



Disability Income Insurance underwritten by:
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MUTUAL OF OMAHA INSURANCE COMPANY

Disability Income Choice Portfolio®

PRODUCT AND UNDERWRITING GUIDE



DI Choice | DI Choice at Work



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Accident Only Disability

Benefit Period (Months)	Elimination Period (Days)	Issue Ages	Occupational Classes
3, 6, 12, 24	0, 7, 14, 30, 60, 90	18-61	6A, 5A, 4A, 3A, 2A, 1A, S

Premium Structure

- Individual – unisex
- DI Choice at Work – unisex

Premium Savings

Client may qualify for the following premium savings:

DI Choice:

- Association Group – 15 percent
- Self-Employed – 15 percent
- Common Employer – 15 percent
- Life/DI – 10 percent

The above premium savings may not be used in combination with each other.

Premium savings apply to certain riders. See Underwriting Programs section for details.

DI Choice at Work:

- Fully Underwritten – 20 percent
- Express Standard Issue – up to 20 percent
- Guaranteed Standard Issue – up to 25 percent
- Business Owner Upgrade*

*Qualified business owners who are eligible will be written at one occupation class higher than otherwise available.

Renewability

This product guarantees the right to continue the coverage until age 67. During that time, we cannot cancel the policy as long as the required premiums are paid when due.

Maximum Benefit Amounts

The maximum monthly benefit amount available is \$5,000.

Total Disability Benefit

If an injury prevents your client from performing the material and substantial duties of their regular occupation, and they aren't gainfully employed in another occupation, we will pay a monthly benefit once the elimination period has been met.

Partial Disability Benefit

If an injury prevents your client from performing the material and substantial duties of their regular occupation for more than 50 percent of the time usually spent in the daily performance of such duties, we will pay 50 percent of the total disability monthly benefit. These benefits commence after the elimination period has been satisfied and are payable for up to six months.

Product Information

Survivor Benefit

If your client dies while they are disabled, we will pay their beneficiaries a lump sum amount equal to three times the total disability monthly benefit payable at the time of their death.

Recurrent Disability

If a related disability occurs within six months of returning to full-time employment, we will consider it a recurrent disability. A new elimination period will not need to be satisfied and the same benefit period will continue.

Presumptive Total Disability

We will presume your client to be totally and permanently disabled if an injury results in their complete and irrecoverable loss of hearing, speech, sight or use of both hands, both feet or one hand and one foot. We will pay your client total disability benefits for the full length of the benefit period even if they return to work in another occupation. We also will waive the elimination period.

Waiver of Premium

We will waive premium for the coverage and all optional riders after your client is disabled for 90 days. We also will refund any premiums paid during this 90-day period.

Workers' Compensation

If your client is disabled by an injury or illness that is covered by state or federal workers' compensation, employer's liability or occupational disease law, we will pay 50 percent of the benefit for which your client is eligible.

OPTIONAL RIDERS (Available only at issue)

Accident Hospital Confinement Indemnity Benefits Rider

This optional rider pays a daily room benefit of \$125, \$250, \$350, or \$500 (x2 ICU) for each day of hospital confinement due to an accident. Benefits are payable for a maximum of 45 days for any period of confinement.

- Underwriting of the rider will be subject to the Underwriting Rules for the Policy Form, Health Manual and Occupational Guide
- Issue ages 18-61
- Only one Accident Hospital Confinement Indemnity Benefits rider may be attached to a given policy
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- Neither the Association Group premium savings, Self-Employed premium savings, Common Employer premium savings nor Life/DI premium savings apply to this rider

Accident Medical Expense Benefits Rider

This optional rider reimburses your client for \$1,000, \$2,000, \$3,000 and \$5,000 in medical-related expenses incurred per accident. Only services and supplies received within 26 weeks from the date of the Injury are covered, excluding dental care or treatment.

- Total benefits payable for any one Injury are limited to the Maximum Benefit
- Total lifetime benefits payable under this rider are limited to ten times the Maximum Benefit
- The rider terminates on whichever of the following occurs first:
 - The date the policy terminates
 - The date total lifetime benefits paid under this rider equal ten times the Maximum Benefit
 - The date your client reaches age 67
- Neither the Association Group premium savings, Self-Employed premium savings, Common Employer premium savings nor Life/DI premium savings apply to this rider

*Features and riders may not be available with all policies or approved in all states.

Short-Term Disability

Benefit Period (Months)	Elimination Period (Days)	Issue Ages	Occupational Classes
3, 6, 12, 24	0/7, 7, 0/14, 14, 30, 60, 90	18-61 Individual 18-70 DI Choice at Work	6A, 5A, 4A, 3A, 2A, 1A, S

Premium Structure

- Individual – sex distinct
- DI Choice at Work – unisex

Premium Savings

Client may qualify for the following savings:

DI Choice:

- Association Group – 15 percent
- Self-Employed – 15 percent
- Common Employer – 15 percent
- Life/DI – 10 percent

The above premium savings may not be used in combination with each other. Not available with Business Overhead Expense.

Premium savings apply to certain riders. See Underwriting Programs section for details.

DI Choice at Work:

- Fully Underwritten – 20 percent
- Express Standard Issue – up to 20 percent
- Guaranteed Standard Issue – up to 25 percent
- Business Owner Upgrade*

*Qualified business owners who are eligible will be written at one occupation class higher than otherwise available.

Renewability

This product guarantees the right to continue coverage until age 67. During that time, we cannot cancel the policy as long as the required premiums are paid when due. After age 67, coverage may continue to age 75 if working full time and the necessary premiums are paid when due.

- For DI Choice at Work coverage, after age 67, coverage may be continued for life if working full time and the necessary premiums are paid when due

Maximum Monthly Benefit Amounts

The maximum monthly benefit amount available is \$5,000.

Total Disability Benefits

If your client is unable to perform the material and substantial duties of their regular occupation due to injury or illness and is not gainfully employed in another occupation, we will pay a monthly benefit once the elimination period has been met.

Partial Disability Benefit

If your client is able to perform the material and substantial duties of their regular occupation due to injury or illness for no more than 50 percent of the time usually spent in the daily performance of such duties, we will pay 50 percent of the total disability monthly benefit. These benefits commence after the elimination period has been satisfied and are payable for up to six months.

Survivor Benefit

If your client dies while they are disabled, we will pay their beneficiaries a lump sum amount equal to three times the total disability monthly benefit payable at the time of their death.

Product Information

Terminal Illness Benefit

Your client has the option to accelerate up to 12 months of disability benefits if diagnosed with a terminal illness.

Recurrent Disability

If a related disability occurs within six months of returning to full-time employment, we will consider it a recurrent disability. A new elimination period will not need to be satisfied and the same benefit period will continue.

Presumptive Total Disability

We will presume your client to be totally and permanently disabled if sickness or injury results in their complete and irrecoverable loss of hearing, speech, sight, or use of both hands, both feet or one hand and one foot. We will pay total disability benefits for the full length of the benefit period even if they return to work in another occupation. We also will waive the elimination period.

Waiver of Premium

We will waive premium for the coverage and all optional riders after your client is disabled for 90 days. We also will refund any premiums paid during this 90-day period.

Transplant Donor Benefits

We will pay benefits on the same basis as any other sickness if your client becomes disabled as the result of a transplant of part of their body to the body of another person.

Rehabilitation Benefit

If your client is disabled and receiving disability benefits, they may be eligible to receive vocational rehabilitation services at our expense.

Workers' Compensation

If your client is disabled by an injury or illness that is covered by state or federal workers' compensation, employer's liability or occupational disease law, we will pay 50 percent of the short-term disability benefit for which your client is eligible.

OPTIONAL RIDERS (Available only at issue)

Hospital Confinement Indemnity Benefits Rider

This optional rider pays a daily room benefit of \$125, \$250, \$350, or \$500 (x2 ICU) for each day of hospital confinement due to an accident or sickness, subject to a one-day elimination period. Benefits are payable for a maximum of 45 days for any period of confinement.

- Underwriting of the rider will be subject to the Underwriting Rules for the Policy Form, Health Manual and Occupational Guide
- Issue ages 18-61
- Only one Hospital Confinement Indemnity Benefits rider may be attached to a given policy
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- Neither the Association Group premium savings, Self-Employed premium savings, Common Employer premium savings nor Life/DI premium savings apply to this rider

Accident Medical Expense Benefits Rider

This optional rider reimburses your client for \$1,000, \$2,000, \$3,000 and \$5,000 in medical-related expenses incurred per accident. Only services and supplies received within 26 weeks from the date of the Injury are covered, excluding dental care or treatment.

- Total benefits payable for any one Injury are limited to the Maximum Benefit
- Total lifetime benefits payable under this rider are limited to ten times the Maximum Benefit

- The rider terminates on whichever of the following occurs first:
 - The date the policy terminates
 - The date total lifetime benefits paid under this rider equal ten times the Maximum Benefit
 - The date your client reaches age 67
- Neither the Association Group premium savings, Self-Employed premium savings, Common Employer premium savings nor Life/DI premium savings apply to this rider

Critical Illness Benefits Rider

This optional rider pays a lump-sum benefit of \$5,000, \$10,000, \$15,000 or \$25,000 upon diagnosis of certain specified diseases.

- Underwriting of the rider will be subject to the Underwriting Rules for the Policy Form, Health Manual and Occupational Guide
- Issue ages 18-61
- Only one Critical Illness Benefits rider may be attached to a given policy
- The rider will terminate on the earliest of the following:
 - When the Critical Illness Benefit is paid;
 - The date the policy terminates;
 - The renewal date following Age 67; or
 - The date we receive a written request to cancel this rider (in which case, the grace period will not apply).
- Neither the Association Group premium savings, Self-Employed premium savings, Common Employer premium savings nor Life/DI premium savings apply to this rider

Critical Illness Insured Conditions

- Alzheimer's Disease
- Blindness
- Deafness
- Heart Attack (Myocardial Infarction)
- Life-Threatening Cancer (when first symptoms appear and first Diagnosis occurs more than 30 days after the Rider Date or rider reinstatement date)
- Major Organ Transplant
- Paralysis
- Renal Failure or
- Stroke

Return of Premium Rider

This optional rider provides for the return of a specified percentage of premiums paid (80 percent or 50 percent) less any claims paid at the end of each term period (usually 10 years). Premium and claims for the Critical Illness Benefits rider, Hospital Confinement Indemnity Benefits rider, and Accident Hospital Confinement Indemnity Benefits rider are excluded from the return of premium calculation.

- The underwriting for this rider is the same as the policy to which it is attached
- Issue ages 18-57
- Elimination Periods of 30, 60 and 90 days only
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- The Association Group premium savings, Self-Employed premium savings, Common Employer premium savings and Life/DI premium savings apply to this rider
- Not available with the DI Choice at Work products

*Features and riders may not be available with all policies or approved in all states.

Product Information

Long-Term Disability

Benefit Period (Years)	Elimination Period (Days)	Issue Ages	Occupational Classes
2	60, 90, 180, 365	18-61 Individual 18-70 DI Choice at Work	6A, 5A, 4A, 3A, 2A, 1A
5	60, 90, 180, 365	18-61	6A, 5A, 4A, 3A, 2A, 1A
10	60, 90, 180, 365	18-56	6A, 5A, 4A, 3A, 2A
To Age 67	60, 90, 180, 365	18-61	6A, 5A, 4A, 3A, 2A*

*Making over \$60,000 net income (with financial documentation).

Premium Structure

- Individual – sex distinct
- DI Choice at Work – unisex

Note: Annual Policy Fee \$50

Premium Savings

Client may qualify for the following savings:

DI Choice:

- Association Group – 15 percent
- Self-Employed – 15 percent
- Common Employer – 15 percent
- Life/DI – 10 percent

The above premium savings may not be used in combination with each other. Not available with Business Overhead Expense.

Premium savings apply to certain riders. See Underwriting Programs section for details.

DI Choice at Work:

- Fully Underwritten – 20 percent
- Express Standard Issue – up to 20 percent
- Guaranteed Standard Issue – up to 25 percent
- Business Owner Upgrade*

*Qualified business owners who are eligible will be written at one occupation class higher than otherwise available.

Renewability

This product is guaranteed renewable until age 67. During that time, the policy cannot be cancelled as long as required premiums are paid when due. After Age 67 coverage may be continued to age 75 if working full time and the necessary premiums are paid when due.

- For DI Choice at Work coverage, after age 67, coverage may be continued for life if working full time and the necessary premiums are paid when due

Maximum Monthly Benefit Amounts

The maximum monthly benefit amount available is \$12,000. Specific amounts by occupation can be found in our Issue and Participation Limits located in our Financial Underwriting Guidelines section. This amount may vary according to income and occupation.

Total Disability Benefits

If an injury or illness prevents your client from performing the material and substantial duties of their regular occupation, and they are not gainfully employed in another occupation, we will pay a monthly benefit once the elimination period has been met. After the first 24 months following the elimination period, if the maximum benefit period has not been met, we will continue to pay a monthly benefit as long as they are unable to perform the material and substantial duties of any occupation for which they are reasonably suited because of education, training or experience.

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

Proportionate Disability Benefit

If an injury or illness prevents your client from performing one or more of the material and substantial duties of their regular occupation, or is unable to perform such duties for as much time as it would normally take to do them, and the loss of monthly income is at least 20 percent, we will pay a percentage of the total disability monthly benefit that is proportionate to their loss of income once the elimination period has been met. These benefits are payable for up to 24 months.

Survivor Benefit

If your client dies while disabled, we will pay their beneficiaries a lump sum amount equal to three times the total disability monthly benefit payable at the time of their death.

Terminal Illness Benefit

Your client has the option to accelerate up to 12 months of disability benefits if diagnosed with a terminal illness.

Recurrent Disability

If a related disability occurs within six months of a return to full-time employment, we will consider it a recurrent disability. A new elimination period won't need to be satisfied and the same benefit period will continue.

Presumptive Total Disability

We will presume your client to be totally and permanently disabled if sickness or injury results in their complete and irrecoverable loss of hearing, speech, sight, or use of both hands, both feet or one hand and one foot. We will pay total disability benefits for the full length of the benefit period even if they return to work in another occupation. We also will waive the elimination period.

Waiver of Premium

We will waive premium for the coverage and all optional riders after your client is disabled for 90 days. We also will refund any premiums paid during this 90-day period.

Transplant Donor Benefits

We will pay your client benefits on the same basis as any other sickness if your client becomes disabled as the result of a transplant of part of their body to the body of another person.

Rehabilitation Benefit

If your client is disabled and receiving disability benefits, they may be eligible to receive vocational rehabilitation services at our expense.

OPTIONAL RIDERS (Available only at issue)

Hospital Confinement Indemnity Benefits Rider

This optional rider pays a daily room benefit of \$125, \$250, \$350, or \$500 (x2 ICU) for each day of hospital confinement due to an accident or sickness, subject to a one-day elimination period. Benefits are payable for a maximum of 45 days for any period of confinement.

- Underwriting of the rider will be subject to the Underwriting Rules for the Policy Form, Health Manual and Occupational Guide
- Issue ages 18-61
- Only one Hospital Confinement Indemnity Benefits rider may be attached to a given policy
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- Neither the Association Group premium savings, Self-Employed premium savings, Common Employer premium savings nor Life/DI premium savings apply to this rider

Product Information

Accident Medical Expense Benefits Rider

This optional rider reimburses your client for \$1,000, \$2,000, \$3,000 and \$5,000 in medical-related expenses incurred per accident. Only services and supplies received within 26 weeks from the date of the Injury are covered, excluding dental care or treatment.

- Total benefits payable for any one Injury are limited to the Maximum Benefit
- Total lifetime benefits payable under this rider are limited to ten times the Maximum Benefit
- The rider terminates on whichever of the following occurs first:
 - The date the policy terminates
 - The date total lifetime benefits paid under this rider equal ten times the Maximum Benefit
 - The date your client reaches age 67
- Neither the Association Group premium savings, Self-Employed premium savings, Common Employer premium savings nor Life/DI premium savings apply to this rider

Critical Illness Benefits Rider

This optional rider pays a lump-sum benefit of \$5,000, \$10,000, \$15,000 or \$25,000 upon diagnosis of certain specified diseases.

- Underwriting of the rider will be subject to the Underwriting Rules for the Policy Form, Health Manual and Occupational Guide
- Issue ages 18-61
- Only one Critical Illness Benefits rider may be attached to a given policy
- The rider will terminate on the earliest of the following:
 - When the Critical Illness Benefit is paid;
 - The date the policy terminates;
 - The renewal date following Age 67; or
 - The date we receive a written request to cancel this rider (in which case, the grace period will not apply).
- Neither the Association Group premium savings, Self-Employed premium savings, Common Employer premium savings nor Life/DI premium savings apply to this rider

Critical Illness Insured Conditions

- Alzheimer's Disease
- Blindness
- Deafness
- Heart Attack (Myocardial Infarction)
- Life-Threatening Cancer (when first symptoms appear and first Diagnosis occurs more than 30 days after the Rider Date or rider reinstatement date)
- Major Organ Transplant
- Paralysis
- Renal Failure or
- Stroke

Return of Premium Rider

This optional rider provides for the return of a specified percentage of premiums paid (80 percent or 50 percent) less any benefits paid at the end of each term period (usually 10 years). Premium and claims for the Critical Illness Benefits rider, Hospital Confinement Indemnity Benefits rider, Accident Hospital Confinement Indemnity Benefits rider, and Accident Medical Expense Benefits Rider are excluded from the return of premium calculation.

- The underwriting for this rider is the same as the policy to which it is attached
- Issue ages 18-57
- Elimination Periods of 60, 90, 180 and 365 days only
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- The Association Group premium savings, Self-Employed premium savings, Common Employer premium savings and Life/DI premium savings apply to this rider
- Not available with DI Choice at Work products

Social Insurance Supplement Rider

This optional rider offers disability income insurance at more affordable premiums than base coverage since disability benefits payable under this rider are offset dollar-for-dollar by other forms of social insurance.

- Underwriting rules for the rider will be subject to the underwriting rules for the Policy Form, Health Section, Occupational Section and Income Qualification Table
- The same Benefit Period/Elimination Period options and Issue Age/Occupational restrictions that apply to the base coverage also apply to the Social Insurance Supplement rider
- The Elimination Period and the Benefit Period must be the same for the base plan and the SIS rider
- Only one Social Insurance Supplement rider may be attached to a given policy
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- The Association Group premium savings, Self-Employed premium savings, Common Employer premium savings and Life/DI premium savings apply to this rider

Note: New York and New Jersey SIS Riders: SIS (Social Insurance Substitute) Benefits riders provide total or proportionate disability coverage in addition to the base policy's benefits. However, these riders' benefits will no longer be paid should Social Insurance benefits pay for the loss being claimed.

Extended Own Occupation Disability Definition Amendment Rider

This optional rider extends the own occupation definition of disability applicable to the base and SIS rider past two years, to the duration of the Benefit Period.

- The underwriting for this rider is the same as the policy to which it is attached
- Issue ages 18-61
- Benefit Periods 5-Year, 10-Year, and To Age 67
- Occupational Classes 6A, 5A, 4A, 3A and 2A
- Only one Extended Own Occupation Disability Definition Amendment rider may be attached to a given policy
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- The Association Group premium savings, Self-Employed premium savings, Common Employer premium savings and Life/DI premium savings apply to this rider

Future Insurability Option Rider (FIO)

This optional rider allows the policyholder to increase their base monthly benefit, on the second anniversary of the Rider date and each anniversary thereafter, subject only to proof of financial insurability. The maximum increase amount is up to two times the base benefit, but the total base plus FIO monthly benefit may never exceed the maximum base monthly benefit for the policyholder's occupational class. The maximum allowable increase on any given notice date is 25 percent of the total base disability monthly benefit at policy issue.

- The underwriting for this rider is the same as the policy to which it is attached
- Issue ages 18-51
- Benefit Periods 2, 5, and 10-Year and To Age 67
- Minimum \$400 Base Monthly benefit amount
- Occupational Classes 6A, 5A, 4A, 3A, and 2A (government employees are not eligible)
- Health Risk Classes Standard, Standard with Exclusion, "7" and "8" (see Medical Underwriting Guidelines)
- Only one Future Insurability Option rider may be attached to a given policy
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 57
 - The date benefits have been increased to the maximum allowable
 - The date the policy terminates
- The Association Group premium savings, Self-Employed premium savings, Common Employer premium savings and Life/DI premium savings apply to this rider

Product Information

Extended Proportionate Disability Benefits Rider

This optional rider extends the maximum duration Proportionate Disability benefits can be received past 24 months, to the duration of the Benefit Period.

- The underwriting for this rider is the same as the policy to which it is attached
- Issue ages 18-61
- Benefit Periods 5-Year, 10-Year, and To Age 67
- Only one Extended Proportionate Disability Benefits rider may be attached to a given policy
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- The Association Group premium savings, Self-Employed premium savings, Common Employer premium savings and Life/DI premium savings apply to this rider

Cost-of-Living Adjustment Rider

This optional rider increases the disability benefits payable under the base policy and SIS rider by the lesser of:

- The CPI-U (Consumer Price Index – All Urban Consumers)
- 5.0 percent compounded annually
- The underwriting for this rider is the same as the policy to which it is attached
- Issue ages 18-61
- Benefit Periods 2, 5, and 10-Year and To Age 67
- Only one Cost-of-Living Adjustment rider may be attached to a given policy
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- The Association Group premium savings, Self-Employed premium savings, Common Employer premium savings and Life/DI premium savings apply to this rider

*Features and riders may not be available with all policies or approved in all states.

Business Overhead Expense

Benefit Period (Months)	Elimination Period (Days)	Issue Ages	Occupational Classes
12, 18	30, 60, 90, 180 and 365	20-59	6A, 5A, 4A, 3A, 2A, 1A

Premium Structure

- Individual – sex distinct

Renewability

This product guarantees the right to continue the coverage until your client retires, sells their business or otherwise discontinues their business or profession until age 65. During that time, we cannot cancel the policy as long as the required premiums are paid when due.

Total Loss of Time Benefit

If your client is completely unable to engage in their occupation and is not gainfully employed in another occupation, we will pay benefits for operating expenses incurred during this total loss of time.

Recurrent Total Loss of Time Benefit

If further loss of time results from injury or sickness for which benefits have already been paid, the maximum operating expense benefit and deductible period will be restored after return to full-time work for a period of six consecutive months.

Waiver of Premium

Premiums will be waived for the coverage after total loss of time benefits have been paid continuously for 90 days.

Monthly Benefit Limits

- Minimum: \$500
- Maximum:

Occupation Class 6A, 5A, 4A	\$20,000
Occupation Class 3A	\$15,000
Occupation Class 2A	\$10,000
Occupation Class 1A	\$ 8,000
- The Maximum monthly benefit may not exceed the average monthly operating expenses for the 12-month period proceeding the date of the application

*Features and riders may not be available with all policies or approved in all states.

Product Information

Product Description	Disability Income Choice				Disability Income Choice at Work		
	Accident Only Disability	Short-Term Disability	Long-Term Disability	Business Overhead Expense	Accident Only Disability	Short-Term Disability	Long-Term Disability
Issue Ages	18-61	18-61	18-61	20-59	18-61	18-70	18-70 (Ages 62-70, two-year benefit period only)
Renewability*	Guaranteed renewable to age 67	Guaranteed renewable to age 75	Guaranteed renewable to age 67; conditionally renewable to age 75	Guaranteed renewable to age 65	Guaranteed renewable to age 67	Guaranteed renewable to age 67; lifetime conditionally renewable	Guaranteed renewable to age 67; lifetime conditionally renewable
Maximum Monthly Benefit	\$5,000	\$5,000	\$12,000	\$20,000	\$5,000	\$5,000	\$12,000
Elimination Period (calendar days)	0, 7, 14, 30, 60 or 90 days	0/7, 7, 14, 30, 60 or 90 days	60, 90, 180 or 365 days	30, 60, 90, 180 or 365 days	0, 7, 14, 30, 60 or 90 days	0/7, 7, 14, 30, 60 or 90 days	60, 90, 180 or 365 days
Benefit Period	3, 6, 12 or 24 months	3, 6, 12 or 24 months	2, 5, 10 years or to age 67	12 or 18 months	3, 6, 12 or 24 months	3, 6, 12 or 24 months	2, 5, 10 years or to age 67
Base Benefits	- Total/Partial Disability - Presumptive Total Disability - Survivor - Waiver of Premium - Recurrent Disability - Workers' Compensation Rider	- Total/Partial Disability - Presumptive Total Disability - Transplant Donor - Terminal Illness - Survivor - Rehabilitation - Waiver of Premium - Recurrent Disability - Workers' Compensation Rider	- Total Disability - Proportionate Disability - Presumptive Total Disability - Transplant Donor - Terminal Illness - Survivor - Rehabilitation - Waiver of Premium - Recurrent Disability	- Total Disability - Proportionate Disability - Presumptive Total Disability - Transplant Donor - Terminal Illness - Survivor - Rehabilitation - Waiver of Premium - Recurrent Disability	- Total/Partial Disability - Presumptive Total Disability - Transplant Donor - Terminal Illness - Survivor - Rehabilitation - Waiver of Premium - Recurrent Disability	- Total Disability - Proportionate Disability - Presumptive Total Disability - Transplant Donor - Terminal Illness - Survivor - Rehabilitation - Waiver of Premium - Recurrent Disability	- Total Disability - Proportionate Disability - Presumptive Total Disability - Transplant Donor - Terminal Illness - Survivor - Rehabilitation - Waiver of Premium - Recurrent Disability
Optional Benefits	- Accident Hospital Confinement - Accident Medical Expense	- Hospital Confinement - Critical Illness - Return of Premium - Accident Medical Expense	- Hospital Confinement - Critical Illness - Return of Premium - Social Insurance Supplement - Extended Own Occupation - Future Insurability Option - Extended Proportionate Disability - Cost-of-Living Adjustment - Accident Medical Expense		- Accident Hospital Confinement - Accident Medical Expense	- Hospital Confinement - Critical Illness - Accident Medical Expense	- Hospital Confinement - Critical Illness - Social Insurance Supplement - Extended Own Occupation - Future Insurability Option - Extended Proportionate Disability - Cost-of-Living Adjustment - Accident Medical Expense
Underwriting Available	Simplified	- Simplified, up to \$3,000 monthly benefit - Full Underwriting	Full Underwriting	- Simplified, up to \$3,000 monthly benefit - Full Underwriting		- Guaranteed Standard Issue (GSI) - Express Standard Issue (ESI) - Fully Underwritten	
Premium Allowances	- Association Premium Savings (15%)** - Self-Employed Premium Savings (15%)** - Common Employer Premium Savings (15%)** - Life + DI Policy Premium Savings (10%)**					Depending on group size, type of funding and participation levels, premium allowance of between 10-25%	
Premium Payment Options		- BSP - Direct Bill				- PRD/List Bill - BSP - Direct Bill	

Note: Elimination and/or benefit period may vary by state. Features and riders may not be available with all policies or approved in all states. Business Overhead Expense product not available in Maryland and Utah.

*Guaranteed renewable as long as premiums are paid; conditionally renewable as long as client maintains full-time employment and premiums are paid.

**Percentages may vary by state. Premium savings may not be available in all states.

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Underwriting Programs

Program Overview

Mutual of Omaha Disability Income Choice portfolio provides products that fit producers that sell in the individual market or the employer sponsored market. Below is a brief overview of the various products and programs to use as a quick reference to select the best program to meet your client's needs.

Disability Income Choice Program Options		Who Pays the Premium	Minimum Group Size and Participation	Eligibility			Underwriting	Premium Savings and Maximum Benefits	
								Maximum Benefit	Premium Savings
Individual (sex-distinct)	Individual	Individual	N/A	30 hours plus per week Ages 18-61	Can purchase any time; no Enrollment Period	3 months of service	Full Underwriting	Based on Product and Income Guidelines AODI/ STD \$5,000 LTD \$12,000 BOE* \$20,000 *Individual only	Association Group – 15% Self-Employed – 15% Common Employer**– 15% Life/DI Policy – 10%
DI Choice at Work (unisex)	Fully Underwritten	Employee/ Employer Paid (voluntary participation)	3 or more	Ages 18-70 (18-61 for AODI)				Initial Enrollment and Annual Enrollment	6 months of service
	Express Standard Issue		Greater of 5 lives or 10% participation		Up to \$5,000	10% – 20% Business Owner Upgrade***			
	Guaranteed Standard Issue		Greater of 10 lives or 30% participation				1 underwriting question	15% – 25% Business Owner Upgrade***	
		Employer Paid (mandatory participation)	10 minimum lives and 100% participation		Up to \$8,000				

**This premium saving is available to groups of 3 or more individuals working 30+ hours per week with a common employer but doesn't require employer sponsorship.

***Qualified business owners who are eligible will be written at one occupation class higher than otherwise available.

DI Choice

DI Choice

Features four customizable disability products. All are offered with various premium allowance and program features that will meet the needs of any of your individual clients.

Eligibility Requirements (Accident Only Disability, Short-Term Disability, Long-Term Disability)

- Working at least 30 hours per week in Occupation Classes 6A, 5A, 4A, 3A, 2A, or 1A (Class S, for Accident Only Disability and Short-Term Disability products only)
- Age 18-61
- Annual income of at least \$15,000
- Maximum Benefit based on Occupation
- Employees who have been with their current employer three months or less, the following will be required:
 - Letter from current employer or human resources department verifying employee disability programs and current payment stub
- Self-employed requirements
 - Self-employed individuals need to be in business for at least 12 months if engaged in a different occupation than they were prior to becoming self-employed
 - Self-employed business owners who are in business less than 12 months but are engaged in the same occupation or line of work as previously employed (W-2) may be eligible for up to 50 percent of prior year W-2 income
- Eligible benefits and key requirement:
 - Maximum 2- and 5-year Benefit Period
 - Maximum policy monthly benefit – \$2,000
 - Prior year W-2 required
- Underwriting Requirements
 - An individual's medical history, financial information and occupation are all considered when being underwritten. This may include a client interview or Tele-Application, ordering Attending Physicians Statement (APS), Paramed or a Blood & Urine profile. In addition, financial underwriting would include providing financial statements and records depending on the type and level of coverage being applied for. Finally, your client's occupation determines the premium rate and amount of coverage available
- Simplified Underwriting
 - Application questions, Medical Information Bureau, and Pharmacy report

Eligibility Requirements (Business Overhead Expense)

- May be issued to qualified professional and business persons working at least 30 hours per week in Occupation Classes 6A, 5A, 4A, 3A, 2A, or 1A who incur operating expenses covered by this policy and have been in business for a minimum of two years
- Age 20-59
- Persons operating businesses out of their own home are not eligible for this coverage
 - Examples of qualified applicants are:
 - Individuals, joint occupants, and members of a partnership with a minimum of 20 percent ownership

- In the case of joint occupants and partners, the monthly benefit may not exceed the applicant's share of monthly operating expenses
- Professional individuals who have incorporated solely for tax purposes and who, except for incorporation, would also qualify as stated above
- Officers of C corporations with not more than five employees including corporation officers, subject to the following:
 - Each officer insured must be an active full-time, salaried employee of the corporation
 - The maximum monthly benefit may not include salaries paid to officers or stockholders of the corporation
 - Coverage issued to any one officer may not exceed a share of expenses proportionate to that officer's share of outstanding stock

DI Choice Premium Savings

Association Group – A 15 percent premium savings is available if the insured or eligible spouse is a member of an approved association. The approved association's program number must be included on the application.

- Association Approval Requirements
 - An organization must:
 - Have at least 100 members
 - Have been in existence for at least two years
 - Have by-laws and officers
 - Have members who pay dues or fees on a regular basis and vote on officers and matters of policy
 - An organization will not be eligible for this program benefits if it is:
 - Formed for the purpose of obtaining insurance
 - Formed to promote political views
 - Primarily consisting of members with hazardous occupations
- This premium savings will be applied at time of issue as long as the insured is a member of an approved association
- This premium savings cannot be used in combination with any other programs
- Premium savings will be applied to all riders except the Hospital Confinement Indemnity Benefits Rider, Accident Medical Expense Benefits Rider, and Critical Illness Benefits Rider
- Applicant is not a member of the health care profession
- Not available with Business Overhead Expense coverage

Self-Employed – A 15 percent premium saving is available to individuals who meet the following eligibility criteria:

- Minimum two years in business
 - Minimum net income of \$32,000 (after expenses and before taxes) for each of the past two years
 - Minimum 20 percent ownership required
 - If applicant meets the requirements above, net income may be increased 20 percent for a maximum benefit increase of up to \$1,000 monthly
 - Is not a member of the health care profession
 - Income documentation required
 - This premium savings cannot be used in combination with the others
 - Premium savings will be applied to all riders except the Hospital Confinement Indemnity Benefits Rider, Accident Medical Expense Benefits Rider, and Critical Illness Benefits Rider
 - Not available with Business Overhead Expense coverage
- Self-employed individuals who do not qualify for premium savings must conform to the eligibility requirements for self-employed individuals in the General Underwriting Guidelines section and must prove the income documentation indicated in the Financial Underwriting Guidelines section.

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DI Choice

Common Employer – Unlike the premium savings available with the DI at Work underwriting programs, this premium savings is available to groups of three or more individuals working 30+ hours per week with a common employer but **doesn't require employer sponsorship**. Applications can be submitted all at one time or within a 12-month period. The 15 percent premium savings is not applied until the third application has been issued. At which time, the premium savings is applied to each of the first two policies starting on the next billing anniversary. All future applications received that are associated with the same common employer will have the same premium savings applied if appropriately indicated on the Producer/Agent form.

- 15 percent premium savings
- W-2 employees who have been employed with the company for the previous three months
- No discount is available for policies applied for prior to the 12-month qualifying period
- This premium savings will stay with the policy even if the insured leaves the employer
- This premium savings can not be used in combination with the others
- Premium savings will be applied to all riders except the Hospital Confinement Indemnity Benefits Rider, Accident Medical Expense Benefits Rider, and Critical Illness Benefits Rider
- Not available with Business Overhead Expense coverage

Life/DI – A 10 percent premium savings is available at issue to client's who apply for an individual Disability Income policy within 90 days of the application date or prior to an eligible Life Insurance policy from United of Omaha.

- Qualifying United of Omaha Life policies include: Term Life or Universal Life
 - The purchase of a Whole Life policy does not entitle the purchaser to a Disability Income premium savings
 - This premium savings will not be allowed in connection with Life conversion policies
 - Disability Insurance Insured needs to be the primary insured on the life policy
- This premium savings remains with the Disability Income policy as long as the policy remains in force and the Life policy remains in force for at least 60 days. If the life policy is cancelled within the 60 days, the DI discount will be removed with a current paid to effective date
- This premium savings cannot be used in combination with the others
- Premium savings will be applied to all riders except the Hospital Confinement Indemnity Benefits Rider, Accident Medical Expense Benefits Rider, and Critical Illness Benefits Rider
- Not available with Business Overhead Expense coverage

DI Student Program

Mutual of Omaha offers Disability Income Insurance to certain professionals who are just about to begin their careers without regard to current income or financial documentations.

Eligibility Requirements for Students (Accident Only Disability, Short-Term Disability, Long-Term Disability)

- 6 months prior to graduation or 12 months after graduation
- Anytime in Residency, Graduate level school, or Fellowship

Benefit	LTD	STD	AO
Minimum Elimination Periods	60 Days	30 Days	30 Days
Benefit Period	All Available ¹	All Available ¹	All Available ¹
Age	All Available	All Available	All Available
Occupations	See Appendix A	See Appendix A	See Appendix A
Maximum Monthly Benefit	See Appendix A	See Appendix A	See Appendix A
Optional Benefits	Hospital Confinement Indemnity Rider	Hospital Confinement Indemnity Rider	N/A
Optional Benefits	N/A	N/A	Accident Hospital Confinement Rider
Optional Benefits	Accident Medical Expense Rider	Accident Medical Expense Rider	Accident Medical Expense Rider
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Optional Benefits	Proportionate Disability Rider	N/A	N/A
Optional Benefits	Cost of Living Adjustment Rider	N/A	N/A

¹Benefit amount and Benefit Period are based on Occupation Class

- New application will be required to increase policy benefit amounts once outside of New Student parameters
- Underwriting – Only financial requirements will be waived. Full medical underwriting appropriate for the benefit combination will be required
- There will be **no group or school approval** required. Students that meet the criteria above will be eligible for coverage

DI Choice

Approved rider will be added to all policies under this program. All states are eligible for this program even if the rider is not approved (GA, LA, and PR). Claims area will process potential claims accordingly in all states.

Student Occupations: Appendix A

Job	Occupational Level	Minimum Education Level	Max Benefit
Accountants	6A	CPA or Bachelor's degree	1,000
Audiologists	4A	Doctoral or professional degree	1,000
Chiropractors	2A	Doctoral or professional degree	1,000
Dental Hygienists	2A	Associate's degree	1,000
Dentists	3A	Doctoral or professional degree	2,000
Health Care Technicians	3A	Associate's degree	1,000
Engineer, Architects	6A	Bachelor's degree	1,000
Attorney/Lawyer	6A	Doctoral or professional degree	2,000
Nurse Anesthetists, Nurse Midwives, Nurse Practitioners	4A 3A 4A	Master's degree Master's degree Master's degree	1,500
Occupational Therapists	3A	Master's degree	1,000
Optometrists	4A	Doctoral or professional degree	1,500
Pharmacists	6A	Doctoral or professional degree	2,000
Physical Therapists	4A	Doctoral or professional degree	1,000
Physician Assistants	4A	Master's degree	1,500
Physicians	3A	Doctoral or professional degree	3,000
Podiatrists	3A	Doctoral or professional degree	2,000
Psychologists	4A	Master's degree	1,000
Radiation Therapists	3A	Associate's degree	1,000
Registered Nurses	2A	Bachelor's or Associate's degree	1,000
Respiratory Therapists	4A	Associate's degree	1,000
Speech-Language Pathologists	4A	Master's degree	1,000
Veterinarians	3A	Doctoral or professional degree	1,000
Veterinary Technicians	2A	Associate's degree	500

Issued occupations will be based on lowest occupation rate for that class. (See Appendix A)

Business Submission – DI Choice

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

Trial Inquiries

- We do not accept trial applications
- Trial Inquiries can be emailed to the following: underwriter.health@mutualofomaha.com
- Inquiries can also be made using the underwriting template in Sales Professional Access (SPA)
- Underwriting has the final approval authority and any offer is subject to full underwriting, including confirmation and clarification of the information provided

Complete and accurate information is critical in providing timely service and underwriting decisions. When completing the medical portion of the application, provide details of medical history.

Application Submission

Brokerage applications should be submitted to the following address or fax number:

Application Submission
Mutual of Omaha
Records/Mailing Processing Center
9330 State Hwy. 133
Blair, NE 68008-6179
Fax (402) 997-1804

Agency Applications should be submitted through the Division Office

Application Processing

Incomplete Applications

If we are unable to complete our underwriting requirements with 60 days of the application date, we must close the file as incomplete and return premiums paid. A letter of explanation is sent to the agent and the applicant to inform them that insurance is not in force as a result of an incomplete application.

When outstanding underwriting requirements are received, we outline our preliminary offer in writing to the agent, subject to a new application.

Applications issued other than applied for

If we need to adjust the benefits, add a premium increase or an exclusion rider or make other adjustments to the policy, we will notify you of our handling prior to issue to confirm that the policy can be placed as offered.

Declined Applications

When an application is denied, a letter with a refund check in the amount of any premiums paid is sent to the applicant.

Application Completion Requirements

- Applications must be completed in ink. Typewritten applications bearing the applicant's handwritten signature will be accepted
- While in the presence of the applicant, agents must ask all of the application questions of the applicant and complete the application with full, explicit and accurate answers. "N/A" is not an acceptable application answer; where applicable, please use "no" or "none" instead
- Any corrections or alterations to the application must be made in the presence of, or initiated by the applicant, not the agent. Changes made with corrective tape or fluids will not be accepted
- No application will be accepted that has been altered or corrected with regard to the signature of the proposed insured, the date signed, or the licensed agent's signature
- Backdating on the application will not be accepted
- The applicant's phone numbers must be completed on the application to expedite the personal history interview that may be necessary

DI Choice

- **The Client Personal Health Interview (PHI)** can be initiated before the application is submitted
- **The TeleApp Interview** will be initiated by the professional interviewer. Initial contact should occur within 48 hours of receipt of the Tele-application at Mutual of Omaha.
- Applications must be completed based upon the applicants resident state unless otherwise stipulated
- The Agent must be licensed in the signing state
- Applications must be received at Mutual of Omaha within 30 days of the sign date

HIPAA Compliance

The health information authorization form must be completed at the time of application as required by the Health Insurance Portability and Accountability Act of 1996. The authorization form is included in the application packet.

Replacements

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

Premium Processing

Initial Premiums

Initial premiums should be collected at the time the application is taken and should accompany the application to the home office. If money is collected, give the Conditional Receipt to the applicant and advise them that coverage is effective subject to the terms of the receipt.

Mutual of Omaha does not accept individually billed monthly business. If an application is submitted on a quarterly, semiannual or annual basis without money or without the full first premium, the application is underwritten and, when the policy is issued, premium is to be paid within 30 days.

If no cash is submitted with the application, such as Drafting Initial Premium or Collect on Delivery (COD), the effective date of the policy will be the later of the date the policy is issued or the date the Post-Issue Requirements (PIR) documents are received. All post issue requirements (including premium) must be received in the home office within 30 days, from the date of issue, to avoid cancellation effective issues.

Bank Service Plan (BSP)

It's easy and convenient to use the Bank Service Plan to pay premiums on new and existing policies. Have your client complete the authorization in the application. Send a voided check with the application. For in-force policies, send the form listing the policies already in force and a voided check. If your client has more than one policy, we will establish a convenient combined payment plan for all the policies to keep them in force with one monthly authorized payment.

We will establish contact with the bank. The withdrawal will then appear on the client's bank statement.

BSP Modal Factors	
Annual	1.0000
Semiannual	0.5150
Quarterly	0.2600
Monthly (BSP)	0.0875

Policy Issue and Delivery

Delivering the policy

Delivering the policy in person is important to building relationships with your clients. It also ensures that they receive their policies in a prompt and reliable manner. We ask all of our agents to deliver policies in person.

If any change in health occurs after the application date, communicate this information to the Underwriting department immediately. You must not deliver a policy when a change in health has occurred. Please contact Underwriting for further instructions.

Policies Issued as Other Than Applied For

A policy is conditionally issued as a counteroffer of insurance when the policy cannot be issued as applied for and coverage is rated modified and/or conditions are excluded. Policies issued other than as applied for may require an amendment rider which will be sent with the policy package.

Delivering a Policy Issued Other Than Applied For

- The requested form must be signed and the first full premium paid for the policy to become effective
- Any exclusion riders or benefit-limitation riders will be shown on the policy schedule
- Witness and secure the signature of the applicant
- Delivery and acceptance of the conditionally issued policies should be completed promptly. Contact Underwriting if special circumstances require an extension of delivery time
- The policy will be cancelled, effective on the issued date, if the signed amendment rider is not received in the home office within 30 days

DI Choice at Work**DI Choice at Work**

Features the advantages of three underwriting programs on three customizable disability products. All are offered with various allowances and program features that will meet the needs of any of your business clients. Targeting the small to mid-sized business market, DI Choice at Work builds on the success of the individually sold DI Choice to offer a product that is competitive and unique in the employer sponsored market.

How do the DI Choice at Work programs 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 (mandatory participation) – the employer pays the entire cost of the program – either for all employees or a select group of employees
- Employee-paid (voluntary participation) – the employer makes the coverage available to employees on a voluntary basis, with each employee paying his or her own premiums, or the employer can contribute for a portion of the premium with the remaining being paid by the employee

What are preferred target market characteristics?

Look for small to mid-sized businesses with the following characteristics:

- Sole proprietorship, Partnership, LLC, S Corporation, C Corporation
- Limited geographic locations
- Past success with voluntary insurance programs
- Diverse distribution of age, gender, and occupation

Also, look for businesses with a desire to create employee loyalty and retain valued employees. They also should be:

- committed to supporting the program
- agreeable to on-site employee meetings and enrollment during company time
- businesses that are looking to set themselves apart from their competitors by offering a more robust benefits package

What circumstances could affect the group offer?

A variety of factors may affect the Guaranteed Standard Issue and Express Standard Issue offer including:

- existing coverage
- participation
- age distribution
- gender diversity
- occupation classes
- business stability

What are the benefits of offering income protection at work?

Benefits to Employer	Benefits to Employees
Helps attract and retain quality employees by setting the company apart from competitors by offering a more robust benefits package	Helps protect the loss of income after an accident or sickness
Enhances a company's reputation as a place people want to work	Provides the ease of purchasing insurance at work and paying through payroll deduction
Builds morale and develops a workforce of loyal employees	Allows them to take their policy with them, even if they leave the company

Eligibility Requirements (Fully Underwritten, Express Standard Issue, Guaranteed Standard Issue)

- Full-time employee working at least 30 hours per week in Occupation Classes 6A, 5A, 4A, 3A, 2A, or 1A (Class S, for Accident Only Disability and Short-Term Disability products only)
- Age 18-70
- Age 18-61; Accident Only Disability
- Annual income of at least \$15,000
- W-2 employee

DI Choice at Work Premium Savings

Fully Underwritten Issue

- This program is voluntary participation and available to all eligible full-time employees working 30+ hours per week. The underwriting program allows the employee to customize coverage using the three associated disability products and optional riders. The maximum benefit available is based on the employee's occupation class and the Income Qualification Table
 - Three Eligible Employees – 20 percent premium savings
 - No approval required for group sizes 3-250 eligible employees
 - Individual Underwriting Guidelines Apply
- Employees who have been with their current employer less than three months, the following will be required:
 - Letter from current employer or human resources department verifying employee disability programs and current payment stub
- For fully underwritten cases, there is no time limit on how long the business needs to be established. They only need to follow the eligibility requirements

Express Standard Issue

This program is voluntary participation for full-time eligible employees working 30+ hours per week that the employer deems eligible. The program is available for those employers who still want to promote and support an income protection program featuring Express Standard Issue underwriting and allowances for their employees, but not bear the expense of the associated premiums. The ESI program features only seven “knock out” questions on a simple-to-complete application. A pharmaceutical and MIB check will also be run on the applicant at time of underwriting.

- The minimum group size for this program is the greater of 5 lives or 10 percent participation
- Employed with company for the previous six months
- Available for annual open enrollment
- The available premium allowances¹ based on the group size are:
 - 5-24 Eligible Employees – 10 percent
 - 25-49 Eligible Employees – 15 percent
 - 50+ Eligible Employees – 20 percent
- The available maximum benefit based on the group characteristics are as follows:
 - 5-24 Eligible Employees – up to \$3,000
 - 25-49 Eligible Employees – up to \$4,000
 - 50+ Eligible Employees – up to \$5,000
- Express Standard Issue (ESI) underwriting program is only available to groups who do not have a current sponsoring IDI plan for the same class of employees in place (unless replacing another carrier's plan) and who have not applied for such a plan within the last year

¹Allowances assume a 12/12 pre-existing condition provision. A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended by or received from a Physician within the 12 months prior to effective date. We will not pay benefits for loss resulting from a pre-existing condition, unless such loss occurs after 12 months has expired.

DI Choice at Work

Guaranteed Standard Issue

The Guaranteed Standard Issue (GSI) underwriting program is available to employers on both an employer-paid (mandatory) and employee-paid (voluntary) basis. This underwriting program is designed to allow employers to select the employees who are eligible to receive the coverage and the benefit configurations and riders available to them. The GSI program features only one underwriting questions on a simple-to-complete application.

- **Employer-paid (mandatory participation):** This program is provided by the employer to full-time employees working 30+ hours per week that the employer determines as eligible. The employer must pay 100 percent of the eligible employees' premiums
 - The minimum group size for this program is 10 eligible employees and 100 percent of these eligible employees must receive the coverage
 - Employed with company for the previous six months
 - The available premium allowances¹ based on the group size are:
 - 10-24 Eligible Employees – 15 percent
 - 25-49 Eligible Employees – 20 percent
 - 50+ Eligible Employees – 25 percent
 - The available maximum benefit based on the group characteristics are:
 - 10-24 Eligible Employees – up to \$3,000
 - 25-49 Eligible Employees – up to \$5,000
 - 50+ Eligible Employees – up to \$8,000
 - At the discretion of the underwriter, an Annual Benefit Increase (ABI) may be offered to the group:
 - Provisions of the option include:
 - Annual Benefit Increase allows for existing participants and new eligible employees to increase their monthly benefit on the anniversary date of the program provided their income has increased
 - This option is available for mandatory employer paid cases only
 - Premiums will be based on the applicant's current attained age
 - Updated census must be provided to support increase
- Requirements and information regarding a group's ABI program will be outlined in the Offer Letter.
- Guaranteed Standard Issue (GSI) underwriting program is only available to groups who do not have a current sponsoring IDI plan for the same class of employees in place (unless replacing another carrier's plan) and who have not applied for such a plan within the last year
 - **Employee-paid (voluntary participation):** This program is voluntary participation for full-time eligible employees working 30+ hours per week that the employer deems eligible. The program is available for those employers who still want to promote and support an income protection program featuring Guaranteed Standard Issue underwriting and allowances for their employees, but not bear the expense of the associated premiums
 - The minimum group size for this program is 10 eligible employees with the greater of 10 employees and 30 percent of the eligible employees accepting coverage
 - Employed with company for the previous six months
 - The available premium allowances² based on the group size are:
 - 10-24 Eligible Employees – 10 percent
 - 25-49 Eligible Employees – 15 percent
 - 50+ Eligible Employees – 20 percent
 - The available maximum benefit based on the group characteristics are as follows:
 - 10-24 Eligible Employees – up to \$3,000
 - 25-49 Eligible Employees – up to \$4,000
 - 50+ Eligible Employees – up to \$5,000
 - Guaranteed Standard Issue (GSI) underwriting program is only available to groups who do not have a current sponsoring IDI plan for the same class of employees in place (unless replacing another carrier's plan) and who have not applied for such a plan within the last year

¹Allowances assume a 3/12 pre-existing condition provision. A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended by or received from a Physician within the 3 months prior to effective date. We will not pay benefits for loss resulting from a pre-existing condition, unless such loss occurs after 3 months has expired.

²Allowances assume a 12/12 pre-existing condition provision. A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended by or received from a Physician within the 12 months prior to effective date. We will not pay benefits for loss resulting from a pre-existing condition, unless such loss occurs after 12 months has expired.

Business Owner Upgrades

Qualified business owners who meet the following criteria will be eligible to be written at one occupation class higher than otherwise available:

- Minimum two years in business
- Minimum net income of \$32,000 (after expenses and before taxes) for each of the past two years
- Is not a member of the health care profession
- Not eligible for 6A occupational class
- Has at least two other employees that are issued coverage under the DI Choice at Work Program. Additional income information can either be added to the census or detailed under separate cover. This includes:
 - Percent of Ownership – minimum 20 percent
 - Gross Business Income
 - Business Expense/Deductions

Additional Details

- If an employee wants to buy coverage outside of the limits of the Guaranteed Standard Issue or Express Standard Issue coverage the employee will complete an additional Fully Underwritten Issue application for any of the additional benefits
- Eligible new hires are allowed to purchase after completing six months of continuous, full-time employment. Dependent upon the selection of the employer, enrollment may be available during the 60 days following the six months of employment or during the annual enrollment period
- If an employee is terminated or leaves the business, the coverage is completely portable and may be taken with them as they leave. When porting employer-paid cases, the employee can elect to be billed directly without any coverage change

Business Submission – DI Choice at Work

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

Fully Underwritten Issue

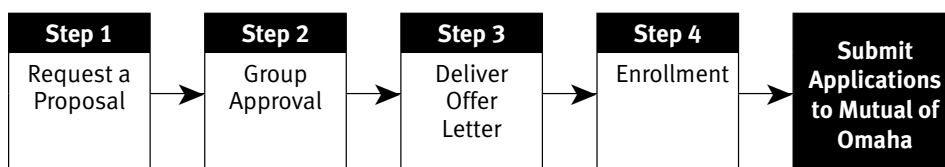
Step 1: Create a Proposal

Complete a case quote using Mutual of Omaha's WinFlex Multi-Life Proposal Software.

Step 2: Submit applications and appropriate forms

- Submit one signed copy of Fully Underwritten Employer Acknowledgement form with initial DI Choice at Work applications
 - Complete Payroll Deduction and List Bill Group section if applicable
 - Submit your multi-life applications and accompanying forms using your normal channel
- Mail to: Records/Mailing Processing Center
9330 State Hwy. 133
Blair, NE 68008-6179
- Fax: 402-997-1804

Guaranteed Standard Issue and Express Standard Issue



DI Choice at Work

Getting Started

Step 1: Request a Proposal

- Submit your request for a proposal by providing the necessary information that can be found on the GSI/ESI Employer Approval & Informational Form. A complete census in Excel format must accompany the request
- Email: multilife@mutualofomaha.com
- Call: 877-778-0838

Census Requirements

An employee census in an Excel format must be submitted along with the necessary information. A complete census requires the following information for all Eligible Employees:

- Employee name or ID
- Date of birth/Age
- Annual salary
- Annual bonuses (Previous 2 years, if available)
- Commissions (Previous 2 years, if available)
- Job title/Duties
- Gender
- Employment start date

Step 2: Group Approval

Within one to two business days, the Multi-Life Underwriting Coordinator will review your information and respond with an approval, decline, or request additional information. 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 3: Deliver the Offer Letter

The offer letter should be delivered immediately to the employer. If necessary an updated proposal should accompany the offer letter. Review the letter and proposal with the business and return the signed Offer Letter along with any other required documents to the Multi-Life Underwriting Coordinator within 30 days.

If the group is utilizing List Bill/Payroll Deduction, please complete the Payroll Deduction and List bill section and return the completed Employer Billing form to the Multi-Life Underwriting Coordinator.

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

- Email Offer Letter and Employer Billing form to multilife@mutualofomaha.com

Step 4: Enrollment

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

- Applications can be solicited during the 60-day enrollment period
- All policies issued prior to the pre-determined common effective date will receive the same effective date. Any application approved after the common effective date will receive an effective date coinciding with the next billing cycle
- Hold applications until you reach participation percentage required
- Submit your multi-life applications using your normal channel

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

Fax: 402-997-1804

Administrative Information

Application Completion Requirements

- Applications must be completed based upon the applicant's resident state unless otherwise stipulated in the Offer Letter
- The agent must be licensed in the signing state
- Applications must be received in our home office within the 30 days following the end of the open enrollment period. All applications must be signed within the open enrollment period. No applications will be taken after the enrollment period has expired except in the previously explained circumstances involving eligible new hires and new entrants into eligible employee groups

Billing Information

Billing Options

- List Bill/Payroll Deduction – Available for all eligible employees. A minimum of three participants and a completed Payroll Deduction and List Bill section including an updated census are required to set up a list bill/payroll deduction case. All employees using list bill/payroll deduction must elect the same premium mode. The following premium modes are available for list bill/payroll deduction:

PRD Modes	Modal Factors
9-Pay	0.1167
10-Pay	0.1.050
11-Pay	0.0955
18-Pay	0.0583
19-Pay	0.0553
20-Pay	0.0525
21-Pay	0.0500
22-Pay	0.0477
23-Pay	0.0457
24-Pay	0.0438
25-Pay	0.0420
26-Pay	0.0404

- 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

Premium Modes	Modal Factors
Annual	1.0000
Semiannual	0.5150
Quarterly	0.2600
Monthly (BSP)	0.0875

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 DI Choice at Work 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.

General Underwriting Guidelines**General Underwriting Guidelines**

This section is designed to provide you with comprehensive information regarding our eligibility and employment requirements and medical guidelines.

For specific product information, please see the associated product section.

Philosophy

Our goal is to provide the best possible offer of disability insurance to help protect your client's income. We carefully evaluate each case based on occupation, health and income and work with you to find solutions to fit your client's need and budget.

Minimum Benefit Amounts

The minimum monthly benefit amounts required are shown in the table below. These minimums may be satisfied with a combination of base and SIS coverage.

	Minimum Monthly Benefit Amounts/Increments			
	Accident Only Disability	Short-Term Disability	Long-Term Disability	Business Overhead Expense
Minimum Benefit	\$300	\$300	\$300	\$500
Minimum Increment	\$100	\$100	\$100	\$50

Issue Age

Applicant's issue age will be determined based on the age of the Applicant on the date the application is signed.

Social Security Number

Applicants are considered for insurance by providing a valid Social Security number issued by the United States Social Security Administration.

Citizenship/Residency Requirements

- United States citizens permanently residing within the United States or its territories, or
- Foreign Nationals who have a Permanent Resident Visa and have lived continuously in the United States or its territories for at least three (3) years
 - Proof of status will be required by submitting a copy of the Permanent Resident Visa Card and completing the Foreign National/Travel Questionnaire
- Non-Resident Foreign Nationals or those persons anticipating residence in a foreign country, even temporarily, are ineligible for disability income insurance

Foreign Travel

Applicants who travel to foreign countries frequently, for more than 90 days annually, and/or those who travel to areas with political unrest, poor economic conditions, lack of modern living standards or modern medical facilities, are ineligible for disability income insurance coverage.

Applicants who are working outside of the United States are also ineligible for disability income insurance coverage.

Product Combinations

Applicants may not apply for combinations of Elimination Periods and Benefit Periods using multiple accident and sickness policies with the intent to create total benefits where the Elimination Period is less than the minimum allowed for a particular Benefit Period or overlapping total benefit coverage by more than 30 days. Example:

- If applying for an Accident Only plan with a Mutual of Omaha Accident/Sickness plan, the elimination period for the Accident Only plan must be 30 days or less
- You can use a Mutual of Omaha Short-Term Accident/Sickness or Long-Term Disability Accident/Sickness plan in combination with coverage with another carrier as long as there is no more than a 30-day overlap in coverage

Combination of Short-Term Disability Accident/Sickness and Long-Term Disability Accident/Sickness is not allowed with Mutual of Omaha products.

State-Sponsored Compulsory Disability Insurance

In some states residents are eligible for compulsory disability insurance programs with benefit periods ranging from 26 to 52 weeks. The benefits vary by state and will be considered when determining benefit amount eligibility.

Tobacco Use (Short-Term Disability and Long-Term Disability only)

Individuals who have used tobacco products within 12 months of application completion or those with positive nicotine (cotinine) urinalysis test results require tobacco user rates. Tobacco products include cigarettes, cigars, pipes, chewing tobacco, nicotine gum, patches and e-cigarettes/vapor. Tobacco user rates are 25 percent higher than nontobacco rates. Tobacco users who stop using tobacco products for 12 consecutive months will qualify for a rate reduction. A nontobacco questionnaire and urinalysis will need to be completed.

Hazardous Avocations

Persons who engage in hazardous avocations on an amateur basis may still be eligible for disability income coverage. Avocations such as

- automobile/motorcycle/boat racing
- hang gliding
- skydiving/parachuting
- scuba diving
- rock climbing

or similar activities should be identified during the application process and an Avocation Questionnaire must be completed. Typically, an amendment rider excluding the avocation will be attached to the policy if the application is approved.

Medical Underwriting Guidelines

Medical Underwriting Guidelines

Underwriting Requirements Overview

Total Monthly Benefit Amount	Accident Only Disability	Short-Term Disability	Long-Term Plan		Business Overhead Expense
			2-Year and 5-Year Benefit Period	10-Year and To Age 67 Benefit Period	
\$300-\$3,000	Simplified Underwriting ¹	Simplified Underwriting ¹	Interview ²	Interview ²	Simplified Underwriting ¹
\$3,100-\$5,000		Interview ²		Interview ² , Physical Data, Blood and Urine	Interview ²
\$5,100-\$8,000			Interview ² , Physical Data, Blood and Urine	Interview ² , Long Form Paramed, Blood and Urine	Interview ² , Physical Data, Blood and Urine
\$8,100 and Above			Interview ² , Long Form Paramed, Blood and Urine, EKG ³	Interview ² , Long Form Paramed, Blood and Urine, EKG ³	Interview ² , Long Form Paramed, Blood and Urine, EKG ³

¹Simplified Underwriting: Application questions, Medical Information Bureau (MIB) and Pharmacy report

² Non-TeleApplication

³Age 45 and over only

Underwriting Outcomes

- Standard
- Impairment Rate-Up of 7 (25 percent), 8 (50 percent), 9 (75 percent) and a # (Disease Elimination Rider) for a specific condition which will exclude such condition from coverage for as long as the rider is on the policy
- # (Disease Elimination Rider) for a specific condition which will exclude such condition from coverage for as long as the rider is on the policy
- Reject – No coverage available

Common Medical Conditions Outcomes

Guide to possible underwriting action

Condition	Potential Outcome
Alcohol / Drug Abuse or Addiction	Within 5 years of diagnosis/treatment or still using – Decline
	Others – Individual Consideration
Anxiety/Depression	Within 6 months of diagnosis/treatment – Decline
	After 2 years full recovery, no medications, treatment or residuals – Standard
	Currently under treatment/multiple episodes/chronic, not disabling, no hospitalizations, well controlled and no medication changes in last 12 months, no work stress – 25% rate and/or exclusion
	If other than above – 25% rate and/or exclusion to decline Maximum benefit period for Long-Term Disability 10-year benefit period
	Applicable to all applicants: - Elimination period may be adjusted - FIO is not available - Hospitalization within 7 years for mental/nervous condition – Decline - Suicide attempt or ideation in last 10 years - Decline
Arthritis, Degenerative Disease	Minimal, no treatment or limitations – Exclusion
	Moderate, stable, symptoms & treatment – Exclusion to rate/exclusion
	Severe or progressive – Decline
Asthma	Mild, seasonal, no complications – Exclusion
	Moderate or Chronic – 25-50% rate/exclusion
	Severe or complications – Decline
Attention Deficit Disorder/ADD/ADHD	Diagnosed within 3 months – Decline
	After 3 months, well controlled with treatment – 25% rate, exclusion and/or Standard
	Others – Individual Consideration
Back, Cervical Strain	Single, acute episode within 2 years – Exclusion
	Single, acute episode after 2 years, full recovery – Standard
	Others – Exclusion to Decline
Back/Spine Surgery	Single surgery, after 1 year, full recovery – Exclusion
	Multiple surgeries, complications or residuals – Decline
Cartilage/Ligament Injury	Single episode within 1 year – Exclusion
	Single episode after 1 year, full recovery – Standard
	All others – Exclusion
Chiropractic Care	Job duties will influence outcome. Manual (physical) vs sedentary (office)
	Single episode, within 1 year Exclusion
	After 1 year, no further treatment Individual Consideration
	Recurrent or chronic - Maintenance 1xmonth or less, no symptoms* - Maintenance 2xmonth or more, no symptoms** - Maintenance with symptoms – Exclusion
	* 30 day minimum elimination period required for sedentary worker and 60 day minimum required for manual worker. If lower EP requested, must have exclusion. ** 90 day minimum elimination period required. If lower EP requested, must have exclusion.

Medical Underwriting Guidelines

Cholesterol (Hypercholesterolemia)	Handle according to cholesterol levels – Standard to Decline
Chrohn's Colitis	Within 5 years of diagnosis – Decline
	After 5 years, mild or moderate disease – Exclusion to rate/exclusion
	Severe, complications or immunosuppressive therapy – Decline
Condition	Potential Outcome
COPD/Emphysema	Mild, smoking – Decline
	Mild, smoking ceased over 5 years ago – 25% rate/exclusion
	Moderate/Severe – Decline
Diabetes Mellitus	Type I, Insulin Dependent – Decline
	Type II, Non Insulin Dependent, Adult Onset Within 1 year of diagnosis – Decline
	After 1 year of diagnosis, diet or ONE oral medication, A1C less than 7.0, nontobacco, BMI less than 32.4, no hypertension, normal EKGs, no organ damage or other complications – 50% rate/exclusion
	Same as above, but BMI between 32.5-35.0 – 75% rate/exclusion
	Maximum \$5,000 monthly benefit, 90-day elimination period, 5-year benefit period if above parameters are met
	Other than above – Decline
Gestational Diabetes	Within 1 year of recovery – Decline
	After 1 year, mild and full recovery – 25% rate/exclusion
Esophagitis (GERD)	Within 2 years of diagnosis, chronic, recurrent on medication – Exclusion
	After 2 years, full recovery – Standard
Hyperglycemia or Impaired Glucose Tolerance	Untreated or combined with other conditions – Decline, Others – refer to diabetes guidelines
Hypertension	Diagnosis <=6 months ago– Individual Consideration, APS Required.
	After 6 months, controlled, no complications, 3 or less medications* • Stable on meds =<145/90s – Standard • Stable on meds =<160/100 – Rate 50% • Elevated >160/100 – Decline
	With complications or other risk factors including • Diabetes or renal disease – Decline • Build, cholesterol, etc. – Individual Consideration *Not including water pill
Hypothyroid	No other disease or complication, controlled after 1 year – Standard, Others – Individual Consideration
Joint Repair/Replacement	Within 6 months of surgery – Decline
	After 6 months, full recovery, no residuals – Exclusion to rate/exclusion
Sleep Apnea	Pending testing, diagnosed within 2 years, untreated – Decline
	After 2 years, well controlled with CPAP or BIPAP, used nightly – Exclusion
	Fully recovered with follow up sleep study confirmation – Individual Consideration
Ulcerative Colitis	Acute, single episode within 1 year – Decline
	Acute, single episode after 1 year – Exclusion
	Chronic or recurrent, entire colon – Decline
	Chronic or recurrent, limited involvement or surgeries – Rate/Exclusion

Medical Underwriting Guidelines

Urinary Calculus (Kidney Stones)	Single episode within 2 years – Exclusion to rate/exclusion
	Single episode after 2 years, full recovery – Standard
	Chronic or multiple – Exclusion to rate/exclusion

APS will be required on above conditions to determine treatment, severity and recovery.

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Medical Underwriting Guidelines

Uninsurable Medical Conditions

Applicants who are chronically ill, currently disabled, have surgery pending, or are recuperating from an illness or injury are generally not eligible for coverage. The underwriter will evaluate applicants with residual illnesses or injuries. Applicants with controlled, chronic conditions with appropriate medical management may be eligible for coverage.

Below is a list of some of the conditions that will result in automatic declinations of an application for disability income coverage.

AIDS/HIV/AIDS Related Complex (ARC)	Decline	Kawasaki's Disease*	Decline
Alcohol or Drug Abuse/Dependence	Decline	Light Duty or Restrictions at Work	Decline
Treatment in last 5 years	Decline	Liver Cancer	Decline
Acromegaly	Decline	Major Thalassemia	Decline
Alzheimer's Syndrome	Decline	Manic Depression/Bipolar Disorder	Decline
Amyotrophic Lateral Sclerosis (ALS)	Decline	Marfan's Syndrome	Decline
Aplastic Anemia*	Decline	Multiple Myeloma	Decline
Arnold Chiari Malformation	Decline	Multiple Sclerosis	Decline
Autism	Decline	Muscular Dystrophy	Decline
Buerger's Disease	Decline	Myocardial Infarction/Heart Attack*	Decline
Cardiomyopathy	Decline	Narcolepsy	Decline
Chronic Fatigue Syndrome	Decline	Neurogenic Bladder*	Decline
Chronic Hepatitis C*	Decline	Organ Transplant Recipient*	Decline
Chronic Musculoskeletal Pain	Decline	Pancreas Cancer	Decline
Chronic Nephritis or Glomerulonephritis*	Decline	Parkinson's Disease	Decline
Cirrhosis*	Decline	Pending Evaluation/Unconfirmed Diagnosis	Decline
Congestive Heart Failure*	Decline	Pending, awaiting or recommended surgery	Decline
Coronary Artery Bypass, Angioplasty*	Decline	Polycystic Kidney Disease*	Decline
Coronary Artery Disease*	Decline	Polymyositis	Decline
Cystic Fibrosis*	Decline	Porphyria*	Decline
Diabetes Type I	Decline	Portal Hypertension*	Decline
Dementia	Decline	Post Traumatic Stress Disorder	Decline
Dependence Substances of Concern	Decline	Pregnancy*	Decline
Dermatomyositis/Polymyositis	Decline	Pulmonary Hypertension*	Decline
Downs Syndrome	Decline	Rheumatoid Arthritis	Decline
Dwarfism	Decline	Schizophrenia	Decline
Ehlers-Danlos Syndrome	Decline	Scleroderma	Decline
Fatigue	Decline	Shy-Drager Syndrome	Decline
Fibromyalgia, Fibrositis, Fibromyositis	Decline	Spinal Stenosis	Decline
Gastric By-Pass*	Decline	Stress – Work related	Decline
Hemochromatosis*	Decline	Systemic Lupus Erythematosus – Diagnosed under age 50	Decline
Hepatitis Present and/or Chronic*	Decline	Wilson's Disease*	Decline
Hypercalcemia*	Decline		
Hypoparathyroidism*	Decline		
Inflammatory Polyarthritis	Decline		
Kaposi's Sarcoma	Decline		

*May be eligible for Accident Only Coverage

Build Chart

The build chart used for disability income insurance categorizes applicants into different risk classes according to their Body Mass Index (BMI). The BMI is a number calculated from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems.

Use the Build Chart by first finding the applicant's height in the left-hand column and then looking across the row to find the applicant's weight in pounds. The column heading above their weight will determine their appropriate risk class.

BMI	16.4	16.5-32.4	32.5-34.9	35.0-37.4	37.5-39.9	40.0
Height	Substandard Rating					
	Decline	Standard	25%	50%	75%	Decline
4'8"	<74	74-145	146-156	157-167	168-178	179+
4'9"	<76	76-150	151-161	162-173	174-184	185+
4'10"	<79	79-155	156-167	168-179	180-191	192+
4'11"	<82	82-160	161-173	174-185	186-198	199+
5'0"	<84	84-166	167-179	180-192	193-204	205+
5'1"	<87	87-171	172-185	186-198	199-211	212+
5'2"	<90	90-177	178-191	192-205	206-218	219+
5'3"	<93	93-183	184-197	198-211	212-225	226+
5'4"	<96	96-189	190-203	204-218	219-232	233+
5'5"	<99	99-195	196-210	211-225	226-240	241+
5'6"	<102	102-201	202-216	217-232	233-247	248+
5'7"	<105	105-207	208-223	224-239	240-255	256+
5'8"	<109	109-213	214-230	231-246	247-262	263+
5'9"	<112	112-219	220-236	237-253	254-270	271+
5'10"	<115	115-226	227-243	244-261	262-278	279+
5'11"	<118	118-232	233-250	251-268	269-286	287+
6'0"	<122	122-239	240-257	258-276	277-294	295+
6'1"	<125	125-246	247-265	266-284	285-302	303+
6'2"	<129	129-252	253-272	273-291	292-311	312+
6'3"	<132	132-259	260-279	280-299	300-319	320+
6'4"	<136	136-266	267-287	288-307	308-328	329+
6'5"	<139	139-273	274-294	295-315	316-337	338+
6'6"	<143	143-280	281-302	303-324	325-345	346+
6'7"	<146	146-288	289-310	311-332	333-354	355+
6'8"	<150	150-295	296-318	319-340	341-363	364+
6'9"	<154	154-302	303-326	327-349	350-372	373+
6'10"	<158	158-310	311-334	335-358	359-382	383+
6'11"	<162	162-318	319-342	343-366	367-391	392+

Medical Underwriting Guidelines

TeleApps

When you choose the TeleApp option for your DI Choice individual disability insurance application, all health questions in Section B along with employment, income and other coverage/replacement questions will be asked by a registered nurse during the telephone interview.

Complete the answers in Section A and Section C of the DI Choice individual disability insurance application and send in the signed application with required forms and authorizations.

Depending on the quality of information obtained in the interview, fewer Attending Physician's Statements (APS) tend to be ordered thus shortening the underwriting process on average.

The professional interviewer will call the applicant to set up the appointment. The interviews are recorded and generally take only 25 to 35 minutes, depending on the applicant's health history. Clients should be prepared to provide physician, medication, employment, income and other/replacement information.

Scheduling Examinations

After the application is completed, please schedule all required examinations with approved paramedical examination facilities. Paramedical facilities complete blood profile, urinalysis and long-form examinations.

Paramedical Facilities

Mutual of Omaha's approved paramedical facilities have blood kits and the expertise to complete our blood profile requirements. All blood specimens must be drawn using Portamedic or APPS blood kits and mailing instructions. One of these paramedical facilities must be used when a blood profile is required or requested. All specimens are sent to the Clinical Reference Laboratory (CRL) for testing.

- | | |
|---|----------------|
| • Portamedic | 1-800-765-1010 |
| • American Para Professional Systems (APPS) | 1-800-635-1677 |
| • ExamOne | 1-877-933-9261 |
| • Exam Management Services, Inc. (EMSI) | 1-800-872-3674 |
| • Superior Mobile Medics | 1-800-898-3926 |

Blood Profile, Urinalysis and HIV Consent

Mutual of Omaha may require a blood profile or urinalysis. See the Underwriting Requirements Chart for specific guidelines. Laboratory tests may be requested for lesser amounts. An HIV consent form may be required in some states, consent forms will be included in the application packet.

Client Personal Health Interview (PHI)

A client interview will be required for certain benefit amount/benefit period combinations. They may also be ordered at the underwriter's discretion. The interview should be completed at the time of the application or shortly thereafter. Please call **1-800-775-3000** and follow the prompts to complete a disability interview. The interviews are recorded and generally take only 10 to 20 minutes, depending on the applicant's health history. Clients should be prepared to provide physician and medication information.

Attending Physician's Statement (APS)

In order to render the most favorable decision possible, an APS may be required. The home office will initiate the request by contacting the doctor's office or medical facility in advance to confirm the availability of the medical records, cost and requirements for release. The home office will advise you of our request and periodically follow-up with the medical facility. Timely release of the requested APS depends on the quality of the contact information and the degree of cooperation afforded by the medical facility. The agent and applicant can play a crucial role in securing the APS by contacting the medical facility to reiterate the urgency and significance of obtaining the necessary information.

Notice of Underwriting Action (Case Status Report)

Notice of Underwriting Action correspondence is available on SPA to confirm the underwriting requirements that are necessary to underwrite the application. For assistance in viewing this report, please contact our sales support team. If you are a Mutual of Omaha career agent, please call **1-877-617-5589**. All other agents, please call **1-800-693-6083**.

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Financial Underwriting Guidelines**Financial Underwriting Guidelines****Definitions****Salary**

Salary (wage) is defined as compensation received by an employee for services performed. A salary is a fixed sum paid for a specific period of time worked, such as weekly or monthly. (Federal Tax Form W-2)

Earned Income

Earned income is income earned from employment, which would include wages, salary, tips, bonuses, overtime and other compensation. Earned income is reported on a gross, or before-tax basis. Significant changes or fluctuation in earned income may require clarification to determine the appropriate benefit amount available.

Unearned Income

Unearned (passive) income is defined as income that does not come from employment. Sources of unearned income might include income from rental properties, dividends, interest, royalties, retirement/pension benefits, and capital gains. One-half of any amount of unearned income in excess of \$1,500 a month will be considered as other disability benefits at the time of underwriting.

Overtime Income

Overtime income is defined as stable income received for working in excess of a 40-hour work week. Overtime income can be included when calculating monthly benefit amount eligibility.

Part-Time Income

Part-time income can be included in determining your client's total eligible income earned. Occupational class will be determined by most hazardous occupation and may effect coverage availability. To qualify as eligible income, applicant must be employed on a full-time basis in another occupation.

Self-Employed

Self-employed is defined as an applicant who is operating as a sole proprietor, independent contractor, partnership or closely held corporation and has 20 percent or more ownership in a business.

Net Worth

Net Worth is defined as the value of a person's assets, including cash, minus all liabilities. The amount by which the individual's assets exceed their liabilities is considered the net worth of that person. In order to determine net worth for underwriting purposes, the primary personal residence and personal belongings may be ignored. Benefits may be limited for individuals with net worth in excess of \$2.5 million.

Bankruptcy

No coverage can be offered until two years after an applicant's bankruptcy discharge.

Depreciation

Depreciation is defined as a non-cash expense that reduces the value of an asset as a result of wear and tear, age, or obsolescence. Depreciation of assets such as furniture and equipment can be considered when determining the monthly benefit amount for a Business Overhead Expense (BOE) policy. Depreciation is not allowed for Individual Disability Insurance policies.

Future Insurability Option

When exercising the Future Insurability Option, proof of income must accompany the supplemental application. Form MA5375 can be found on Sales Professional Access (SPA). Contact Policyowner Service Specialist to ask for premium calculation at 1-800-775-6000.

- Not available with Accident Only Disability and Short-Term Disability
- Not available with DI Choice at Work

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Accident Only & Short-Term Disability

	Monthly Benefit Amount	Employee Non-Owner	Sole Proprietor	Partner in Partnership	Corporation Shareholder	S-Corp Shareholder
Accident Only and STD Benefit Period	Up to \$3,000	Not Required				
	\$3,100-\$5,000	Not Required	Last Year's Schedule C	Last Year's 1065, K1, Schedule E and W2 Form	Last Year's 1120, K1, Schedule E and W2 Form	Last Year's 1120S, K1, Schedule E and W2 Forms

Long-Term Disability

	Monthly Benefit Amount	Employee Non-Owner	Sole Proprietor	Partner in Partnership	Corporation Shareholder	S-Corp Shareholder
2-Year Benefit Period	Up to \$3,000	Not Required*				
	\$3,100-\$4,900	Not Required	Last Year's Schedule C	Last Year's 1065, K1, Schedule E and W2 Form	Last Year's 1120, K1, Schedule E and W2 Form	Last Year's 1120S, K1, Schedule E and W2 Forms
	\$5,000 and over	First 2 Pages of Last 2 Years 1040 Form and W2 Form	Last 2 Years Schedule C	Last 2 Years 1065, K1, Schedule E and W2 Form	Last 2 Years 1120, K1, Schedule E and W2 Form	Last 2 Years 1120S, K1, Schedule E and W2 Forms
5-Year, 10-Year and To-Age-67 Benefit Period	Up to \$4,900	Not Required	Last Year's Schedule C	Last Year's 1065, K1, Schedule E and W2 Form	Last Year's 1120, K1, Schedule E and W2 Form	Last Year's 1120S, K1, Schedule E and W2 Forms
	\$5,000 and over	First 2 Pages of Last 2 Years 1040 Form and W2 Form	Last 2 Years Schedule C	Last 2 Years 1065, K1, Schedule E and W2 Form	Last 2 Years 1120, K1, Schedule E and W2 Form	Last 2 Years 1120S, K1, Schedule E and W2 Forms

Business Overhead Expense

	Monthly Benefit Amount	Sole Proprietor	Partner in Partnership	Corporation Shareholder	S-Corp Shareholder
Business Overhead Expense (BOE)	Up to \$4,900	Last Year's Schedule C	Last Year's 1065 and K1 Form	Last Year's 1120 and K1 Form	Last Year's 1120S and K1 Form
	\$5,000 and over	Last 2 Years Schedule C	Last 2 Years 1065 and K1 Form	Last 2 Years 1120 and K1 Form	Last 2 Years 1120S and K1 Form

*The last two years financial statements are required for individuals applying for self-employed premium savings.

*See DI Choice, Eligibility Requirements section if W-2 employee with their employer less than three months.

*See Occupational Underwriting Guidelines, Business Owner – Newly Self-Employed section if employed less than one year.

Note: Net income (income less business expenses prior to taxes) is used for self-employed individuals; Gross income is used for salaried individuals.

Financials required can include other forms as determined by Underwriting.

Financial Underwriting Guidelines

Income Qualification Table

The income qualification table shows the maximum benefit amounts available for a given income level for Accident Only Disability, Short-Term Disability and Long-Term Disability policy forms. The maximums are intended to replace a sufficient percentage of a policyholder's income to allow them to sustain their standard of living during a disability while not completely removing the financial incentive to return to work.

Applicants in an occupational class 4A, 5A, or 6A and making over \$100,000 are eligible for all base coverage. If they do not meet both the occupational class and income requirement, they will need to utilize both base and SIS benefits to maximize total maximum benefit available.

When looking up values in the table, move to the next lower Annual Earned Income value.

(Example: \$42,500 of earned income would use the \$41,000 table values)

NOTE: For Accident Only Disability and Short-Term Disability plans, refer to the Total Maximum Monthly Benefit column since these coverages have no SIS benefits.

Annual Earned Income	Individual Pay IDI Issue Limits (Tax-Free Benefits)			Employer Pay IDI Issue Limits (Taxable Benefits)			Group Supplement Participation Limits	
	Maximum Monthly Base Benefit	Maximum SIS Monthly Benefit	Total Maximum Monthly Benefit	Maximum Monthly Base Benefit	Maximum SIS Monthly Benefit	Total Maximum Monthly Benefit	Individual Pay with Group Long-Term Disability	Employer Pay with Group Long-Term Disability
\$15,000	300	700	1,000	500	700	1,200	1,000	1,200
\$17,000	300	800	1,100	500	800	1,300	1,100	1,400
\$19,000	400	900	1,200	600	900	1,500	1,200	1,500
\$21,000	400	1,000	1,400	600	1,000	1,600	1,400	1,600
\$23,000	500	1,000	1,500	800	1,000	1,800	1,500	1,800
\$25,000	600	1,100	1,600	800	1,100	1,900	1,600	1,900
\$27,000	600	1,200	1,700	800	1,200	2,000	1,700	2,000
\$29,000	700	1,200	1,800	1,000	1,200	2,200	1,800	2,200
\$31,000	800	1,300	2,000	1,000	1,300	2,300	2,000	2,300
\$33,000	800	1,400	2,100	1,000	1,400	2,400	2,100	2,400
\$35,000	900	1,400	2,200	1,200	1,400	2,600	2,200	2,500
\$37,000	1,000	1,500	2,300	1,200	1,500	2,700	2,300	2,700
\$39,000	1,100	1,500	2,400	1,300	1,500	2,800	2,400	2,800
\$41,000	1,100	1,600	2,500	1,400	1,600	3,000	2,500	2,900
\$43,000	1,300	1,600	2,600	1,600	1,600	3,100	2,600	3,000
\$45,000	1,300	1,700	2,700	1,600	1,700	3,200	2,700	3,200
\$47,000	1,400	1,700	2,800	1,700	1,700	3,300	2,800	3,300
\$50,000	1,500	1,800	3,000	1,800	1,800	3,500	3,000	3,500
\$52,000	1,700	1,800	3,100	2,000	1,800	3,600	3,100	3,600
\$54,000	1,700	1,900	3,200	2,000	1,900	3,700	3,200	3,800
\$56,000	1,800	1,900	3,300	2,200	1,900	3,900	3,300	3,900
\$58,000	1,900	2,000	3,400	2,300	2,000	4,000	3,400	4,000
\$60,000	2,000	2,000	3,500	2,400	2,000	4,100	3,500	4,200
\$62,000	2,100	2,000	3,600	2,500	2,000	4,200	3,600	4,300
\$64,000	2,300	2,000	3,600	2,800	2,100	4,300	3,700	4,400
\$66,000	2,300	2,100	3,700	2,800	2,100	4,400	3,800	4,600
\$68,000	2,400	2,100	3,800	2,900	2,100	4,500	3,900	4,700
\$70,000	2,600	2,100	3,900	3,100	2,100	4,600	4,000	4,800
\$72,000	2,600	2,200	4,000	3,100	2,200	4,700	4,100	5,000
\$75,000	2,800	2,200	4,100	3,400	2,200	4,900	4,300	5,200
\$80,000	3,000	2,300	4,300	3,600	2,300	5,200	4,600	5,500
\$85,000	3,400	2,300	4,500	4,100	2,300	5,400	4,800	5,900
\$90,000	3,600	2,400	4,700	4,300	2,400	5,700	5,100	6,200
\$95,000	3,900	2,400	4,900	4,700	2,400	5,900	5,400	6,600
\$100,000	4,200	2,500	5,100	5,000	2,500	6,200	5,700	6,900
\$105,000	4,500	2,500	5,300	5,400	2,500	6,500	6,000	7,200

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Income Qualification Table (continued)

Annual Earned Income	Individual Pay IDI Issue Limits (Tax-Free Benefits)			Employer Pay IDI Issue Limits (Taxable Benefits)			Group Supplement Participation Limits	
	Maximum Monthly Base Benefit	Maximum SIS Monthly Benefit	Total Maximum Monthly Benefit	Maximum Monthly Base Benefit	Maximum SIS Monthly Benefit	Total Maximum Monthly Benefit	Individual Pay with Group Long-Term Disability	Employer Pay with Group Long-Term Disability
\$110,000	4,700	2,600	5,500	5,600	2,600	6,800	6,300	7,600
\$115,000	5,100	2,600	5,700	6,100	2,600	7,000	6,500	7,900
\$120,000	5,400	2,600	5,900	6,500	2,600	7,300	6,800	8,300
\$125,000	5,700	2,600	6,100	6,800	2,600	7,600	7,100	8,600
\$130,000	6,100	2,600	6,300	7,300	2,600	7,800	7,400	9,000
\$135,000	6,400	2,600	6,500	7,700	2,600	8,100	7,700	9,300
\$140,000	6,700	2,600	6,700	8,000	2,600	8,300	7,900	9,700
\$145,000	6,900	2,600	6,900	8,300	2,600	8,600	8,200	10,000
\$150,000	7,100	2,600	7,100	8,500	2,600	8,800	8,500	10,400
\$155,000	7,300	2,600	7,300	8,800	2,600	9,100	8,800	10,700
\$160,000	7,500	2,600	7,500	9,000	2,600	9,300	9,100	11,100
\$165,000	7,700	2,600	7,700	9,200	2,600	9,600	9,300	11,400
\$170,000	7,900	2,600	7,900	9,500	2,600	9,900	9,600	11,800
\$175,000	8,100	2,600	8,100	9,700	2,600	10,200	9,900	12,100
\$180,000	8,300	2,600	8,300	10,000	2,600	10,500	10,200	12,400
\$185,000	8,600	2,600	8,600	10,300	2,600	10,800	10,500	12,800
\$190,000	8,800	2,600	8,800	10,600	2,600	11,000	10,700	13,100
\$195,000	9,100	2,600	9,100	10,900	2,600	11,300	11,000	13,500
\$200,000	9,300	2,600	9,300	11,200	2,600	11,600	11,300	13,800
\$210,000	9,700	2,600	9,700	11,600	2,600	12,200	11,900	14,500
\$220,000	10,200	2,600	10,200	12,200	2,600	12,800	12,400	15,200
\$230,000	10,600	2,600	10,600	12,700	2,600	13,400	13,000	15,900
\$240,000	11,100	2,600	11,100	13,300	2,600	14,000	13,500	16,600
\$250,000	11,500	2,600	11,500	13,800	2,600	14,500	14,100	17,300
\$260,000	11,900	2,600	11,900	14,300	2,600	15,000	14,700	18,000
\$270,000	12,300	2,600	12,300	14,800	2,600	15,600	15,200	18,700
\$280,000	12,700	2,600	12,700	15,200	2,600	16,000	15,800	19,300
\$290,000	13,000	2,600	13,000	15,600	2,600	16,500	16,300	19,700
\$300,000	13,300	2,600	13,300	16,000	2,600	16,900	16,900	20,000
\$325,000	14,000	2,600	14,000	16,800	2,600	17,900	18,300	20,000
\$350,000	15,100	2,600	15,100	18,100	2,600	19,300	19,700	20,000
\$375,000	15,400	2,600	15,400	18,500	2,600	19,800	20,000	20,000
\$400,000	16,100	2,600	16,100	19,300	2,600	20,000	20,000	20,000
\$425,000	16,100	2,600	16,100	19,300	2,600	20,000	20,000	20,000
\$450,000	16,300	2,600	16,300	19,600	2,600	20,000	20,000	20,000
\$475,000	16,500	2,600	16,500	19,800	2,600	20,000	20,000	20,000
\$500,000	16,600	2,600	16,600	19,900	2,600	20,000	20,000	20,000
\$525,000	17,400	2,600	17,400	20,000	2,600	20,000	20,000	20,000
\$550,000	18,300	2,600	18,300	20,000	2,600	20,000	20,000	20,000
\$575,000	18,300	2,600	18,300	20,000	2,600	20,000	20,000	20,000
\$600,000	18,300	2,600	18,300	20,000	2,600	20,000	20,000	20,000
\$625,000	18,700	2,600	18,700	20,000	2,600	20,000	20,000	20,000
\$650,000	18,900	2,600	18,900	20,000	2,600	20,000	20,000	20,000
\$675,000	19,100	2,600	19,100	20,000	2,600	20,000	20,000	20,000
\$700,000	19,200	2,600	19,200	20,000	2,600	20,000	20,000	20,000
\$725,000	19,500	2,600	19,500	20,000	2,600	20,000	20,000	20,000
\$750,000	20,000	2,600	20,000	20,000	2,600	20,000	20,000	20,000

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Financial Underwriting Guidelines

Coordination with Group Disability

In order to determine the approximate buy-up benefit amount that can be offered to clients with group disability income, use the value in the Income Qualification Table based on whether the buy-up benefit is Employer Pay or Individual Pay. If the buy-up benefit amount is Employer Pay, subtract the Group Disability amount from the value. If the buy-up benefit amount is Individual Pay, subtract 80 percent of the Group Disability amount from the value. Benefit amounts can be illustrated on WinFlex software.

Example – If applying for Individual Pay DI with existing Employer-Paid Group:

1. Use the Individual Pay Group Supplement limits table to determine the maximum benefit available based on the client's earned income.
2. Multiply the existing Group benefit by .8 and subtract from the answer above.

Income	\$80,000/yr.
Existing Employer Paid Group	\$1,000/mo.

Look-Up on the IQT for \$80,000/yr. – Eligible for \$4,600/mo. benefit

1) Individual Pay Benefits – \$80k/yr.	\$4,600
2) 80% of Existing Group – \$1k/mo.	800
Eligible Income Tax-Free Benefit	\$3,800

Example – If applying for Employer-Paid DI with existing Employer-Paid Group:

1. Use the Employer Pay issue limits table to determine the maximum benefit available based on the client's earned income.
2. Take the existing Employer-Paid Group benefit and subtract from the answer above.

Income	\$80,000/yr.
Existing Group	\$800/mo.

Look-Up on the IQT for \$80,000/yr. – Eligible for \$5,500/mo. benefit

1) Individual Pay Benefits – \$80k/yr.	\$5,500
2) 80% of Existing Group – \$1k/mo.	\$800
Eligible Income Tax-Free Benefit	\$4,600

State Disability Insurance (SDI)

Some states offer state disability benefits to their working residents. In an effort to coordinate individual disability benefits with the state coverage, policies for all individuals that are eligible for New Jersey, Rhode Island, Hawaii and California state disability coverage will include a Benefit Reduction Rider. Since this rider reduces benefits payable due to coverage provided by the state, *premiums are also reduced for your clients*. The calculated state disability benefit will be subtracted first from the base benefit, then from the SIS benefit (if any) during the state disability insurance benefit period. A minimum of a \$100 monthly benefit will remain after application of the Benefit Reduction Rider (i.e., after applying the Benefits Reduction Rider at claim, your client's monthly benefit cannot be reduced to an amount less than \$100).

Also, individuals eligible for New Jersey, Rhode Island, Hawaii and California state disability will **not** be eligible for elimination periods of less than 30 days or benefit periods less than 12 months (24 months in California).

Issue and Participation Limits

Maximum Issue and Participation Limits by Occupation Class

Limits by occupation class are as follows:

Occupation Class	Short-Term Disability/Accident Only Disability Issue Limits	Long-Term Disability Maximum Issue Limits	Maximum Participation Limits with Other IDI Carriers/Group LTD*	Business Overhead Expense Maximum Issue Limits
6A, 5A, 4A	\$5,000	\$12,000	\$20,000	\$20,000
3A	\$5,000	\$10,000	\$20,000	\$15,000
2A	\$5,000	\$8,000	\$15,000	\$10,000
1A	\$5,000	\$7,000	\$10,000	\$8,000

* The limits listed are applicable only when a client has inforce group coverage.

Long-Term Disability Maximum Issues Limits include both base and Supplement Insurance Supplement (SIS) amounts.

Accident Only Disability, Short-Term Disability and Long-Term Disability are subject to additional or program limitations based on insurable income and health history that are contained in this guide.

The maximum BOE monthly benefit may not exceed the average monthly operating expenses for the 12-month period preceding the date of the application.

Occupational Underwriting Guidelines**Occupational Underwriting Guidelines**

These occupational guidelines are designed to assist in the proper occupational classification of applicants for disability income insurance. The classifications are based on factors such as

- degree of education, training, and skill demanded by the occupation,
- level of manual dexterity and physical effort required,
- environmental hazards to health and safety present in the workplace,
- employment stability,
- economic factors specific to the occupation/industry, and
- past company claims experience

Some occupations are not specifically listed in the Occupational Manual. In these cases, please refer to the General Description of Occupational Classes below or contact the Underwriting area at underwriter.health@mutualofmaha.com.

It is important that applicants be classified accurately according to these guidelines since occupational class determines the premium rate and the amount of coverage that is available. As a result, each applicant's specific duties must be accurately described, as well as the percentage of time each of the duties is performed. This information, more frequently than the job title, will be the basis for a fair occupational classification. The occupational classes contained in the manual are guidelines only and Underwriting reserves the right to adjust these classifications if specific job duties or circumstances suggest such action is warranted.

In certain cases, additional requirements are included in the job description, such as minimum income tests. Unless otherwise noted, applicants who cannot comply with these additional requirements are generally not eligible for coverage, but check with an underwriter if you're not sure.

Occupations are grouped by general industry. To locate an occupation, look first alphabetically for the job description and, if unable to locate, then check by industry.

General Description of Occupational Classes

- Class 6A** Contains only the most stable executive and professional occupations where work is performed in an office setting with no environmental hazards, no direct supervision of persons with manual responsibilities and minimal travel.
- Class 5A** Contains executive and professional occupations where work is performed in an office setting with no environmental hazards, no direct supervision of persons with manual responsibilities and minimal travel.
- Class 4A** Contains other executive and professional occupations where most work is performed in an office or clinical setting with minimal environmental hazards and limited direct supervision of persons with manual responsibilities.
- Class 3A** Contains a variety of managerial, professional, and technical occupations including many health care occupations. The majority of work is performed in a setting with minimal environmental hazards.
- Class 2A** Contains occupations that require more movement and travel or more manual dexterity or light physical effort. Some environmental hazards may be present in the work setting.
- Class 1A** Contains occupations with a greater emphasis on moderate to heavy physical labor and more direct exposure to workplace hazards.

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Class S Contains occupations with an emphasis on moderate to heavy physical labor and significant exposure to workplace hazards. These occupations may be eligible for short-term coverage if the employee is covered under state or federal workers' compensation, employer's liability or other occupational disease law.

Class N Contains occupations that are uninsurable due to excessive exposure to workplace hazards and relatively poor earned income or job stability.

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Multiple Occupations

In the event an applicant has more than one occupation, the occupational classification will be based on the occupation involving the greatest level of environmental hazards. Also, if occupations are different, the minimum number of hours required in one of the occupations is 30 hours per week.

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Special Restrictions for Certain Types of Employees

Some employees are eligible for unusually generous disability income benefits through their employer. As a result, individual disability income benefits need to be carefully coordinated with these employer-sponsored plans before the policy is issued in order to avoid overinsurance.

DI Choice

Below are some of the restrictions that will apply to these types of employees.

DI Choice
at Work

Railroad Employees

Railroad employees are eligible for:

- A maximum Base Monthly Benefit Amount of \$500, and
- A minimum 90-day Elimination Period, and
- A maximum 1-year Benefit Period

General
Underwriting
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Government Employees (Federal, County, State and Municipal)

Government employees are eligible for:

- For benefit periods of 12 months or less, coverage can be issued the maximum base benefit allowed per the Applicant's income, and
- For benefit periods of two years or more, a maximum Base Monthly Benefit Amount of 20 percent of earned income up to \$2,000. The SIS benefit rider may be added in addition to the base benefit under the Long-Term Accident and Sickness plan, and
- A minimum 30-day Elimination Period, and
- Applicants are ineligible for the Future Insurability Option Rider, and
- Benefits applied for will be coordinated with other disability coverages currently in force

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Financial
Underwriting
Guidelines

In-Home Daycare Providers

A copy of last two years of taxes will be required to verify net income.

Occupational
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Persons covered under CALSTRS or CALPERS

No coverage available.

Completing
the
Application

Teachers in the state of New York

- For benefit periods of 10 years or to age 67, maximum of \$500 base benefit and \$1,200 SIS benefit. No FIO rider available
- For benefit periods of 5 years or less, no restrictions

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Occupational Underwriting Guidelines

Business Owner – Newly Self-Employed

Self-employed business owners who are in business less than 12 months but are engaged in the same occupation or line of work as previously employed (W-2) may be eligible for up to 50 percent of prior year W-2 income. They will be eligible for the following benefits:

- Maximum 2- and 5-year Benefit Period
- Maximum policy monthly benefit – \$2,000
- Prior year W-2 required

If you are a self-employed business owner and your prior W-2 income is \$100,000 or more and you are an occupation case 4A, 5A or 6A – Maximum policy monthly benefit up to \$4,000.

They will be considered for an increase to full benefits with the following:

- New application
- Full Underwriting
- Full year of tax returns

If engaged in a different occupation or line of work as previously employed (W-2), applicant needs to be self-employed for at least one year (financial documentation required).

If you are going from a W-2 position to a 1099 position and you are doing the same job with the same employer, you may be eligible for up to 75 percent of their prior year W-2 income.

If you are going from a W-2 position to a 1099 position but have a copy of a contract that verifies the length of employment is at least one year, then we will treat you as a W-2 employee. If the contract does not state if the client is reimbursed for any expenses or if they are paying their own expenses, we will reduce their salary by 25 percent to cover those expenses.

Business Owner – Purchase of Existing Business

Self-employed business owners who have purchased an existing business in the last 12 months but were engaged in the same occupation previously as a W-2 employee may be eligible for up to 50 percent of prior year W-2 income. Coverage includes Long-Term Disability, Short-Term Disability, Accident Only Disability and Business Overhead Expense. They will be eligible for the following benefits:

- Maximum 2- and 5-year Benefit Period
- Maximum policy monthly benefit – \$5,000
- Prior year W-2 required

Business Owner – Individual Home-Based Occupations

Business owners and self-employed professionals working from home must conform to the eligibility requirements for self-employed individuals in the General Underwriting Guidelines.

Salaried (W2) employees and telecommuters working from home are normally eligible for disability income coverage.

Uninsurable Occupations

Some occupations are uninsurable due to excessive exposure to workplace hazards and relatively poor earned income or job stability. Here is a partial list of uninsurable occupations:

Acids/Alkalis/Carcinogens/Explosives Worker

Actor/Actress/Entertainer

Air Traffic Control Specialist

Animal Handler/Trainer

Armed Forces Personnel

Asbestos Removal Worker

Astrologer

Bartender

Bicycle Messenger

Bridge/Tunnel Construction Worker

Busboy/Busgirl

Chicken/Poultry Cleaner/Cutter/Dresser/
Processor

Circus/Carnival Worker

Crew Member of Cargo/Passenger Ship

Crop Duster

Day Trader

Diver

Explosive Handler/Blaster

Fashion Model

Fishermen

Flight Attendant/Steward/Stewardess

Floor Trader (Stocks/Bonds/Commodities/
Futures/Options)

Freelance Advertiser/Artist/Writer

Foundry Workers

Ambulance, transport/Garbage/Sanitation Truck/
Race Car/Taxicab/Bus/Limousine Driver

Homemaker

Horse Breaker

Hunting/Fishing/Mountain Climbing/River Guide

Martial Arts Instructor

Merchant Marine

Musician/Singer (Night Club/Restaurant/Lounge/
Tavern)

Nanny/Au Pair

Packinghouse Worker

Painter (Exterior Non-Residential)

Pawn Broker

Pilot

Private Detective

Private Duty Nurse (Outside Hospital)

Professional Athlete/Jockey

Professional Gambler

Referee

Rendering Plant Worker

Retired Person

Rodeo Performer

Roofer

Sandblaster

Ski Instructor

Steel/Metal Workers

Steeplejack

Student (Full-Time)

Stuntlady/Stuntman

Tattoo Artist/Body Piercing

Temporary/Seasonal Worker

Tower Erector

Tree Trimmer/Tree Surgeon

Waiter/Waitress

Window Cleaner (More Than 2 Stories)

Occupational Underwriting Guidelines

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
ACCOUNTANT	
Certified Public Accountant	6A
4-Year Accounting Degree	6A
Auditor	5A
Other Accountant/Bookkeeper	4A
ACTUARY	
FSA/FCAS	6A
ASA/ACAS/EA	5A
Others	5A
ACUPUNCTURIST	
At Least 3 Years Experience and \$35,000 Income in Each of Last 2 Years	3A
Other Licensed	2A
ADVERTISING	
Account Executive (At Least \$75,000 Income)	5A
Account Executive (Other)	4A
Art Director/Graphic Artist/Copywriter	4A
Freelance	N
AGENT (See INSURANCE INDUSTRY)	
AGRICULTURE (See FARMING AND RANCHING)	
ANESTHESIOLOGIST (See HEALTH CARE – PHYSICIANS)	
ANIMALS	
Attendants/Trainers	
Kennel/Daycare Operator (Not in Home)	1A
Pet Groomer/Pet Shop Worker	1A
Other Zoo Workers	1A
Animal Handlers (Zoo)	N
Dog/Cat Breeder	N
Dog Walker/Sitter in-house	N
APARTMENT HOUSE MANAGER	
Not Living on Premises, No Maintenance Work	3A
Living On or Off Premises with Maintenance Work	1A
ARCHITECT	
Bachelor's Degree (90% Office and Consulting)	6A
Draftsman (90% Office and Consulting)	5A
Others	4A
ARMED FORCES PERSONNEL	
ART DEALER/GALLERY OWNER/MUSEUM CURATOR	
At Least \$45,000 Income in Each of Last 2 Years	4A
ARTIST	
Cartoonist/Illustrator (Salaried Only)	3A
Commercial Artist/Graphic Artist/Commercial Designer (Salaried Only)	3A
Self-Employed/Freelance	N

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OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
ASTROLOGER	N
ASTRONOMER (See SCIENTIST)	
ATHLETICS	
Professional or Collegiate Athletics	
Athletic Director	3A
Coach	3A
Trainer	1A
Professional Athlete/Jockey	N
ATTORNEY (See LEGAL)	
AUTHOR (See WRITER)	
AUTOMOBILE DEALERSHIP	
New	
General Manager/Finance Manager/Business Manager	4A
Salesperson/Sales Manager (At Least \$35,000 Income in Each of Last 2 Years)	4A
Salesperson/Sales Manager (Less than \$35,000 Income in Each of Last 2 Years)	3A
Washer/Polisher	1A
Parts/Supply Clerk (See CLERICAL)	
Service Manager (See SERVICE/REPAIR/INSTALLATION – AUTOMOBILE)	
Used	
General Manager/Finance Manager/Business Manager	3A
Salesperson/Sales Manager (At Least \$35,000 Income in Each of Last 2 Years)	3A
Salesperson/Sales Manager (Less than \$35,000 Income in Each of Last 2 Years)	2A
Washer/Polisher	1A
Parts/Supply Clerk (See CLERICAL)	
Service Manager (See SERVICE/REPAIR/INSTALLATION – AUTOMOBILE)	
AVIATION	
Ticket Agent/Administrative Personnel	4A
Freight or Baggage Handler/Bellhop/Porter	1A
Pilot	N
Air Traffic Control Specialist	N
Crop Duster/Other Pilots	N
Flight Attendant/Steward/Stewardess	N
Air Marshal (See LAW ENFORCEMENT)	
BAIL BONDSMAN	
Office Duties Only	2A
All Others	N

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Occupational Title	Occupational Class
BAKERY	
Supervisory/Administrative Duties Only	3A
Baker	2A
Delivery	1A
BANKING	
Officer/Bank Examiner	5A
Loan Originator/Credit Analyst (Office Duties Only)	4A
Cashier/Teller	3A
BARBER/BEAUTICIAN	
Not in Home	
Cosmetologist/Hairstylist (Shopowners Only)	3A
Cosmetologist/Hairstylist (Other)	2A
Barber	2A
Electrologist/Manicurist	2A
BIOCHEMIST (See SCIENTIST)	
BLACKSMITH/FARRIER/HORSESHOER	1A
BOTANIST (See Scientist)	
BRICK WORKER (See Construction – General)	
BROKER	
Commodities/Futures/Options	
At Least \$75,000 Income in Each of Last 2 Years	4A
At Least \$45,000 Income in Each of Last 2 Years	4A
Floor Trader	N
Others	N
Insurance	
(See Insurance INDUSTRY)	
Stocks/Bonds	
At Least \$75,000 Income in Each of Last 2 Years	5A
At Least \$45,000 Income in Each of Last 2 Years	4A
Others	2A
Floor Trader	N
Other Brokers	
At Least \$45,000 Income in Each of Last 2 Years	4A
Others	N
BUTCHER	2A
BUTLER	3A
CARPENTER/CABINET MAKER	2A
CARPET CLEANER OR INSTALLER	2A
CARTOGRAPHER	3A
CARTOONIST (See ARTIST)	

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Occupational Title	Occupational Class
CASINO WORKERS	
Manager/Supervisor/Operator (No Floor Duties)	3A
Cashier (Not on Floor)	2A
Dealers/Pit Boss/Workers on Floor (Minimum 1 Year with Employer)	1A
Others	N
CATERER	
At Least \$35,000 Income in Each of Last 2 Years	4A
CHEMICAL INDUSTRY	
Acids, Alkalis, Carcinogens, or Explosives	
All Workers	N
No Acids, Alkalis, Carcinogens, or Explosives	
Lab Technician	3A
Skilled Worker	3A
Machine Operator	1A
Tester	1A
CHEMIST (See SCIENTIST)	
CHIMNEYSWEEP	1A
CHIROPRACTOR (See HEALTH CARE – Other)	
CIRCUS/CARNIVAL WORKERS	N
CIVIC CENTERS/CONVENTION CENTERS/ARENAS	
Administrator/Manager	4A
Clerical/Office Personnel	3A
Production Workers (Lights, Property, Sound)	2A
Concession Workers	1A
CLEANING	
Supervisory/Administrative Duties Only	3A
Custodians/Janitors/Other Clean-Up Workers	1A
Window Cleaner (2 Stories or Less)	1A
Window Cleaner (More Than 2 Stories)	N
CLERGY	
Minister/Rabbi/Pastor	4A
CLERICAL	
Data Entry	3A
General	3A
Quality Control	3A
Shipping and Receiving (No Freight Handling)	3A
Inventory Control	2A
Parts or Stock Clerk	2A
CLOTHING INDUSTRY	
Cloth/Clothing/Fashion Designer	3A
Tailor/Dressmaker/Seamstress (Not in Home)	2A
Fashion Model	N

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Occupational Title	Occupational Class
COACH (See ATHLETICS)	
COLUMNIST (See WRITER)	
COMPUTER INDUSTRY	
Engineer/Architect (Degree in Computer Science or 3 Years Experience)	6A
Web Developer/Designer (Degree in Computer Science or 3 Years Experience)	6A
Programmer/Systems Analyst/Security Specialist/Engineer	6A
Administrator	4A
Capacity Management Specialist	4A
CONSTRUCTION	
Bridge	
Painter	N
Structural Steel Workers	N
General	
Job Supervisor/Building Contractor (90% of Duties are Supervisory)	4A
Superintendent/Foreman (90% of Duties are Supervisory)	4A
Dry Wall Worker/Plasterer	2A
Floor Covering Layer/Linoleum Worker	2A
Painter (Interior)	2A
General Laborer	1A
Heavy Equipment Operator (Grader/Bulldozer/Earth Mover/Crane)	1A
Mason/Brickworker/Cement Worker/Tilesetter	1A
Monument Worker/Stone Carver	1A
Paperhanger	1A
Upholsterer	1A
Painter (Exterior Residential)	1A
Painter (Exterior Non-Residential)	N
Asbestos Removal Workers	N
Explosive Handler/Blaster	N
Roofer	N
Sandblaster	N
Steeplejack	N
Tower Erectors	N
Welder	N
Carpenter (See CARPENTER/CABINET MAKER)	
Electrician (See ELECTRICAL INDUSTRY)	
Plumber (See PLUMBER)	
Road	
Highway, Road or Street Construction Worker/Laborer	1A
Sewer	
Sewer Construction (Except Tunnel)	1A
Tunnel	
Tunnel Workers (Shaft or Subway)	N

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Occupational Title	Occupational Class
CONSULTANT/LOBBYIST	
At Least \$75,000 Income in Each of Last 2 Years	5A
At Least \$45,000 Income in Each of Last 2 Years	4A
Others	3A
CORPORATE OFFICER/EXECUTIVE	
Administrative Duties Only, At Least \$75,000 Income	6A
Administrative Duties Only, At Least \$45,000 Income	5A
Others (Administrative Duties Only)	4A
DAYCARE	
Adult	
Not in Home or on Property (Owner/Director, Administrative Duties Only)	4A
Not in Home or on Property	3A
Child	
Not in Home or on Property (Owner/Director, Administrative Duties Only)	4A
In Home (State Licensed, At Least 2 Years in Business, Minimum 3 Children Unrelated to Provider)	2A
Not in Home or on Property	2A
Nanny/Au Pair	N
DAY TRADER	N
DENTIST (See HEALTH CARE – Dentistry)	
DERMATOLOGIST (See HEALTH CARE – Physicians)	
DISPATCHER	
Airlines/Auto/Bus/Truck/Taxi (Office Duties Only)	3A
DIVER	N
DRESSMAKER (See CLOTHING INDUSTRY)	
DRIVER	
Armored Car	1A
Delivery or Route	1A
Fork Lift Operator	1A
Heavy Equipment Operator (See CONSTRUCTION)	1A
Semi Truck/Tractor Trailer/Truck – Two or more axles (Minimum 60-Day Elimination Period)	1A
Emergency Vehicle Care/EMT/Ambulance (see Fire Fighter/Emergency Medical Technician)	
Garbage/Sanitation Truck	N
Racing (All Types)	N
Taxicab/Bus/Limousine	N
DRY CLEANING/LAUNDRY	
Owner/Manager/Supervisor	4A
Workers	2A

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Occupational Title	Occupational Class
ECONOMIST	
Masters/Ph.D. (90% Office Duties)	6A
Other (90% Office Duties)	5A
EDITOR (See PRINTING AND PUBLISHING)	
EDUCATION (See TEACHING/INSTRUCTION)	
ELECTRICAL INDUSTRY	
Engineer (Office Duties Only)	4A
Electrician (Commercial or Residential)	3A
Field Supervisor/Estimator	2A
Meter Installer	1A
Meter Reader or Inspector	1A
Overhead Lines/Conduits/Tunnels	S
ENERGY INDUSTRY	
Electric/Solar/Nuclear/Oil/Gas	
Manager/Supervisor/Engineer (Office Duties Only)	4A
Other Employees	S
ENGINEER	
Registered Professional Engineer (Office Duties Only)	6A
Other Professional Degrees (Office Duties Only)	6A
Others With No Degree (Office Duties Only)	5A
Inspector/Supervisor (With Field Duties)	2A
ENTERTAINMENT INDUSTRY	
Announcer/Disc Jockey/Commentator (Studio Duties Only)	4A
Director	4A
Producer	4A
Studio Engineer	4A
Technician	3A
Reporter (No Field Duties)	3A
Reporter (With Field Duties)	2A
Production Workers (Light/Property/Sound)	1A
Actor/Actress/Entertainer	N
Camera Operator/Photographer (See PHOTOGRAPHER)	
Writer, Script (See WRITER)	
EXECUTIVE (See CORPORATE OFFICER/EXECUTIVE)	
EXTERMINATOR/FUMIGATOR	1A
FAMILY PRACTICE (See HEALTH CARE – Physicians)	
FARMING AND RANCHING	
Farm Implement Dealer (Office Duties Only)	3A
Auctioneer, Retail or Wholesale (Includes Livestock)	2A
Beekeeper (Apiarist)	2A
Buyer, Agricultural and Livestock Products	2A

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Occupational Title	Occupational Class
FARMING AND RANCHING (continued)	
Chicken/Poultry Grower or Raiser	2A
Citrus Fruit Grower	2A
Dairy Farmer	2A
Farmer/Tree Farmer	2A
Grain Elevators or Mills (Office Workers)	2A
Livestock Raiser or Feeder/Rancher	2A
Manager/Superintendent	2A
Orchardist	2A
Tobacco Farmer or Grower	2A
Horse Trainer or Owner (No Racing or Jumping)	1A
Millwright	1A
Winery Worker	1A
Dairy Workers	S
Grain Elevators or Mills (Non-Office Workers)	N
Horse Breaker	N
Blacksmith (See BLACKSMITH/FARRIER/HORSESHOER)	
Farrier (See BLACKSMITH/FARRIER/HORSESHOER)	
Horseshoer (See BLACKSMITH/FARRIER/HORSESHOER)	
FINANCIAL PLANNER	
At Least \$75,000 Income in Each of Last 2 Years	5A
At Least \$45,000 Income in Each of Last 2 Years	4A
Others	3A
FIRE FIGHTER/EMERGENCY MEDICAL TECHNICIAN	
Rural Areas or Metropolitan Areas with Populations Less Than 200,000	1A
Metropolitan Areas with Population 200,000 or More	S
FISHING INDUSTRY	
Captain, Sport Fishing Boat (Tourist)	1A
Fish Hatchery Worker	1A
Fishermen and Surface Workers	N
FLORIST	
Administrative or Sales Only (No Greenhouse Work)	3A
Others With Greenhouse Work	2A
FOREST RANGER	2A
FUMIGATOR (See EXTERMINATOR/FUMIGATOR)	
GAMBLER	
Professional	N
GARBAGE COLLECTOR	N
GARDENER (See HORTICULTURIST)	
GEOLOGIST (See SCIENTIST)	

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OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
GLASS INDUSTRY	
Lens Grinder/Polisher	3A
Glass Products Worker	1A
Glazier	1A
GOLF COURSE/COUNTRY CLUB	
Manager/Proprietor	3A
Club Professional, Golf or Tennis (Full-time Only)	2A
Supervisor of Grounds Crew (Light Physical Activity)	2A
Greenskeeper/Groundskeeper	1A
GOVERNMENT EMPLOYEES (See specific occupation/profession/duties)	
GUIDE	
Tour Guide	2A
Hunting/Fishing	N
Mountain Climbing or River	N
HEALTH CARE	
Dentistry	
Dentist, General	3A
Dentist, Specialty (Orthodontist/Periodontal)	3A
Dental Assistant	2A
Dental Hygienist	2A
Lab Technician	2A
Midwife	
Registered Nurse (Hospital/Clinic/Doctor's Office Only)	3A
Others	S
Nurses	
Nurse Anesthetist	4A
Nurse Practitioner	4A
School Nurse (Full-time Only)	3A
RN/LPN/LVN: Doctor's Office or Clinic Only	3A
RN/LPN/LVN: Hospital, Nursing Home, Hospice or HHC (Minimum 30-day Elimination Period)	2A
Certified Nurse Aide (CNA): Doctor's Office or Clinic Only	2A
CNA: Hospital, Nursing Home, Hospice or HHC (Minimum 30-day Elimination Period)	1A
Home Health Care Provider Other Than RN/LPN/LVN/CNA (Minimum 30-day Elimination Period)	1A
Nurse in Psychiatric Hospital/Prison/Jail	S
Private Duty Nurse (Outside Hospital)	N
Pharmacy	
Registered Pharmacist	6A
Pharmacy Technician	4A

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Occupational Title	Occupational Class
HEALTH CARE (continued)	
Physicians	
Family Practice/Pediatrician	4A
Internal Medicine	4A
Anesthesiologist	3A
Dermatologist	3A
Emergency Room	3A
Obstetrics/Gynecology	3A
Ophthalmologist	3A
Pathologist	3A
Psychiatrist	5A
Radiologist	3A
Surgeon	3A
Urologist	3A
Specialty Not Listed, No Surgery and No Emergency Room Work	3A
Technicians	
Dialysis, ECG, Laboratory, Ultrasound, X-ray (At Least \$50,000 Income)	4A
Dialysis, ECG, Laboratory, Ultrasound, X-ray (Less Than \$50,000 Income)	3A
Therapists (Hospital, Clinic, Doctor's Office)	
Audiologist	4A
Physical	4A
Psychologist/Counselor (Licensed and Ph.D.)	4A
Psychologist/Counselor (Licensed Only)	4A
Respiratory	4A
Speech (Registered or Licensed)	4A
Assistants	3A
Occupational	3A
Massage (Certified or Licensed)	2A
Others	N
Therapists (Home Health Care)	
Physical	3A
Speech (Registered or Licensed)	3A
Assistants	2A
Occupational	2A
Respiratory	2A

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Occupational Title	Occupational Class
HEALTH CARE (continued)	
Other	
Administrator	4A
Naturopath	4A
Nutritionist or Dietician (No Food Preparation)	4A
Optometrist	4A
Osteopath	4A
Physician Assistant (At Least \$50,000 Income)	4A
Physician Assistant (Less Than \$50,000 Income)	3A
Podiatrist	3A
Chiropractor	2A
HORTICULTURIST	
Gardener/Greenhouse Worker/Nursery Worker	1A
HOTEL/MOTEL/INN	
Manager (Office Duties Only)	4A
Desk Clerk	3A
Caretaker	1A
Maid/Housekeeper (See MAID)	
ILLUSTRATOR (See ARTIST)	
INNKEEPER (See HOTEL/MOTEL/INN)	
INSURANCE INDUSTRY	
Agent/Broker (At Least \$75,000 Income in Each of Last 2 Years)	5A
Agent/Broker (At Least \$45,000 Income in Each of Last 2 Years)	4A
Claims Examiner/Underwriter (Office Duties Only)	5A
General Agent	4A
Claims Examiner/Underwriter (With Field Duties)	3A
Clerk	3A
Office Manager	3A
Other Agent/Broker	3A
INTERIOR DESIGNER/DECORATOR	
4-Year Degree (Consulting Only)	3A
Others	2A
INTERNAL MEDICINE (See HEALTH CARE – Physicians)	
INTERPRETER/TRANSLATOR	4A
JEWELRY	
Certified Gemologist/Certified Gemologist Appraiser	3A
Others (Office Duties Only)	3A
Goldsmith/Silversmith/Diamond Cutter	2A
JOURNALIST (See WRITER)	

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Occupational Title	Occupational Class
LANDSCAPING	
Landscape Architect (90% Supervisory/Administrative)	3A
90% Supervisory/Administrative Duties	2A
Tree Trimmer/Tree Surgeon	N
Other Workers Including Lawn Mowers	1A
LAW ENFORCEMENT	
City/County/State Police	
Dispatcher, Communications	3A
City Police Officer (Metropolitan Area Less Than 2 Million)	1A
Detective/Inspector	1A
Marshals/Sheriffs/Deputies	1A
Meter Person (Not Making Arrests)	1A
State Highway Patrol Officer	1A
City Police Officer (Metropolitan Area 2 Million or More)	S
Customs and Immigration	
Inspector (Inside Duties Only)	4A
Juvenile Detention Facility	
All Workers	S
Prison or Correctional Facility	
Warden	3A
Guard/Jailer/Matron	S
Other	
Air Marshal	2A
Fish and Game Warden	2A
Guard, Security or Bank	2A
Process Server	1A
Parole/Probation Officer	S
LAWYER (See LEGAL)	
LEGAL	
Attorney	6A
Judge	6A
Legal Assistant (Certified)	5A
Paralegal	5A
Legal Assistant (Other)	4A
Secretary	4A
Stenographer	3A
Court Reporter	3A
Bailiff	1A
LIBRARIAN	4A
LIQUOR DISTRIBUTION	
Wholesaler	4A
Liquor Store Owner/Manager	2A
Bartender	N

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Occupational Title	Occupational Class
LOBBYIST (See CONSULTANT/LOBBYIST)	
LOCKSMITH/KEY MAKER	3A
LUMBER INDUSTRY	
Office Duties Only	4A
Others	N
MAID	1A
MANUFACTURING/PROCESSING/PACKAGING	
Automobile Manufacturing	
All Workers	N
Other Manufacturing	
Administrative/Supervisory Duties Only	4A
Foreman/Inspector/Superintendent	3A
Lab Technician	3A
Receiving/Shipping Clerk	3A
Other Skilled Worker	3A
Assembler/Benchworker/Toolmaker	1A
Crane Operator	1A
Diemaker/Engraver	1A
Installer/Tester	1A
Machine Operator/Machinist/Mechanic/Milwright	1A
Alcohol/Brewery/Distillery/Winery Plant Workers	1A
Creamery/Dairy Plant Workers	1A
Factory Canning/Preserving Workers	1A
Refrigeration Plant Workers	1A
Sugar Refinery Worker	1A
Chicken/Poultry Cleaner/Cutter/Dresser or Processor	N
Packinghouse Worker	N
Rendering Plant Workers	N
MARINE INDUSTRY	
Inland Vessels	
Pilot	1A
Large Seagoing Vessels/Freighters	
Passenger Ship: Pilot/Officers	4A
Cargo Ship: Pilot/Officers	3A
Passenger Ship: Radio Operator/Purser/Chief Steward	2A
Harbor Master	2A
Harbor Pilot	1A
Dockworker, Stevedore, Wharfworker	S
Cargo Ship: Crew	N
Passenger Ship: Crew	N
MASON (See CONSTRUCTION – General)	
MASSAGE (See HEALTH CARE – Therapists (Hospital, Clinic, Doctor's Office))	
MECHANIC (See SERVICE/REPAIR/INSTALLATION)	

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Occupational Title	Occupational Class
MESSENGER	
Inside the Office	2A
Outside or Between Offices	1A
Bicycle	N
MIDWIFE (See HEALTH CARE – Midwife)	
MINERALOGIST (See SCIENTIST)	
MINING	
Manager/Owner (Office Duties Only)	4A
Outside Foreman (Surface Only)	2A
Others	N
MINISTER (See CLERGY)	
MORTICIAN	
No Embalming	4A
With Embalming	3A
MOTEL (See HOTEL/MOTEL/INN)	
MOVING AND STORAGE	
Owner/Manager (Office Duties Only)	4A
Estimator/Foreman (No Manual Duties)	3A
Mover, Furniture and Household Goods	S
MUSEUM CURATOR (See ART DEALER/GALLERY OWNER/MUSEUM CURATOR)	
MUSIC	
Musician/Singer (Full-Time Orchestra/Studio Composer/Arranger)	3A
Piano Tuner/Teacher	3A
Musician/Singer (Night Club/Restaurant/Lounge/Tavern)	N
NATURAL GAS (See PETROLEUM INDUSTRY)	
NURSE (See HEALTH CARE – Nurse)	
OBSTETRICS/GYNECOLOGY (See HEALTH CARE – Physicians)	
OFFICE WORKER	
Administrative Duties Only (At Least \$40,000 Income)	5A
Administrative Duties Only (Less Than \$40,000 Income)	4A
Administrative Assistant	4A
Receptionist	4A
Secretary	4A
Others	3A
OIL (See PETROLEUM INDUSTRY)	
OPHTHALMOLOGIST (See HEALTH CARE – Physician)	
OPTOMETRIST (See HEALTH CARE – Other)	
PAINTER (See CONSTRUCTION – General)	
PARALEGAL (See LEGAL)	
PATHOLOGIST (See HEALTH CARE – Physicians)	
PAWN BROKER	N
PEDIATRICIAN (See HEALTH CARE – Physicians)	

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PETROLEUM INDUSTRY	
Foreman	3A
Manager/Supintendent (Supervisory Only)	3A
Mechanic	1A
Others (Offshore Workers)	N
PHARMACIST (See HEALTH CARE – Pharmacy)	
PHOTOGRAPHER	
Commercial, Studio	4A
Camera Operator, Motion Picture/Television	3A
Commercial, Non-Studio (Sporting Events, Corporate Functions, Concerts, Filming on Location)	2A
PHYSICAL THERAPIST (See HEALTH CARE – Therapists)	
PHYSICIAN ASSISTANT (See HEALTH CARE – Other)	
PHYSICIST (See SCIENTIST)	
PIPEFITTER/STEAMFITTER	1A
PLUMBER	2A
PODIATRIST (See HEALTH CARE – Others)	
POSTAL EMPLOYEES	
Postal Inspector (Office Only)	2A
Driver/Letter Carrier/Mail Handler/Clerk (Minimum 30-Day Elimination Period)	1A
PRINTING AND PUBLISHING	
Books/Newspapers/Periodicals	
Editor/Publisher	5A
Copywriter (Office Duties Only)	3A
Foreman	3A
Photographer	3A
Graphic/Lithographic Artist	2A
Proofreader	2A
Compositor/Lithographer/Pressman/Typesetter	1A
Engraver, Photoengraver	1A
Machine Operator	1A
Maintenance Mechanic	1A
Bookbinder	1A
Newspaper Delivery (See DRIVER)	
PRIVATE DETECTIVE	N
PSYCHIATRIST (See HEALTH CARE – Physicians)	
PSYCHOLOGIST (See HEALTH CARE – Therapists)	
PUBLISHER (See PRINTING AND PUBLISHING)	
RABBI (See CLERGY)	
RADIOLOGIST (See HEALTH CARE – Physicians)	

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Occupational Title	Occupational Class
RAILROAD	
Conductor	2A
Dispatcher	2A
Foreman	2A
Inspector	2A
Signalman	2A
Tower Electronic Switching and Traffic Controller	2A
Yard Master	2A
Other (Office Duties Only)	2A
Engineer	1A
Maintenance Mechanic	1A
Track and Section Workers	S
Train Crew	S
Yard Workers	S
REAL ESTATE	
Agent/Broker (At Least \$75,000 Income in Each of Last 2 Years)	5A
Agent/Broker (At Least \$45,000 Income in Each of Last 2 Years)	4A
Abstractor/Abstract Clerk	3A
Agent/Broker (Others)	3A
Appraiser	3A
Escrow/Title Clerks	3A
Home Inspector	2A
REPORTER (See ENTERTAINMENT INDUSTRY)	
RESTAURANT/BAR	
Chef (At Least \$45,000 Income)	4A
Host/Hostess/Cashier (Sole Duties)	3A
Owner/Operator/Manager (No Bartending Duties)	3A
Cook	2A
Busboy/Busgirl	N
Waiter/Waitress	N
Baker (See BAKER)	
Bartender (See LIQUOR DISTRIBUTION – Bartender)	
RETAIL SALES	
Convenience Store	
Owner/Manager/Supervisor	2A
Other Employees	N
General Merchandise	
Buyer or Purchasing Agent	4A
Owner/Manager/Supervisor	4A
Salesperson/Sales Clerk/Receiving Clerk	3A
Other Employees	2A

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OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
Grocery Store	
Manager (Supervisory Duties Only)	4A
Stock Clerk	2A
Others	1A
RETIRED PERSON	N
RODEO PERFORMER	N
ROOFER (See CONSTRUCTION – General)	
SALES AGENT/MANUFACTURING REPRESENTATIVE	
At Least \$75,000 Income in Each of Last 2 Years	5A
At Least \$45,000 Income in Each of Last 2 Years	4A
Others	3A
SCIENTIST	
Geologist (Office Duties Only)	5A
Astronomer (Salaried Only)	4A
Biochemist	4A
Biologist (Not Teaching, Not Marine Biologist with Diving)	4A
Botanist	4A
Chemist	4A
Meteorologist	4A
Physicist	4A
Zoologist	4A
Geologist (With Field Duties)	3A
Lab Assistant or Technician (Not in Physician's or Dentist's Office/Clinic)	4A
Mineralogist (Above Ground Only)	3A
Others (No Field Duties)	3A
Others (With Field Duties)	2A
SEAMSTRESS (See CLOTHING INDUSTRY)	
SEPTIC AND SEWAGE	
Installation	1A
Servicing	1A
SERVICE/REPAIR/INSTALLATION	
Automobile	
Service Manager (Supervisory Only)	4A
Body Repair Worker/Welder	2A
Mechanic	2A
Cable/Satellite Television	
Equipment Repairer/Installer/Servicer (No Line Work, Pole Climbing or Digging)	3A
Lineman/Pole Climber	S
Service Stations	
Owner/Manager	2A
Others	1A

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OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
SERVICE/REPAIR/INSTALLATION (continued)	
Telephone	
Equipment Repairer/Installer/Service (No Line Work, Pole Climbing or Digging)	3A
Lineman/Pole Climber	S
Tower Service/Installation	S
Other	
Computer Servicer/Repairer	3A
Security Systems (No Line Work, Pole Climbing or Digging)	3A
Computer Installer	3A
Clock/Watch Repairer	2A
Musical Instrument Repairer	2A
Office Machines	2A
Shoe Repairer	2A
Heating, Ventilation and Air Conditioning	2A
Household Appliances	2A
Mechanic (Aircraft/Boat/Truck/Small Engine)	2A
Vending Machines	1A
Welder	1A
Elevator Mechanic	S
SOCIAL WORKER	
Office Duties Only	4A
Field Duties	3A
STUDENT	
Full Time	N
STUNTLADY/STUNTMAN	
SURGEON (See HEALTH CARE – Physicians)	
SURVEYOR	
Office Duties Only	4A
Field Duties	3A
TAILOR (See CLOTHING INDUSTRY)	
TATOO ARTIST/BODY PIERCING	N
TAXIDERMIST	3A
TEACHING/INSTRUCTION	
College/University	
Dean	5A
Professor (Full-Time Classroom Only, Degree Required)	5A
Registrar	4A
Other (Administrative Duties Only)	4A

Occupational Underwriting Guidelines

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
TEACHING/INSTRUCTION (continued)	
K-12	
Administrator/Guidance Counselor/Special Education/ Driver Education	4A
Principal/Superintendent	4A
Teacher (Full-Time Classroom Only, Not in Home, Degree Required)	4A
Teacher (Physical Education/Shop/Others with Duties Outside of the Classroom)	3A
Athletic Director	3A
School Nurse (See HEALTH CARE – Nurses)	
Preschool	
Teacher (Not in Home)	2A
Vocational	
Teacher/Professor	4A
Other	
Aerobics/Yoga Instructor/Personal Trainer	1A
Dancing Instructor	1A
Martial Arts Instructor	N
Ski Instructor	N
TEMPORARY/SEASONAL WORKER	N
TRAVEL AND TRANSPORTATION	
Travel Bureau Worker	3A
TREE TRIMMER/TREE SURGEON (See LANDSCAPING)	
ULTRASOUND TECHNICIAN (See HEALTH CARE – Technicians)	
UROLOGIST (See HEALTH CARE – Physicians)	
VETERINARIAN	
DVM (Small Animal)	5A
Assistant (Small Animal)	3A
DVM (Large Animals)	3A
Assistant (Large Animal)	2A
WAREHOUSE WORKERS	
Checker/Crater/Foreman/Packer	2A
Fork Lift or Power Truck Operator/Skilled Worker	1A
Others	S
WELDER (See CONSTRUCTION – General or SERVICE/REPAIR/INSTALLATION)	

Occupational Underwriting Guidelines

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
WRITER	
Books/Newspapers/Periodicals	
Columnist	5A
Author/Novelist/Writer/Proofreader (Salaried Only)	4A
Journalist On Staff of Newspaper/Periodical	4A
Scriptwriter (Salaried Only)	4A
Technical Writer (Salaried Only)	4A
Freelance	N
X-RAY TECHNICIAN (See HEALTH CARE – Technicians)	
ZOOLOGIST (See SCIENTIST)	

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Completing the Application

General Guidelines

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

- **Use the correct application** – Be sure to use the application for the client's state of residence. Non-resident state applications will not be accepted. You will be required to submit the correct state application before a policy can be issued
- **You must have the appropriate state license** – If the application is taken in person, you must be licensed in the state where the application is signed. For mail-in applications, you must be licensed in the state where the application is completed and mailed. (A special note about Kansas: If you take an application on a Kansas resident, you must be appointed both in Kansas and in the state where the application is signed)
- **Only the applicant may sign** – When disability insurance sales are made only the applicant for insurance may complete and sign the application
- **White out is not allowed** – If a question is answered in error, draw a single line through the error and have the correction initialed by the applicant
- **Don't use "N/A"** – "N/A" is not an acceptable answer. Instead, use "no" or "none" when answering a question on the application
- **Always include a quote** – Providing a copy of the quote is required when you submit the application packet
- **Check the date** – Applications must be received by Mutual of Omaha within 30 days of the application date. Applications that are more than 30 days old will require you to submit a new, complete, currently dated application. Premium will be based on the applicant's age as of the new application signing date

Assisting Non-English Speaking Applicants

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

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

Preparing Your Client for the Health Interview

A Client Personal Health Interview (PHI) will be required for certain benefit amount/benefit period combinations. An interview may also be ordered at the underwriter's discretion.

- Explain to your client what comes next in the underwriting process. Use "The Importance of An Accurate Health History" flyer (M20958_0611)
- Let the applicant know he or she will be required to complete a personal health interview and help him or her compile a list of doctor's names and medications
- Explain the importance of giving the interview his or her full attention
- Hours: 8:00 a.m. to 7:00 p.m. Central Time Monday – Thursday
8:00 a.m. to 5:00 p.m. Central Time Friday
1-800-775-3000

Preparing Your Client for the Tele-Application Interview

The telephone interview will be ordered by Mutual of Omaha. A trained nurse will contact your client to schedule and complete the interview.

- Explain to your client what comes next in the underwriting process. Use "Next Steps" flyer
- Let the applicant know he or she will be required to complete a Tele-Application interview and help him or her compile a list of doctor's names, medications, employment and income information
- The interview will take approximately 25-30 minutes to complete
- Explain the importance of giving the interview his or her full attention as their responses will be used to complete the application for disability insurance with Mutual of Omaha

Checking Case Status

Application and underwriting status is available on Sales Professional Access (SPA) – our secure agent website. Log in using your seven-digit production number. Select the "Reports" tab. Then select the link labeled "Med Supp, LTC, DI and Other Health Products" to view your case status report.

Authorization for Release of Information to My Insurance Agent

The Authorization for Release of Information to my Insurance Agent and/or Agency form, is a non-mandatory form that clients may sign that will allow their health information to be shared with their producer. Details can be provided in letter or phone communication. However, due to security risk, the information will not be provided via email unless there is confirmation of the intended recipient.

There will be two forms included in the DI Choice application pack. One form may be left with the client for their personal records, and the other may be signed and sent in with their DI Choice application packet.

Appealing an Underwriting Decision

Applications that are declined and policies that are rated or issued other than applied for are eligible for reconsideration through an appeal process. To ensure privacy, the specific reason for a policy being declined or rated/issued other than applied for is shared only with the applicant. If you want the ability to view or discuss this material, remember to have the Authorization for Release of Information to My

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Insurance Agent, Agency and/or Authorized Third Party Vendor form signed and sent in to Mutual of Omaha. After reviewing the letter with the applicant please review the information in this guide for our handling of the applicant's condition(s). If the applicant disagrees with the specific reason given in the letter, he or she has the right to submit additional information. Here's how the appeal process works:

- A notice of appeal must be submitted in writing by the applicant and/or his or her physician within 60 days of receipt of the letter (some states vary slightly). Informal (verbal) appeals will be considered at the request of General Managers, District Sales Managers and Brokerage Managers
- A decision letter will be sent to the applicant within 60 days of receipt of the appeal information
- The 30-day period for review of the policy and billing notice of premium due are independent of the appeal process. Partner policies also are independent of the appeal process and should be delivered accordingly
- The application date will determine whether the original application can be used along with a Statement of Good Health or if a new application will be required

Sales and Marketing Information

Association Marketing Guidelines and Approval Process

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.

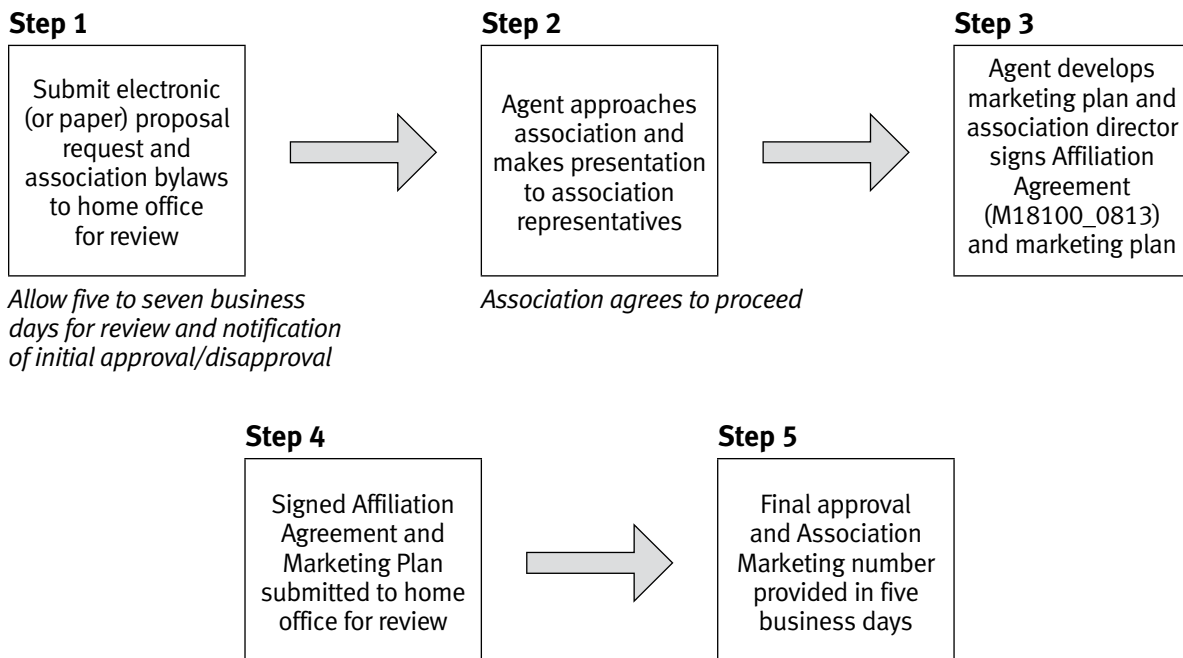
A 15 percent premium savings is available if the insured is a member of a qualifying association.

Association Marketing Approval Guidelines

- Association Approval Requirements
 - An organization must:
 - Have at least 100 members
 - Have been in existence for at least two years
 - Have by-laws and officers
 - Have members who pay dues or fees on a regular basis and vote on officers and matters of policy
 - An organization will not be eligible for this program benefits if it is:
 - Formed for the purpose of obtaining insurance
 - Formed to promote political views
 - Primarily consisting of members with hazardous occupations

Getting Started

Association Approval Process



Allow five to seven business days for review and notification of initial approval/disapproval

Association agrees to proceed

The home office reserves the right to final approval or disapproval of all association group requests based on product, underwriting and marketing assessment of each group's fit for our program.

Sales and Marketing Information

Additional Details on Approved Associations

1. All applications are individually underwritten according to the specific product's underwriting guidelines.
 - Include Association marketing number on the application next to the association name
2. Due to employer-benefit laws, employees of members are not eligible for coverage using the Association Marketing Program.
3. To keep the group open and eligible for the program benefits, the agent must issue the number of applications agreed to in the marketing plan within the agreed time frame.
4. After the initial evaluation period, there must be at least ten issued applications every twelve months to keep the group open.
5. Agents should not encourage individuals to enroll in an association for the purpose of receiving a discount or enhancement.
6. Only approved marketing materials may be used to communicate with the association and its members.

If you have additional questions on this program or need further assistance, please email Association Marketing at association.marketing@mutualofomaha.com or call (800) 624-5554.

Licensing and Appointments

Non pre-appointment states (all states except PA)

- If you are properly licensed in your state, you may solicit business prior to becoming appointed with Mutual of Omaha
- Applications must be submitted along with contracting paperwork. Each state has different rules on number of days to submit an appointment to the state Department of Insurance from the date the application is received
- Policies cannot be issued until the effective date of your appointment

Pre-appointment states (PA)

- You must be properly licensed and appointed with Mutual of Omaha BEFORE soliciting business
- If an application is dated prior to your appointment effective date, it will be rejected and a letter will be mailed to the applicant

Background Checks

All new agents are subject to a background check, which includes:

- Credit history
- Insurance department actions
- Federal and county criminal records

Be sure to disclose all information and answer each question on the information sheet truthfully. If answering "yes" to any questions, an explanation (signed and dated by you) and any supporting documentation must accompany the contracting paperwork.

- Background checks are conducted by an outside entity and typically take one to three business days. If an issue is found, you will be contacted in writing to resolve it, if possible
- No information regarding the finding of the background check can be discussed with your MGA
- If Mutual of Omaha declines to appoint you, both you and your MGA, if applicable, will be notified in writing

Errors and Omissions Insurance

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

Contact Information

Application Submission

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

Policy Delivery Requirements
Fax: 402-997-1905

Pending Application Requirements
Fax: 402-997-1805

Mutual of Omaha Licensing

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

Sales Support

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

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

Disability Insurance Claims

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

Multi-Life

Phone: 877-778-0838
Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday
Email: multilife@mutualofomaha.com

- Case Quoting
- Group Approval
- Multi-Life Inquiries

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Multi-Life Billing Questions

Phone: 800-877-1050

Policyowner Service

Policyowner services - the quickest way to request a cancellation be in effect

Phone: 800-775-6000 option 5, option 3

Hours: 7.00 a.m. - 5.30pm Central Time Monday – Thursday
7.00 a.m. - 5.00 p.m. Central Time Friday

The policy number is preferred, however, other verifiers are available if calling.

A cancellation request may be sent via fax, policy number is required.

Fax: 402-997-1869

A cancellation request may be sent via email, policy number is required.

Email: mycustomerservicehealth@mutualofomaha.com

A client may register for online access to their account information via the link below.

Website: www.mutualofomaha.com

The “sign in” icon is in the upper right hand corner, select Individual Customers to register for customer access. Once registration is complete, a request may be made from the personalized site.

Disability Telephone Interview (Client Profile – Non Tele-Application)

Phone: 1-800-775-3000

Hours: 8 a.m. to 7 p.m. Central Time Monday – Thursday
8 a.m. to 5 p.m. Central Time Friday

Underwriting Prescreens

Email: underwriter.health@mutualofomaha.com

Underwriting Call Center

Phone: 1-800-715-4376

Hours: 7:30 a.m. to 5:00 p.m. Central Time Monday – Friday

Revisions to this Guide

The following updates effective April 1, 2014.

Page 6	Allowed To-Age-67 benefit period for occupation class 2A with annual income over \$60,000 (with financial documentation)
Page 11, 12, 13	New Business Overhead Expense (BOE) monthly benefit limits
Page 14, 45	Newly self-employed qualification – added standard offer of 50% of prior W-2 income for individuals, self-employed less than 12 months
Page 15	Self-employed clients may increase net income by 20% for maximum benefit amount
Page 31, 32	Included a list of top medical conditions for field underwriting
Page 37	Part-time income now included as eligible income earnings
Page 39	All base coverage option for individuals in occupational classes 4A, 5A and 6A who earn more than \$100,000
Page 39, 40	Revised the Income Qualification table (merged Maximum SIS with or without dependents columns)
Page 42	Modified Issue and Participation Limits
Page 46, 48	Pilots are now ineligible for coverage
Page 48, 52, 65	Changed occupation class for Drivers, Specialty Teachers and Athletic Trainers from 2A to 1A
Page 70, 71	Revised Association Marketing guidelines

The following updates effective April 1, 2015.

Page 14	DI Choice it's own section / Minor changes to Eligibility Requirements
Page 16	Updated Life/DI discount
Page 22	DI Choice at Work it's own section
Page 29	Minor changes to Product Combinations and Tobacco use
Page 31	Common Medical Conditions – revised Anxiety/Depression possible underwriting actions – revised Attention Deficit Disorder/ADD/ADHD
Page 32	Common Medical Conditions – Added Gestational Diabetes
Page 46	Uninsurable Occupations – added Referee
Page 68	Preparing Your Client for PHI – added available hours

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Revisions to this Guide

The Following are effective October 1, 2016.

Page 17	Clarified eligibility requirements for Students
Page 29	Modified Product Combinations section
Page 30	Modified Underwriting Requirements Overview
Page 35	Added Tele-Application guidelines
Page 37	Minor addition to Unearned Income
Page 39	Revised Issues and Participation Limits
Page 43	Added underwriting.health@mutualofomaha.com to Occupational Underwriting Guidelines
Page 44	Clarification to Multiple Occupations
Page 45	Clarification to Business Owner – Newly Self-Employed. Added Business Owner – Purchase of Existing Business
Page 68	Added Preparing Your Client for the Tele-Application interview. Added Authorization for Release of Information to My Insurance Agent
Page 72	Added additional Contact Information

The Following are effective June 1, 2018

Page 31	Anxiety/Depression – updated potential underwriting outcomes. Changed initial diagnosis decline period from 1 year to 6 months. Removed most benefit amount, elimination period and benefit period restrictions.
Page 31	Attention Deficit Disorder/ADD/ADHD – updated potential underwriting outcomes. Changed initial diagnosis decline period from 1 year to 3 months. Removed benefit amount, elimination period and benefit period limitations
Page 31	Chiropractic Care – updated potential underwriting outcomes. Expanded guidelines for consideration
Page 32	Hypertension – updated potential underwriting outcomes. Updated medical record requirements