 'Underwriting 2' (unchecked), 'Beneficiaries' (unchecked), 'Plan Information' (checked), 'Premium Payment' (unchecked), 'Other Coverage Information' (unchecked), and 'Other Coverage Info, Contd.' (unchecked). The 'Plan Information' section on the right contains a 'Plan' dropdown menu, an 'Amount of Insurance Applied for' text box, and a 'Risk / Rate Class Applied For' dropdown menu set to 'Standard'. Navigation buttons include 'Back', 'Next', 'Save', and 'View Forms'.

If the UW1 or UW2 screens are not viewed the Plan Information screen will show the Plan drop down field. You can select Level Benefit or Graded Benefit.

Once the UW1 and UW2 screens are answered the Plan will revalidate based upon how the questions were answered.

Level Benefit has the option of the Accidental Death Benefit Rider (ADBR). The face amount will always be the same as the Amount of Insurance.

Graded Benefit does not have any optional riders.

Rules:

- Answer atleast one question on UW1 screen 'Yes', not eligible for coverage. Plan will be prepopulated and disabled to Level Benefit.
- Answer atleast one question on UW2 screen 'Yes' , only eligible for Graded Benefit. Plan will be prepopulated and disabled to Graded. Except in the states of AR,MT,NC,WA and if the insured is over age 80 then Graded is not available and the plan will show Level Benefit.

The screenshot displays the 'My Cases' section for a user named Edward Hinerman. The main header shows 'Doe, Jane' and 'Living Promise'. Below this, there's a 'Case Information' sidebar with a list of steps: 'Primary Insured' (checked), 'Primary Insured, Contd.' (question mark), 'Underwriting 1' (checked), 'Underwriting 2' (checked), 'Beneficiaries' (question mark), 'Plan Information' (question mark), 'Premium Payment', 'Other Coverage Information', and 'Other Coverage Info, Contd.'. The 'Plan Information' section is active, showing 'Plan' as 'Level Benefit', 'Amount of Insurance Applied for' as a yellow box, and 'Risk / Rate Class Applied For' as 'Standard'. Below this is an 'Optional Benefit Rider' section with a checkbox for 'Accidental Death Rider'. Navigation buttons include 'Back', 'Next', 'Save', and 'View Forms'.

My Cases

Welcome **EDWARD HINERMAN** | [Sign Out?](#) | [Help](#)

Doe, Jane **MUTUAL of OMAHA** **Living Promise** [Case Notes](#) Case Actions...

Case Information

Application

e-Application

- ☒ Primary Insured
- ☐ Primary Insured, Contd.
- ☒ Underwriting 1
- ☒ Underwriting 2
- ☐ Beneficiaries
- ☐ **Plan Information**
- ☐ Premium Payment
- ☐ Other Coverage Information
- ☐ Other Coverage Info, Contd.

Plan Information

Plan: Level Benefit

Amount of Insurance Applied for: [Yellow Box]

Risk / Rate Class Applied For: Standard

Optional Benefit Rider

☐ Accidental Death Rider

Back Next Save View Forms

Premium Payment screen

Case Information

e-Application

☒ Primary Insured

☒ Primary Insured, Contd.

☒ Owner

☒ Underwriting 1

☒ Underwriting 2

☒ Living Promise Eligibility

☒ Beneficiaries

☒ Plan Information

☒ **Premium Payment**

☐ Other Coverage Information

☐ Other Coverage Info, Contd.

Application

Back

Next

Save

View Forms

Premium Payment

Recurring Premium Payment

Recurring Premium Payment Mode

Premium Mode Frequency

Modal Premium

Premium Payor

First Name

Middle Initial

Last Name

Social Security No.

E-mail

Initial Premium Payment

Initial Premium Payment Mode

Modal Premium

Premium Payor

First Name

Middle Initial

Last Name

Social Security No.

E-mail

Back

Next

Enter the Recurring Mode for the Recurring Premium Payment and then the Initial Premium Payment.

If the Premium Mode selected is Annual, Semi-Annual or Quarterly, the first payment will need to be collected upon delivery of the policy.

If the Premium Mode is Monthly Bank Draft, the first payment will be deducted via Electronic Funds Transfer (EFT) from the client's account on the day the policy is placed in force.

If the Premium Mode is Credit Card, the first payment will be charged when the policy is ready to be placed by Underwriting. Submitting of the Credit Card transaction on iGO does not put a hold on the Credit Card account. If Credit Card is selected Wet Signature is not available. The amount charged to the Credit Card will be a full modal premium amount based upon the subsequent premium mode.

- a. If Monthly Bank Draft is selected the Bank Service Plan screen is added to the navigation window.
- b. If Credit Card is selected the Credit Card pop up window is displayed allowing the producer to enter the Credit Card information in a secure environment.
- c. The TIA form is not included in this process, as money should not be collected at this time.

All fields must be entered and selected before the 'Enter Credit Card' button is enabled allowing you to enter the Credit Card information. The Premium Payment screen will not be ingoodorder until the Credit Card information has been entered and submitted. Paying your premium by Credit Card is only available for the initial premium. The renewal premium can be Direct Bill or Bank Service Plan.

Credit Card pop up

https://igoforms-test.ipipeline.com/?OrderNumber...

Enter Credit Card Information

Credit Card Type:

Credit Card Number:

Expiration Date: /

Premium Amount:

Cardholders Name:

Billing Statement Address

Address:

City:

State:

Zip:

This is the last opportunity you will have to view or change your credit card information

The Premium Amount and Cardholder's Name and Address is prepopulated with what was selected or entered on the Premium Payment screen. If you need to change this information, click on 'Cancel' and go back to the Premium Payment screen and change the payor in the Payor drop down field. If the prepopulated address is not the same as the billing statement address, delete the address and enter in the correct billing statement address. Then click on the 'Enter Credit Card' button and enter in the required fields. When 'Submit' is selected the transaction is sent.

NOTE: If the Cardholder's Address does not match the address on the Credit Card statement this could cause a delay in issuing the policy.

Credit Card

When the Credit Card transaction is submitted you will get a 'Your Credit Card information was successfully entered' message on the Premium Payment screen. If you do not get this message, try entering your Credit Card information again or select a different Initial Premium Payment Mode.

Back

Next

Save

Premium Payment

View Forms

Recurring Premium Payment

Recurring Premium Payment Mode

Direct Bill Annual

Premium Mode Frequency

Annual

Modal Premium

\$25.00

Premium Payor

John Wayne

First Name

John

Middle Initial

Last Name

Wayne

Social Security No.

123-45-9778

E-mail

Initial Premium Payment

Initial Premium Payment Mode

Credit Card

Modal Premium

\$25.00

Premium Payor

John Wayne

First Name

John

Middle Initial

Last Name

Wayne

Social Security No.

123-45-9778

E-mail

In order to pay the initial premium by credit card, the card holder must be an insured or owner and cannot choose Wet Signature. The initial premium will be charged to this credit card when the policy is approved. Pending approval of the application, a hold will not be placed on the card.

Credit Card information was successfully entered

Page 35 of 44

Bank Service Plan screen

Bank Service Plan

Who will be the payor for this policy? John Wayne

Account Holder Information

Name(s) on Account John Wayne

Account Holder SSN/TIN 123-45-9778

Type of Account ☒ Checking ☐ Savings

Name of Financial Institution

Do NOT enter debit/credit card numbers

Routing Number [What is this?](#)

Confirm Routing Number [Clear Fields](#)

Account Number

Confirm Account Number [Clear Fields](#)

Choose monthly draft date: Day Amount Quoted \$25.00

Back Next Save View Forms

This screen is generated when the premium mode selected on the Premium Payment screen is Monthly Bank Draft.

If the name of the person paying the premiums is "Other", the application cannot be electronically signed and submitted. Select "Print and Wet Sign" as the Signature Method. If Credit Card was selected as the Initial Premium Payment method then 'Other' will not be an option for the payor.

The Payor, Name on Account, Account Holder SSN/TIN and Amount Quoted field is prepopulated with what was entered on the Premium Payment screen. In order to change this information you will need to return to the Premium Payment screen to make your changes.

The initial entry of the account and routing numbers are hidden from view while you enter the numbers again to guard against an entry error. If the numbers do not match, both numbers must be re-entered.

Debit or Credit Card numbers cannot be accepted.

Premium Payment screen – Conditional Receipt

If credit card or bank service plan is selected as the initial premium payment mode the Conditional Receipt question will be displayed. If yes, a button will be displayed to view an unmapped conditional receipt form.

e-Application

☒ Primary Insured

☒ Primary Insured, Contd.

☒ Underwriting 1

☒ Underwriting 2

☒ Beneficiaries

☒ Plan Information

☒ Premium Payment

☐ Bank Service Plan

☐ Other Coverage Information

☐ Other Coverage Info, Contd.

☐ Producer Statement

☐ Producer Statement, Contd.

☐ Validate And Lock Data

BackNextSave

View Forms

Premium Payment

Recurring Premium Payment

Recurring Premium Payment Mode

Bank Service Plan

Premium Mode Frequency

Monthly BSP

Modal Premium

\$25.00

Premium Payor

Jane Doe

First Name

Jane

Middle Initial

Last Name

Doe

Social Security No.

363-63-6363

E-mail

Initial Premium Payment

Initial Premium Payment Mode

Credit Card

Modal Premium

\$25.00

Premium Payor

Jane Doe

First Name

Jane

Middle Initial

Last Name

Doe

Social Security No.

363-63-6363

E-mail

Approved

You may be eligible for conditional insurance coverage. Would you like to view the conditional insurance coverage agreement now?

☒ Yes☐ No

View PDF form

BackNext

You may be eligible for conditional insurance coverage. Would you like to view the conditional insurance coverage agreement now?

☒ Yes☐ No

View PDF form

BackNext

Other Coverage Information screen

The screenshot shows the 'Other Coverage Information' screen within the Mutual of Omaha iPipeline system. The user is Jane Doe, and the application is for a 'Living Promise' policy. The left sidebar lists various application steps, with 'Other Coverage Information' highlighted in red. The main content area contains two questions with radio button responses:

- Does the Proposed Insured have any pending applications or existing life insurance or annuity contracts with the company or any other company? (Yes/No)
- Is the insurance applied for intended to replace or change any life insurance or annuity contract in force with the company or any other company? (Yes/No)

Navigation buttons include 'Back', 'Next', 'Save', and 'View Forms'.

Clicking on the yellow row to enter policy information will generate the Existing Insurance Details window for additional information. Enter as many policies as needed by clicking on the “Click here to add” row for each additional policy.



The screenshot shows the 'Existing Insurance Details' window, which is a modal form for entering policy information. The form includes the following fields and options:

- Is this a United of Omaha policy? (Yes/No)
- Policy Number (text input, with a note: "If Policy Number unknown, type 'unknown'")
- Face Amount (text input, preceded by a dollar sign)
- ADB Amount (text input, with a note: "If ADB Amount is not applicable, please enter 0")
- To Be Replaced or Converted? (Yes/No)
- Assigned or Sold? (Yes/No)
- Type of Policy (Permanent/Term)


Buttons at the bottom include 'Save', 'Delete', and 'Close'.

Other Coverage Information, Contd. screen

The screenshot shows the 'Other Coverage Information, Contd.' screen within the iPipeline system. The interface includes a top navigation bar with the Mutual of Omaha logo and 'Powered by iPipeline'. A 'My Cases' button is on the left, and a 'Welcome' message with 'Sign Out?' and 'Help' links is on the right. The main content area is titled 'Doe, Jane' and 'Living Promise'. It features a 'Case Information' sidebar with a list of application steps: Primary Insured, Primary Insured, Contd., Owner, Underwriting 1, Underwriting 2, Living Promise Eligibility, Beneficiaries, Plan Information, Premium Payment, Bank Service Plan, Other Coverage Information, and Other Coverage Info, Contd. (highlighted with a red question mark). The main section contains two questions with radio button options for 'Yes' and 'No'. The first question asks about discontinuing premium payments, and the second asks about using funds from existing policies. Below these is a section for state requirements regarding replacement forms, with a checkbox for 'None' and a text area for details. Navigation buttons for 'Back', 'Next', 'Save', and 'View Forms' are present.

MUTUAL of OMAHA  Powered by  iPipeline

My Cases Welcome | [Sign Out?](#) | [Help](#)

Doe, Jane  **Living Promise** [Case Notes](#) Case Actions...

Case Information

Application

Other Coverage Information, Contd. [Back](#) [Save](#)

e-Application

- ☒ Primary Insured
- ☒ Primary Insured, Contd.
- ☒ Owner
- ☒ Underwriting 1
- ☒ Underwriting 2
- ☒ Living Promise Eligibility
- ☒ Beneficiaries
- ☒ Plan Information
- ☒ Premium Payment
- ☒ Bank Service Plan
- ☒ Other Coverage Information
- ☒ **Other Coverage Info, Contd.**

Other Coverage Information, Contd.

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ☐ Yes ☐ No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ Yes ☐ No

Your state requires that you ask the client if they want the replacement form read to them. Click here ☐ if they do not want the form read, or click "View Forms" at the top of the screen to read the form to the client.

List below the form numbers(s) and brief description(s) of preprinted or electronic sales material which was presented or check "NONE" box if no sales material was used in this sale:

☐ None

Details

[Back](#) [Next](#) [View Forms](#)

The Other Coverage Information Cont'd screen will not appear if there are no policies being replaced. The questions may be different depending on the State form.

Producer Statement screen

MUTUAL of OMAHA **Living Promise** [Case Notes](#) Case Actions...

Case Information **Application**

Back Next Save View Forms

Producer Statement

General Agent Information

General Agent Name

General Agent Number

Producer Information

First Middle Last
STANDARD GENERAL AGENT

Producer ID Number 0900032

Phone () - - - - - Fax () - - - - -

Last 4 digits of SSN

E-Mail 0900032@testingmutualofomaha.com

Will there be an additional producer associated with this contract? ☐ Yes ☐ No

- If an Agency producer logs on, the Division Office Name will display. This cannot be edited.
- If an IDN producer logs on through Sales Professional Access (SPA), a drop-down list will display to select the General Agent.
- If an IDN producer logs on through a Marketers site, the Marketer information will not be available. Enter the name of the top level marketer in the General Agent Name field. For faster processing, enter the top level marketer producer's number.

The Producer's information populates based on the logon ID entered and may be edited.

Commissions may be shared. The Primary Producer's percentage split must be entered. The Second Producer is not included in the electronic signature process.

Additional comments appear on the overflow page with the application.

Producer Statement, Contd. screen

The screenshot shows the 'Producer Statement, Contd.' screen within the Mutual of Omaha Living Promise application. The interface includes a top navigation bar with the Mutual of Omaha logo, 'Living Promise', 'Case Notes', and a 'Case Actions...' dropdown. A left sidebar under 'Case Information' lists various application steps, with 'Producer Statement, Contd.' highlighted with a red question mark icon. The main content area contains several questions for the producer to answer, each with 'Yes' and 'No' radio button options. The questions are: 1. 'Do you, the Producer(s), have any reason to believe the policy applied for has replaced or will replace any insurance policy or annuity contract in force with the company or any other company?' 2. 'Has the Proposed Insured informed you, the Producer(s), that he/she has any pending applications or existing life insurance or annuity contracts with the company or any other company?' 3. 'Are you related to the Proposed Insured or Owner?' 4. 'How long have you known the Proposed Insured?' (with a text input field) 5. 'How long have you known the Proposed Owner?' (with a text input field) 6. 'I/We certify that during an interview with the Proposed Insured, I/We asked each question exactly as written and recorded the answers provided by the Proposed Insured(s) completely and accurately.' 7. 'I conducted said interview in person.' Below these is a text area for 'List any additional information or comments:'. Navigation buttons include 'Back' and 'Next' at the top and bottom, and 'Save' and 'View Forms' on the right sidebar.

MUTUAL of OMAHA Living Promise Case Notes Case Actions...

Case Information Application

e-Application

- ☒ Primary Insured
- ☒ Primary Insured, Contd.
- ☒ Underwriting 1
- ☒ Underwriting 2
- ☒ Beneficiaries
- ☒ Plan Information
- ☒ Premium Payment
- ☒ Other Coverage Information
- ☒ Producer Statement
- ☒ Producer Statement, Contd.**
- ☐ Validate And Lock Data

Back Next Save View Forms

Producer Statement, Contd.

Do you, the Producer(s), have any reason to believe the policy applied for has replaced or will replace any insurance policy or annuity contract in force with the company or any other company? ☐ Yes ☐ No

Has the Proposed Insured informed you, the Producer(s), that he/she has any pending applications or existing life insurance or annuity contracts with the company or any other company? ☐ Yes ☐ No

Are you related to the Proposed Insured or Owner? ☐ Yes ☐ No

How long have you known the Proposed Insured?

How long have you known the Proposed Owner?

I/We certify that during an interview with the Proposed Insured, I/We asked each question exactly as written and recorded the answers provided by the Proposed Insured(s) completely and accurately. ☐ Yes ☐ No

I conducted said interview in person. ☐ Yes ☐ No

List any additional information or comments:

Back Next

If this application is to be electronically signed, the required forms will be presented to the insured in the signature process.

The the last two questions and textbox will display on the Producer Report.

Validate and Lock Data

The screenshot displays the Mutual of Omaha Living Promise application interface. At the top, the header includes the Mutual of Omaha logo, the text "Living Promise", a "Case Notes" link, and a "Case Actions..." dropdown menu. The main content area is divided into a left sidebar, a central panel, and a right sidebar. The left sidebar, titled "Case Information", contains a list of application steps, each with a green checkmark: "e-Application", "Primary Insured", "Primary Insured, Contd.", "Underwriting 1", "Underwriting 2", "Beneficiaries", "Plan Information", "Premium Payment", "Other Coverage Information", "Producer Statement", "Producer Statement, Contd.", and "Validate And Lock Data". The central panel, titled "Application", shows the "Validate And Lock Data" screen. It features a green checkmark and a yellow star icon, followed by the text: "Congratulations! Your application is complete and In Good Order", "You now qualify for our electronic application submission processing.", and "Please click the 'Lock Application' button below". A button labeled "Lock Application and Proceed to e-Signature Process" is centered below this text. At the bottom of the central panel, there is a link "What does lock and unlock mean?" and a "Back" button. The right sidebar contains three buttons: "Save", "View Forms", and another "Back" button at the bottom.

When all screens have the green check mark, the application is in good order and can be locked. Locking the application ensures that information cannot be changed from this point forward. The application can be unlocked if information needs to be updated.

Application Not in Good Order

If the application is not in good order, one or more of the screens in the navigation window will contain a red question mark.

Click on the “Return to Incomplete Sections of the Application” button to complete the screen.

MUTUAL of OMAHA Living Promise [Case Notes](#) Case Actions...

Case Information **Application**

Back Save View Forms

e-Application

- ☒ Primary Insured
- ☒ Primary Insured, Contd.
- ☒ Underwriting 1
- ☒ Underwriting 2
- ☒ Beneficiaries
- ☒ Plan Information
- ☒ Premium Payment
- ☒ Other Coverage Information
- ☒ Producer Statement
- ☒ Producer Statement, Contd.
- ☒ **Validate And Lock Data**

Validate And Lock Data

Your application is incomplete and not in Good Order.

You may **choose** one of the following options:

- To be considered ☒ In Good Order, **Complete** yellow highlighted field(s) on screen(s) by clicking screen(s) in left-hand navigation tree
- Save** the application packet to complete later by clicking the **Save** link above
- If you choose to print and wet sign this application as is, please complete the following?
 - Please **Print** the incomplete application packet by clicking the **View Form** link above and then selecting Print.
 - Please **Print** the required additional forms that are not included in the application package by clicking on the **Additional Forms** button below. These forms are either for your client or should be returned to Mutual of Omaha.
 - Please remember that no cash/check should be submitted with electronic applications.

[What does lock and unlock mean?](#)

Additional Forms Return to Incomplete Sections of the Application Back

If the application is as complete as it can be and more information needs to be added to the application in pen and ink, the application can be printed for wet signature.

Click on the “Additional forms” button to access the state-required materials that must be given to the Proposed Insured at the time of application, i.e., Buyer’s Guide, Fair Credit Act, and Summary of Rights.

Application in Good Order and Locked

The screenshot shows a web application interface for Mutual of Omaha. At the top, there is a header with the Mutual of Omaha logo, the text "Living Promise", and a "Case Notes" link. Below the header, there is a navigation bar with "Case Information" and "Application" tabs. The "Application" tab is active. On the left side, there is a sidebar with "e-Application" and a "Validate And Lock Data" button. The main content area is titled "Validate And Lock Data" and contains a green padlock icon and the text "The application has been locked!". Below this, there is a paragraph explaining that the application is digitally locked to protect client data and that unlocking will cancel all previously collected signatures. A large button labeled "Unlock Application Data and Cancel e-Signature Process" is centered. At the bottom, there is a link "What does lock and unlock mean?" and a "Next" button. On the right side, there are buttons for "Save" and "View Forms".


MUTUAL of OMAHA Living Promise Case Notes Case Actions...

Case Information Application

e-Application
✓ Validate And Lock Data

Back Save View Forms

Validate And Lock Data

 **The application has been locked!**

Your application has been digitally locked to protect client data from alteration during the signature process.

Please be aware that unlocking the application will cancel all previously collected signatures and require you to re-collect all signatures.

If you need to edit the application you may do so by clicking the [Unlock Application Data and Cancel e-Signature Process](#) button. Once your edits are completed, come back to this screen ([Validate and Lock Data](#)) located on the left-hand navigation tree to Lock and return to the signature process.

[Unlock Application Data and Cancel e-Signature Process](#)

[What does lock and unlock mean?](#)

Next

Once the application is in good order and locked, it can be unlocked. If signatures were already obtained electronically, they will need to be gathered again.

For Signature Methods, please see the E-Signature Methods User Guide.