



Mutual Care[®] *Plus* Portfolio

Long-Term Care Insurance



AGENT and UNDERWRITING GUIDE

Mutual Care[®] 3 & 5
Mutual Care[®] *My Way*
Mutual Care[®] *at Work*

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Contact Information

Mutual Care Plus Mailing Addresses

General Mail

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

Expedited Mail

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

Mutual Care at Work Mailing Addresses

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

LTC Service Office

Claims

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

Customer Service

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

- New Business Service
- Policy Issue
- Billing and Collection

Fax Numbers

888-539-4672

- Application Requirements

800-921-9335

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

Mutual Care at Work Multi-Life Underwriting Coordinator

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

- Case Quoting
- Group Approval
- Multi-Life Inquiries

General Contact Information

Premium Submission (other than premium collected with the application)

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

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

Licensing

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

Sales Support

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

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

Underwriting

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

- Prequalification
- Risk Selection

To Initiate the Personal Health Interview

Phone: 866-544-1617

Mutual Care Plus

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

Product Details

The following chart contains the built-in and optional benefits of Mutual Care 3, Mutual Care 5 and Mutual Care My Way. Benefits may vary by state.

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

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

Benefit Descriptions

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

Additional Benefit for Injury

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

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

Cash Benefit

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

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

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

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

Elimination Period

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

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

Five-Year Rate Guarantee

Guarantees the initial rate for a five-year period.

- Available only on Mutual Care My Way

International Benefit

The International Benefit will pay a benefit if confined to a Nursing Home, Assisted Living Facility or receiving Home Health Care or Adult Day Care outside of the United States, its possessions or territories, Canada, or the United Kingdom. The International Benefit is equal to 12 times the Maximum Monthly Benefit. This benefit is paid regardless of whether Eligible Expenses incurred in any month are more or less than the Maximum Monthly Benefit. No additional International Benefits are payable under this policy once the benefits paid are equal to the International Benefit Lifetime Maximum. The Cash Benefit is not available under this benefit.

Inflation Protection Options

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

Compound Inflation Protection:

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

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

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

Simple Inflation Protection:

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

No Inflation Protection:

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

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

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

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

*Subject to the following limitations:

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

Nonforfeiture Shortened Benefit Period

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

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

Restoration of Benefits

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

- Available only on Mutual Care My Way

Return of Premium Options

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

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

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

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

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

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

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

Spouse Security Benefit

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

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

Spouse Shared Care Benefit

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

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

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

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

Spouse Survivorship Benefit

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

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

- Available only on Mutual Care My Way
- Not available with Spouse Security Benefit
- Not available with Married or Two-Person Household premium allowances
- Not available on Class I and Class II risks

Spouse Waiver of Premium

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

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

- Available only on Mutual Care My Way
- Not available with Spouse Security Benefit
- Not available with Married or Two-Person Household premium allowances
- Not available with Class I and Class II risks

Waiver of Elimination Period for Home Health Care

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

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

Application Requirements

Things to Remember

- The application packet includes the application and any vital state forms
Note: Non-resident state applications or forms will not be accepted.
- If the application must be taken on the client's resident state application packet. Submission of a nonresident state application will require submission of the correct state application before a policy can be issued. The agent must be licensed in the signing state
Note: If an application is taken on a Kansas resident, the producer must be appointed in Kansas and in the state where the application is signed.
- Two applicants are allowed per application. Only the applicants for insurance may complete and sign the application
- White out is not allowed. If a question is answered in error, draw a single line through the error, and have the correction initialed by the applicant. "N/A" is an unacceptable answer. Instead the questions should be answered "no" or "none"
- Include a copy of insured's quote with the application packet
- Indicate on the application the best time to contact the applicant for a telephone interview or face-to-face examination
- Inform the applicant of the interview or face-to-face process, provide them with, and help them complete the Preparing for the Health Interview form (M26798) located in the Consumer Guide (application book). It is recommended that prior to leaving your client you call 1-866-544-1617, identify yourself as the agent and introduce your client to the service representative. If a nurse is available, an on the spot interview can be done. If a nurse is not available, or if it is not a convenient time for the applicant, an appointment can be made for a future date. Otherwise your client will be called to schedule an interview after the application is received

Additional Policy Details

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

Issue Ages

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

30-Day Right to Review

The applicant has 30 days from the day of its receipt to review the policy. If during that time they are not satisfied with it, they may return the policy to us or the agent for a prompt refund of all premiums paid. The policy will then be considered never to have been issued.

Tax Status

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

Premium Allowances

All Mutual Care Plus policies offer the following premium allowances:

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

- Not available with Spouse Security Benefit
- If one applicant cancels their contract and it results in a cancel back to issue or not taken, the Spouse/Partner Allowance (35 percent) will be removed from the remaining issued policy and the Married Allowance (15 percent) will be added

Preferred – 15 percent for being in good health

- Can be combined with all Household allowances

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

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

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

- Not available with Spouse Waiver of Premium, Spouse Survivorship, Spouse Security or Spouse Shared Care benefits
- If one applicant cancels their contract and it results in a cancel back to issue or not taken, the Two-Person Household Allowance (10 percent) will be removed from the remaining issued policy

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

- Not available with Producer Allowance

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

- Not available with Producer Allowance

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

All available allowances will apply*

*Only one household allowance can be selected. Producer allowance can not be combined with the Association Group or Medicare supplement allowance. Preferred health allowance can be combined with any other allowance. Allowances are multiplicative, not additive.

Premium Payment Option

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

Billing Information (Initial Premium)

Please use the following modal factors to calculate premium:

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

Cash with Application:

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

No Cash with Application:

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

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

Mutual Care® at Work

Program Overview

What is Mutual Care at Work?

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

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

How does it work?

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

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

Who is eligible to participate?

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

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

What types of businesses make good prospects?

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

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

Typically Acceptable Business Prospects	Typically Unacceptable Business Prospects
<ul style="list-style-type: none"> ■ Law firms ■ Engineering firms ■ Architectural firms ■ Accounting firms ■ Health care professionals ■ Banking and financial services professionals ■ Educators 	<ul style="list-style-type: none"> ■ Athletes (professional, jockey, rodeo, racing) ■ Aviation ■ Chemical industries (acids, alkalis, carcinogens, explosives) ■ Construction/asbestos workers ■ Law enforcement, prison or correctional facility workers ■ Marine (diving, salvage, towing, fishing) ■ Manufacturing (warehouse, packing house) ■ Petroleum and gas workers (drilling, removal, off-shore) ■ Seasonal workers ■ Firefighters

Desirable Employer Characteristics	Required Employee Characteristics
<ul style="list-style-type: none"> ■ Stable or high-growth companies with few locations ■ Committed to supporting the program ■ Agreeable to on-site employee meetings and enrollment during company time ■ Willing to contribute toward premium (executive, officers, all employees based on age and/or years of service) ■ Employees with long tenure and/or affinity to employer ■ High concentration of well-educated and highly compensated individuals ■ Successful voluntary employee benefit offerings 	<ul style="list-style-type: none"> ■ 40% of employees are above a salary of \$40,000 ■ 50% of employees are age 40 or above ■ Strong loyalty to company ■ W-2 Employees only ■ Maximum group size is limited to 250 eligible employees

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

Benefits to the Employer	Benefits to Employees
<ul style="list-style-type: none"> ■ Helps attract and retain quality employees ■ Enhances a company's reputation as a place people want to work ■ Builds morale and develops a workforce of loyal employees ■ Provides premium allowances that are not available to the general public ■ Provides relatively low minimum participation requirements ■ Provides flexible underwriting programs ■ Improves productivity and reduces absenteeism ■ Provides tax advantages to the business 	<ul style="list-style-type: none"> ■ Helps protect retirement savings from the high cost of care ■ Allows them to purchase coverage for extended family members ■ Provides premium allowances not available to the general public ■ Provides flexible underwriting programs ■ Provides the ease of purchasing insurance at work and paying through payroll deduction ■ Allows them to take their policy with them, even if they leave the company

Underwriting Programs

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

Underwriting Program	Advantages	Premium Allowance	Underwriting Classes
Modified Guaranteed Issue	<ul style="list-style-type: none"> ■ Three insurability questions ■ Ease of doing business 	10%	Select
Simplified Issue	<ul style="list-style-type: none"> ■ Six insurability questions ■ Spouses can apply if actively at work* 30+ hours per week (copy of W-2 required at time of application) ■ Increased available benefits 	10%	Select
Full Underwriting	<ul style="list-style-type: none"> ■ All issue ages and benefit levels available ■ Preferred health allowance (15%) available 	5%	Preferred Select Class I Class II

Modified Guaranteed Issue

- Available only with employer-paid programs
- Minimum group size is 10 eligible employees; minimum participation is 10 insured employees (program must be taken by 100 percent of the group to which the offer is made, including carve-out groups)
- Spouses are eligible for simplified issue underwriting with a 10 percent premium allowance if actively at work,* regardless of employer funding for the spouse

- Extended family members are eligible for full underwriting with a five percent premium allowance
- Maximum monthly benefit of \$1,500 to \$4,500
- Maximum lifetime benefit of \$150,000
- Available premium allowances include:
 - 10 percent Multi-Life Program Allowance
 - 15 percent married allowance
 - 10 percent two-person household allowance

Simplified Issue

- Available with employer-paid and voluntary programs
- Minimum group size is 10 eligible employees; minimum participation is 10 insured employees
- Spouses are eligible for simplified issue underwriting with a 10 percent premium allowance if actively at work* (copy of W-2 required at time of application), regardless of employer funding for the spouse/employee
- Extended family members are eligible for full underwriting with a five percent premium allowance
- Maximum monthly benefit of \$1,500 to \$9,000
- Maximum lifetime benefit of \$400,000
- Available premium allowances include:
 - 10 percent multi-life program allowance
 - 35 percent spouse allowance
 - 15 percent married allowance
 - 10 percent two-person household allowance

Full Underwriting

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

*Actively at work: Means an employee whom, on the date of their application and throughout the prior six months

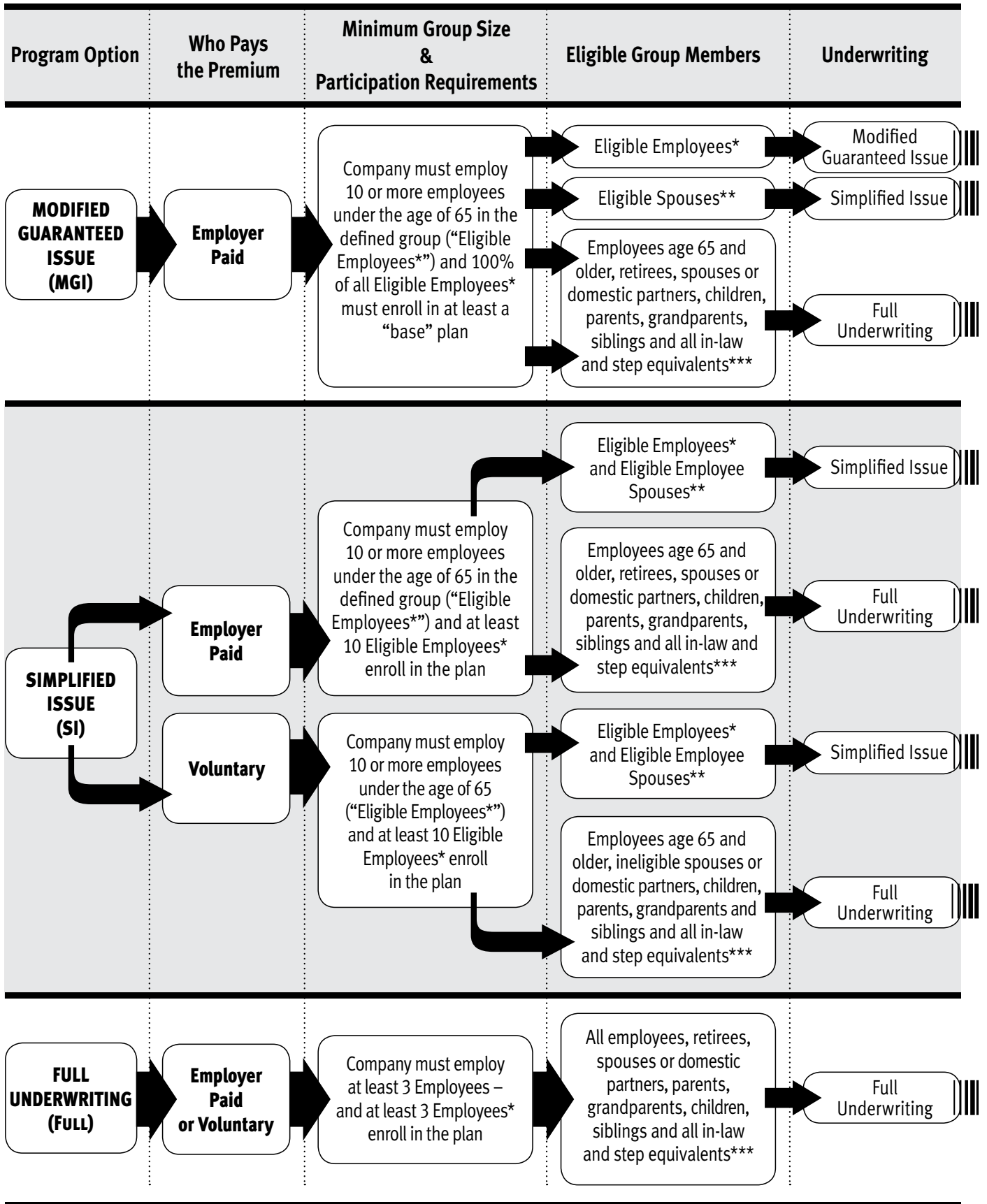
- is Age 18 to 64
- is and has been currently paid by the employer
- is and has been regularly scheduled to work at least 30 hours per week
- is not and has not been on an authorized absence due to illness, injury or leave without pay, and
- is and has been performing the material and substantial duties of their job at their place of employment or an alternative work site designated by their employer

If working from home, it is considered actively at work if on the date of the application and throughout the prior six months, the individual is not and has not been confined to a hospital or disabled to a degree that one could not have performed the material and substantial duties of their job at least 30 hours per week at the employer's usual place of business.

Additional Details

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

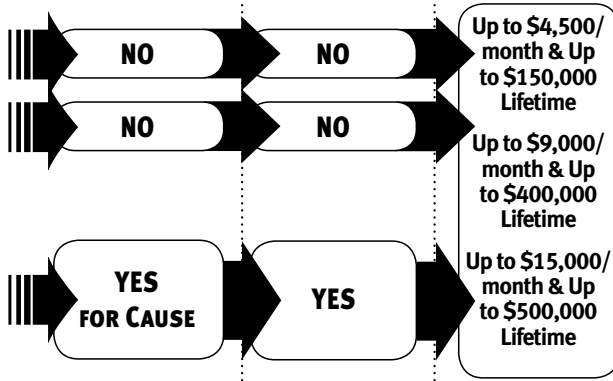
Program Options



Additional Program Notes:

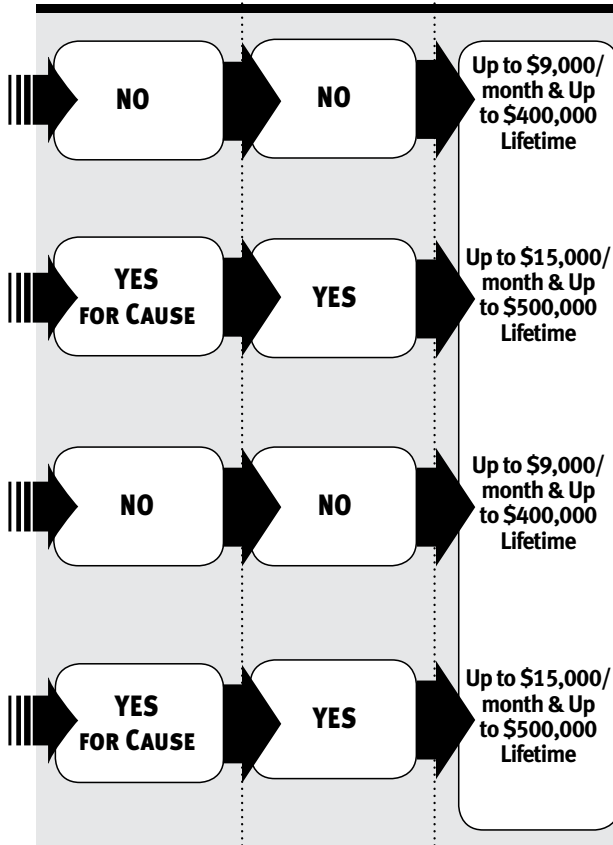
- Spouse cannot select benefit limits higher than those selected by the eligible employee
- More than one program option can be selected for a group depending on funding and desired program limits
- To qualify as employer-paid, the employer must fund the minimum benefit level (e.g., \$1,500 MMB)

Phone Interview Medical Records & Face-to-Face	Preferred Health Premium Reduction	Program Limits (does not account for inflation)
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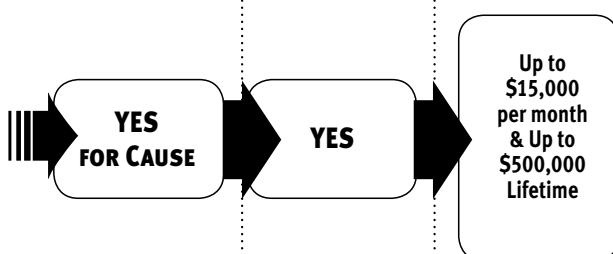
AVAILABLE PREMIUM REDUCTIONS FOR MODIFIED GUARANTEED ISSUE

	Group/Preferred Allowance		and	Household Allowance (only one available per policy)		
	Group	Preferred		Married	Spousal	Household
Employee*	10%	n/a	and	15%	n/a	10%
Spouse**	10%	n/a	and	15%	35%	10%
Other Eligibles	5%	15%		15%	35%	10%



AVAILABLE PREMIUM REDUCTIONS FOR SIMPLIFIED ISSUE

	Group/Preferred Allowance		and	Household Allowance (only one available per policy)		
	Group	Preferred		Married	Spousal	Household
Employee*	10%	n/a	and	15%	35%	10%
Spouse**	10%	n/a	and	15%	35%	10%
Other Eligibles	5%	15%		15%	35%	10%



AVAILABLE PREMIUM REDUCTIONS FOR FULL UNDERWRITING

	Group/Preferred Allowance		and	Household Allowance (only one available per policy)		
	Group	Preferred		Married	Spousal	Household
Employee*	5%	15%	and	15%	35%	10%
Spouse**	5%	15%	and	15%	35%	10%
Other Eligibles	5%	15%		15%	35%	10%

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

Product Details

Mutual Care at Work

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

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

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

Benefit Descriptions

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

Additional Benefit for Injury

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

- Not available for issue ages over 60

Cash Benefit

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

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

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

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

Elimination Period

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

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

Five-Year Rate Guarantee

Guarantees the initial rate for a five-year period.

Inflation Protection

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

Inflation Protection Options

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

Compound Inflation Protection:

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

Options: 5%, 4%, 3%
- **Five Percent Compound – 20-Year**
Your current maximum monthly benefit and maximum lifetime benefit amounts will increase by five percent on each policy anniversary date for 20 years.

Simple Inflation Protection:

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

No Inflation Protection (Future Purchase Option is only available in OH)

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

International Benefit

The International Benefit will pay a benefit if confined to a Nursing Home, Assisted Living Facility or receiving Home Health Care or Adult Day Care outside of the United States, its possessions or territories, Canada, or the United Kingdom. The International Benefit is equal to 12 times the Maximum Monthly Benefit. This benefit is paid regardless of whether Eligible Expenses incurred in any month are more or less than the Maximum Monthly Benefit. No additional International Benefits are payable under this policy once the benefits paid are equal to the International Benefit Lifetime Maximum. The Cash Benefit is not available under this benefit.

Non-Forfeiture/Shortened Benefit Period

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

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

Restoration of Benefits

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

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

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

- Not available for issue ages over 64

Return of Premium – at Death Less Claims Paid

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

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

Return of Premium – Full

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

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

Spouse Security Benefit

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

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

Spouse Shared Care Benefit

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

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

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

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

Spouse Survivorship Benefit

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

- Not available for Class I or II risks
- Not available with the Spouse Security Benefit
- Not available with Married or Two-Person Household premium allowances

Spouse Waiver of Premium

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

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

- Not available for Class I or II risks
- Not available with the Spouse Security Benefit
- Not available with Married or Two-Person Household premium allowances

Waiver of Elimination Period for Home Health Care

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

- Not available for Class I or II risks

Additional Policy Details

Issue Ages

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

Full Underwriting – issue ages are 18-79

30-Day Right to Review

The applicant has 30 days from the day of its receipt to review the policy. If during that time they are not satisfied with it, they may return the policy to us or the agent for a prompt refund of all premiums paid. The policy will then be considered never to have been issued.

Tax Status

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

Partnership Qualified Policies

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

Premium Allowances

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

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

- Not available with Spouse Security Benefit
- Not available with Modified Guaranteed Issue Underwriting
- If one applicant cancels their contract and it results in a cancel back to issue or not taken, the Spouse/Partner Allowance (35 percent) will be removed from the remaining issued policy and the Married Allowance (15 percent) will be added

Preferred – 15 percent for being in good health

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

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

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

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

- Not available with Spouse Waiver of Premium, Spouse Survivorship, Spouse Security or Spouse Shared Care benefits
- If one applicant cancels their contract and it results in a cancel back to issue or not taken, the Two-Person Household Allowance (10 percent) will be removed from the remaining issued policy

See **Program Options** grid (page 14) for details on how these Premium Allowances coordinate with each Underwriting Program.

Please note: Program Allowances are available at issue and cannot be changed after 60-day period following policy issue. Allowances are multiplicative, not additive.

Premium Payment Option

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

Tax Advantages

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

Premiums may be tax-deductible

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

Policy benefits may be tax-free

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

The Tax Advantages of Long-Term Care Insurance		
For the Business	<p>Self-Employed Business Owners</p> <ul style="list-style-type: none"> ■ Sole proprietor ■ Partnership ■ LLC ■ S corporation <p>Long-term care insurance premiums paid by the company for the owner, spouse and dependents may be tax deductible as a business expense.</p> <p>The deductible amount is based on eligible premium guidelines.</p>	<p>Owners of C Corporations</p> <p>Long-term care insurance premiums paid by the company for the owner/employee, a designated class of employees, spouse and dependents may be tax deductible as a business expense.</p> <p>The deductible amount is not subject to eligible premium guidelines.</p>
For Employees	<p>Employees may be able to claim the long-term care insurance premiums they pay as a medical expense as long as these expenses exceed 7.5 percent of adjusted gross income and deductions are itemized on individual's income tax return.</p> <p>The deductible amount is based on eligible premium guidelines.</p>	

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

Getting Started

Step 1: Generate a Case Quote

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

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

Using WinFlex Multi-Life Proposal Software

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

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

Step 2: Submit the Group for Approval

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

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

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

Step 3: Group Approval

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

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

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

Step 4: Deliver the Offer Letter

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

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

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

Step 5: The Implementation Call

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

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

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

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

Step 6: Enrollment

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

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

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

Application Requirements

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

- The enrollment start date must be within 90 days of the offer letter acceptance
- Submit your Multi-Life applications using your normal channel. Then applications will be sent to Mutual of Omaha's Multi-Life Department
- Minimum participation levels for each program must be met within the 60-day enrollment period. See the Program Options grids (page 14) for participation requirements for each underwriting program

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

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

Application Completion Requirements

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

Applications Outside of Open Enrollment

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

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

Application Collection

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

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

Billing Information

Billing Options

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

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

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

Available modes shown in gray

Premium Payment Option

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

Premium Collection

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

Split Billing

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

Association Marketing

Program Overview

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

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

Association Marketing Guidelines

Membership Requirements

- Local associations must have at least 150 members
- State associations must have at least 250 members
- Multi-state or national associations must have at least 1,000 members

Membership Qualifications

To qualify as an association, an organization must:

- Have been in existence for at least two years
- Have bylaws and officers
- Have annual dues-paying members who vote on officers and matters of policy

Associations with the following concerns or attributes will not be eligible for preferential rates and/or no-cost benefit enhancements:

- Has no affinity
- Lack reliable membership records
- Formed for the purpose of obtaining insurance
- Formed to promote political views
- Formed for purely social purposes
- Formed for commercial venture
- Primarily consists of members with hazardous occupations
- Credit unions/banks
- Not a closed association (Closed Association: An association that is limited to individuals with a common interest, whether it be a profession, hobby, etc.)

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.

Getting Started

Association Approval Process

Step 1

Submit electronic (or paper) proposal request and association bylaws to home office for review

Allow five to seven business days for review and notification of initial approval or rejection

Step 2

Agent approaches association and makes presentation to association representatives

Association agrees to proceed

Step 3

Agent develops marketing plan and association director signs Affiliation Agreement (M18100_0911) and marketing plan

Step 4

Signed Affiliation Agreement and Marketing Plan submitted to home office for review

Step 5

Final approval and Association Marketing number provided in five business days

Additional Details on Approved Associations

1. All applications are individually underwritten according to the specific product's underwriting guidelines.
2. An individual applicant must be a member of the association for **at least three months** before applying for coverage to be eligible for any discount or benefit enhancement.
 - The Association Marketing verification form (M27646) must be submitted with the application to qualify for the preferential rate or no-cost benefit enhancement
 - Agents should not encourage individuals to enroll in an association for the purpose of receiving a discount or enhancement
3. Due to employer-benefit laws, employees of members are not eligible for coverage using Association Marketing discounts or benefit enhancements (although they may be eligible for individual or PRD coverage).
4. To keep the group open and eligible for preferential rates and/or no-cost benefit enhancements, the agent must issue the number of applications agreed to in the marketing plan within the agreed timeframe. If the required number of applications is not issued within that period, the group will be evaluated for closure to new business. After the initial evaluation period, there must be five issued applications every six months to keep the group open.
5. All approved marketing materials that may be used to communicate with the association and its members can be found on SPA.
6. The agent is responsible for any promotional expenses incurred in working with the association.

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.

Administrative Information

Administrative Handling

Upgrades

Any option and/or benefit increase may be applied for at time of sale or within 60 days of policy issue. A Benefit Change Request form (M24710) signed and dated by both you and the applicant as well as a completed Statement of Good Health form (M24181) is required. Such option or benefit increase, if approved, depending on the type of change, will appear in either a re-issued policy bearing the same number as the initial policy or an updated Schedule of Benefits page. Premium will be based on the applicant's age at the initial policy issue.

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

Downgrades: Dropped and/or Reduced Coverage

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

Downgrades/Dropping Coverage	
Drop: <ul style="list-style-type: none"> ■ Inflation Protection ■ Full ROP at Death ■ ROP at Death before age 65 (less claims paid) ■ ROP at Death (less claims paid) ■ Non-Forfeiture – Shortened Benefit Period ■ Spouse Survivorship Benefit ■ Spouse Waiver of Premium ■ Spouse Shared Care Benefit ■ Spouse Security Benefit ■ Restoration of Benefits ■ Additional Years of Rate Guarantee 	<ul style="list-style-type: none"> ■ Same policy number ■ Continuing benefits keep original issue age ■ Continuing benefits continue to pay renewal compensation ■ Effective on original effective date if requested within 60 days of original effective date ■ If requested more than 60 days after issue, effective date is approval date ■ Show date of dropped coverage ■ Print new policy and new Schedule Page

Downgrades/Reducing Coverage	
Reduce: <ul style="list-style-type: none"> ■ Maximum Monthly Benefit; or ■ Maximum Lifetime Benefit(s) Increase: <ul style="list-style-type: none"> ■ Elimination Period 	<ul style="list-style-type: none"> ■ Same policy number ■ All benefits keep original issue age ■ Continuing benefits continue to pay renewal compensation ■ Effective on original effective date if requested within 60 days of original effective date ■ If change requested more than 60 days after issue, effective date is the policy renewal date on or following approval date ■ Show date of reduction ■ Print new Schedule Page

Changes to Premium Paying Period

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

Changes to Premium Paying Period	
<ul style="list-style-type: none">■ Convert from limited pay to lifetime pay	<ul style="list-style-type: none">■ Same policy number■ No underwriting required■ Lifetime premium at original age■ No credit given for payment made during limited pay period■ Pay renewal commissions based on lifetime premium paying period■ Effective on original effective date if change requested within 60 days of original effective date■ If change requested more than 60 days after issue, effective date is the policy renewal date on or following approval date■ Print new policy and Schedule Page

Underwriting Guidelines

General Underwriting Guidelines

Policy Underwriting

Active Duty Military

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

Application

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

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

Application Completion

Two applicants are allowed per application (except for the Modified Guaranteed Issue only application). Only the applicants for insurance may complete and sign the application.

- White out is not allowed. If a question is answered in error, draw a single line through the error, and have the correction initialed by the applicant
- "N/A" is not an unacceptable answer. Instead the questions should be answered "no" or "none"
- Include a copy of insured's quote with the application packet

Application Enrollment Date

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

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

Application Received Date

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

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

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

Benefit Decreases

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

Benefit Increases

May be allowed within 60 days after policy issue subject to underwriting approval. A completed Statement of Good Health (M24181) is required along with a signed and completed coverage change request form.

Benefit Period

Benefit Period greater than 5 years is not available for:

- Class I or Class II risks
- An applicant whose parent or sibling has been diagnosed with dementia
- Shared Care maximum is a 3 year benefit period with Class I risk (not available with Class II risk)

Christian Scientists

The following limits apply unless within the past 2 years the client has had a complete physical exam, chemistry profile, and complete blood count done by a physician at their expense:

- Maximum benefit period of 5 years
- Ineligible for the Preferred rate class
- Uninsurable age 65 or greater

Coverage Effective Date (if policy is issued)

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

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

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

Multi-Life:

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

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

Domestic Partners or Parties to a Civil Union

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

Please Note: Not all states recognize Domestic Partners or Parties to a Civil Union

Foreign Nationals

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

Foreign Travel

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

Issue Ages

Individual:

- 18-79

Multi-Life:

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

Maximum Monthly Benefit

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

Non-Forfeiture/Shortened Benefit Period

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

Replacements

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

Reinstatements

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

Save Age

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

Suitability

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

Underwriting Cycle

- An application will be withdrawn within 60 days after receipt if we have been unable to make a risk determination due to a missing interview, medical records, or underwriter requested medical follow-up. Also, if we have not received any needed application corrections
- A case may be reopened if needed requirements are received within 90 days of the application signing date. The underwriter will request a Statement of Good Health. The original application and premium age will be used
- If requirements are received greater than 90 days from the application signing date, a new application and interview will be required. Updated medical records may be required. Premium will be calculated at attained age

Underwriting Requirements

Pharmaceutical Checks

Required on all applicants.

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

The following sections apply only to fully underwritten cases.

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

Telephone Interview

Required for every applicant age 64 and under

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

Face-to-Face Examination

Required for every applicant Age 65 and above. Younger ages at underwriter discretion

Note:

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

Medical Records

Will be ordered on all applicants age 65 and above. Medical records on younger ages will be ordered at underwriting discretion. Any condition listed in the Medical Impairments section as Class I or IC will normally require medical records.

Note: A doctor’s visit is required within the 24 months preceding the application date for all applicants age 65 or greater, or those wishing to qualify for a Preferred Rate Class.

- Benefit period of more than 5 years is only available to applicants who have had a complete physical exam, chemistry profile and complete blood count (CBC) by a physician within the past two years

Telephone Interview	Cognitive (telephonic or face-to-face)	Face-to-Face Interview	Medical Records
Ages 18-64	Ages 65-79 Younger ages if history of CVA, TIA, memory loss, depression, application was mailed	Ages 65-79 Younger ages at underwriter discretion	Ages 65-79 Younger ages at underwriter discretion, application was mailed

Non-Witnessed Applications

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

- Answer Question 2 on the Producer Statement *“I certify that each question was asked exactly as written and recorded the answers completely and accurately in the presence of the Proposed Insured”* as *“no”*
- On the line next to *“If no, explain”* indicate how the application was completed

Non-English Speaking Applicants

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

Underwriting Philosophy

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

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

ADL's

Eating
Toileting
Transferring
Bathing
Dressing
Continence

IADL's

Shopping
Meal preparation
Housework
Laundry
Managing money
Taking medication
Using the telephone
Walking outdoors
Climbing stairs
Reading/writing
Transportation

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

- Answers "yes" to a health insurability question on the application
- Requires assistance with any ADL's
- Requires assistance with any IADL's
- Receiving Meals on Wheels
- Is pregnant or receiving medical treatment to become pregnant
- Is disabled
- Uses a quad cane, crutches, walker, electric scooter, wheelchair, oxygen, or respirator
- Is non-compliant with medications and/or treatment
- Has not pursued additional workup recommended by their physician
- Has a condition listed as a Decline in the Medical Impairment Guide
- Living Environment noted during face to face interview to be excessively cluttered, filthy, unsafe or with evidence of hoarding
- In the last 6 months has
 - Been confined to a nursing home or assisted living facility
 - Received home health care services, or adult day care
- In the last 3 months has
 - Received occupational, physical or speech therapy (prequalify the case with an underwriter if you believe the case may warrant review sooner than 3 months)

Rate Classes

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

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

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

Note:

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

Preferred Rate Criteria

Applicant must meet ALL of the following criteria to receive Preferred. Conditions listed in the Medical Impairments section as S* may qualify for Preferred. The determination to offer Preferred will be made by the underwriter. Agents are strongly encouraged to never quote a case better than Select.

1. Has seen their physician for a head to toe physical exam and blood work within the last two years
2. Has not been declined, rated, or denied reinstatement for Long-Term Care insurance within the past three years.
3. Tobacco free for the past two years
4. Build is within the Minimum and Preferred Maximum range on the Build Chart
5. Does not use a cane
6. Is not taking any prescription medications other than:
 - Allergy medications (excluding steroids)
 - Female hormone replacement
 - Thyroid hormone replacement
 - Antacids and heartburn medications
 - Medication for controlled high blood pressure (readings of 140/90 or less for the past six months)
 - Medication for controlled cholesterol (cholesterol <250)
 - Medication for temporary, acute conditions

7. Applicant must not be diagnosed with or treated for any of the following:
- Asthma
 - Atrial Fibrillation
 - Blood disease or disorder, excluding treated iron deficiency anemia
 - Blood clotting disorder
 - Cancer (excluding basal cell or squamous cell skin cancer)
 - Carotid artery disease
 - Chronic Fatigue Syndrome
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Chronic Pain
 - Diabetes
 - Emphysema
 - Fibromyalgia
 - Heart disease including coronary artery disease and heart valve disorder (excluding mitral valve prolapse or controlled high blood pressure average reading <140/90 for the past six months)
 - Hepatitis
 - Joint Replacement
 - Moderate osteoarthritis
 - Neurological disease or disorder
 - Peripheral arterial/vascular disease
 - Polymyalgia Rheumatica
 - Psychiatric disease or disorder excluding Seasonal Affective Disorder, or resolved Situational Depression
 - Respiratory disease or disorder, excluding acute bronchitis or pneumonia
 - Rheumatoid arthritis
 - Sleep apnea
 - Spinal stenosis
 - Stroke
 - TIA
 - Tremor

Build Chart – Unisex

Height	Minimum	Preferred Maximum	Select Maximum	Class I Maximum
4'8"	82	133	164	190
4'9"	85	138	170	198
4'10"	87	143	176	205
4'11"	90	148	182	212
5'0"	93	153	189	220
5'1"	95	158	195	227
5'2"	96	164	202	235
5'3"	98	169	208	242
5'4"	101	174	215	250
5'5"	104	180	222	258
5'6"	106	186	229	266
5'7"	110	191	236	274
5'8"	113	197	243	282
5'9"	117	203	250	291
5'10"	121	209	257	299
5'11"	124	215	265	308
6'0"	128	221	272	316
6'1"	132	227	280	320
6'2"	136	233	287	326
6'3"	139	240	295	330
6'4"	142	246	300	344
6'5"	144	253	312	350
6'6"	148	260	320	360

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

Health-Related Underwriting Guidelines

Uninsurable Health Conditions

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

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

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

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

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

Fibromuscular Dysplasia
Fibromyalgia (disabling)
Frailty
Friedrich's Ataxia

Gaucher's
Glomerulonephritis

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

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

Kidney Failure
Kidney Transplant

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

Marfan's Syndrome
Medicaid Recipient
Memory Loss
Mental Retardation
Mixed Connective Tissue Disease

Uninsurable Health Conditions (continued)

Multiple Myeloma
Multiple Sclerosis
Muscular Dystrophy
Myelodysplasia
Myelodysplastic Syndrome
Myelofibrosis
Myasthenia Gravis (generalized)

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

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

Pancreas Transplant
Pancreatitis (alcohol related, or >2 episodes)
Paralysis
Paraplegia
Parkinson's Disease
Pemphigus Vulgaris
Physical Therapy (within 6 months*)
*contact Underwriting to prequalify if within 6 months
Pick's Disease
Polycystic Kidney Disease
Polymyositis
Polyneuropathy
Post Herpetic Neuralgia
Post Polio Syndrome (with progressive weakness, fatigue, or limitations)
Pregnancy (Is pregnant or receiving medical treatment to become pregnant)
Primary Biliary Cirrhosis

Pseudotumor Cerebri
Psychiatric Hospitalization (within 3 years, or 2 or more)
Psychosis
Pulmonary Hypertension

Quad Cane use
Quadriplegia

Reflex Sympathetic Dystrophy
Retinal Vein Occlusion (2 or more)

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

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

Underweight

Ventriculoperitoneal shunt
Von Willebrand's Disease

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

Some Medications Associated With Uninsurable Health Conditions

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

Medication	Condition	Medication	Condition
3TC	HIV	Fuzeon	HIV
Abilify	Antipsychotic	Galantamine	Dementia
Adriamycin	Cancer	Geodon	Schizophrenia
Akinetin	Parkinson's	Gleevac	Cancer
Alkeran	Cancer	Gold	Rheumatoid Arthritis
Amantadine	Parkinson's	Haldol	Psychosis
Antabuse	Alcohol Abuse	Haloperidol	Psychosis
Apokyn	Parkinson's	Hepsera	Hepatitis B
Aptivus	HIV	Herceptin	Cancer
Aricept	Dementia	Hydergine	Dementia
Arimidex	Cancer treatment, acceptable if used for cancer prevention	Hydrea	Cancer
Artane	Dementia	Hydrocodone	Chronic Pain
Atripla	HIV	Hydromorphone	Chronic Pain
Avinza	Chronic Pain	Hydroxyurea	Cancer
Avonex	Multiple Sclerosis	Imuran	Immunosuppression
Axona	Dementia	Incivek	Hepatitis C
Azilect	Parkinson's	Insulin	Diabetes
AZT	HIV	>50 units/day	
Baclofen	Multiple Sclerosis	Interferon	HIV, Hepatitis, Multiple Sclerosis
Baraclude	Hepatitis B	Indinavir	HIV
Bendopa	Parkinson's	Invega	Schizophrenia
Betaseron	Multiple Sclerosis	Invirase	HIV
Boceprevir	Hepatitis C	Isoxsuprine	Dementia
Capaxone	Multiple Sclerosis	Kadian	Chronic Pain
Carbidopa	Parkinson's	Kaletra	HIV
Cee Nu	Cancer	Kemadrin	Parkinson's
Cellcept	Organ Transplant	Lanzac	Psychosis
Cerefolin	Memory Loss	Lasix	Heart Disease
Cisplatin	Cancer	>60 mg/day	
Codeine	Chronic Pain	L-Dopa	Parkinson's
Cogentin	Parkinson's	Lenalidomide	Myelodysplastic Syndrome
Cognex	Dementia	Letairis	Pulmonary Hypertension
Combivir	HIV	Lexiva	HIV
Comtan	Parkinson's	Leukeran	Immunosuppression
Copaxone	Multiple Sclerosis	Levodopa	Parkinson's
Crixivan	HIV	Lioresal	Multiple Sclerosis
Cycloserine	Alzheimer's	Lomustine	Cancer
Cytosan	Cancer, severe Arthritis	Lorcet	Chronic Pain
D4T	HIV	Lortab	Chronic Pain
Dantrium	Multiple Sclerosis	Megace	Cancer
Dantrolene	Multiple Sclerosis	Megestrol	Cancer
DDC	HIV	Mellaril	Psychosis
DDI	HIV	Melphalan	Cancer
Demerol	Chronic Pain	Memantine	Dementia
Deprenyl	Parkinson's	Meperidine	Chronic Pain
DES	Cancer	Mestinon	Myasthenia Gravis
Dolophine	Chronic Pain	Metanx	Diabetic Neuropathy
Donepezil	Dementia	Methadone	Chronic Pain, Drug Abuse
DuoNeb	COPD	Methotrexate	Rheumatoid Arthritis
Duragesic	Chronic Pain	>25 mg/week	
Eldepryl	Parkinson's	Mirapex	Parkinson's, acceptable if used for Restless Leg Syndrome
Eligard	Prostate Cancer	Morphine	Chronic Pain
Emtriva	HIV	MS Contin	Chronic Pain
Epivir	HIV	Myerlan	Cancer
Epogen	Kidney Failure, HIV	Namenda	Dementia
Epzicom	HIV	Narcotics	Chronic Pain
Ergoloid	Dementia	> 3 doses per week	
Exelon	Dementia, Parkinson's	Natrecor	CHF
Fentanyl	Chronic Pain		
Furosemide	Heart/Kidney Disease		
>60 mg/day			

Some Medications Associated With Uninsurable Health Conditions (continued)

Medication	Condition	Medication	Condition
Navane	Psychosis	Serentil	Psychosis
Nelfinavir	HIV	Seroquel	Antipsychotic
Neoral	Immunosuppression	Sinemet	Parkinson's
Neupro	Parkinson's	Somavert	Acromegaly
Niloric	Dementia	Stalevo	Parkinson's
Norvir	HIV	Stelazine	Psychosis
Novatrone	Multiple Sclerosis	Sustiva	HIV
		Symmetrel	Parkinson's
Oxycodone	Chronic Pain	Tacrine	Dementia
Oxycontin	Chronic Pain	Taractan	Psychosis
Paraplatin	Cancer	Tasmar	Parkinson's
Parlodel	Parkinson's	Telaprevir	Hepatitis C
Parsidol	Parkinson's	Teslac	Cancer
Pegasys	Hepatitis C	Thiotepa	Cancer
Peg-Intron	Hepatitis C	Thorazine	Psychosis
Percocet	Chronic Pain	Trelstar-LA	Prostate Cancer
Percodan	Chronic Pain	Trizivir	HIV
Permax	Parkinson's	Truvada	HIV
Prednisone	COPD, Arthritis	Tylenol #3	Chronic Pain
>10 mg/day		TYSABRI	Multiple Sclerosis
Prezista	HIV	Tyzeka	Hepatitis B
Procrit	Kidney Failure, HIV		
Prolixin	Psychosis	Ultram	Chronic Pain
Razadyne	Dementia	Valycte	CMV HIV
Rebetol	Hepatitis C	Vasodilan	Dementia
Rebif	Multiple Sclerosis	VePesid	Cancer
Recombinant	Multiple Sclerosis	Vertex	Hepatitis C
Reminyl	Dementia	Vicodin	Chronic Pain
Remodulin	Pulmonary Hypertension	Victrellis	Hepatitis C
Requip	Parkinson's	Videx	HIV
Rescriptor	HIV	Vincristine	Cancer
Retrovir	HIV	Viracept	HIV
Revlimide	Myelodysplastic Syndrome	Viramune	HIV
Reyataz	HIV	Viread	HIV
Riluzole	ALS		
Risperdal	Psychosis	Zanosar	Cancer
Risperdone	Psychosis	Zelapar	Parkinson's
Ritonavir	HIV	Zelodox	Schizophrenia
Roxicet	Chronic Pain	Zerit	HIV
		Ziagen	HIV
Sandimmune	Immunosuppression	Ziprasidone	Schizophrenia
Selzentry	HIV	Zyprexa	Antipsychotic

Alzheimer's Disease/Dementia

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

Multiple Sclerosis

Avonex
Baclofen
Betaseron
Copaxone
Lioresal
Rebif

Parkinson's Disease

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

Uninsurable Health Combinations

All shaded health condition combinations are ineligible for coverage.

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

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

Medical Impairments

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

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

S*	May qualify for Preferred if all requirements listed under the Preferred Rate Criteria are met
S	Standard coverage issued at standard rates
Class I	25 percent rating maximum benefit period of 5 years, minimum elimination period of 90 days
Class II	50 percent rating may be offered by underwriting when multiple medical impairments are present, maximum lifetime benefit of 5 years (60 Months), minimum elimination period of 90 days
IC	Individual Consideration
D	Decline

Abdominal Aortic Aneurysm (AAA)

Operated, after 6 months, fully recovered	S
Unoperated, stable for 2 years, diameter <5 cm	S
Unoperated, enlarging, or diameter >5 cm, or not stable for 2 years	D

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

Acromegaly	D
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ADD/ADHD

Stable 1 year	S
Not stable 1 year, or disabled	D

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

ADL Deficit	D
--------------------	---

AIDS/ARC	D
-----------------	---

Adult Day Care within 6 months	D
After 6 months	IC

Agoraphobia	D
--------------------	---

Alcohol regular consumption of 4 or more drinks per day	D
Advised by a physician to limit, or stop alcohol consumption due to alcohol induced health or social problems	D
Binge drinking, 5 or more drinks in a day, 1 or more days per week	D

Alcohol Abuse/Alcoholism

At least 3 years of sobriety, active in a support group	S
Less than 3 years of sobriety	D

Alpha-1 Antitrypsin Deficiency	D
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ALS (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease)	D
--	---

Alzheimer's Disease	D
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Amaurosis Fugax	see TIA
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Amnesia, Transient Global	see TIA
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Amputation due to trauma, after 12 months, one limb, no limitations	S
Due to disease	D
Two or more limbs regardless of cause	D

Medical Impairments (continued)

Ankylosing Spondylitis	D
Anemia cause identified, managed	S*-IC
Not fully evaluated, cause unknown, not adequately managed, or Aplastic	D
Angina	see CAD
Angioplasty	see CAD
Aneurysm operated, after 6 months, fully recovered	S
Other than Cerebral, unoperated, stable for 2 years	IC
Cerebral, unoperated	D
Cerebral, with rupture or bleed	see CVA
Anorexia	D
Anxiety	
< 70 years of age, after 12 months, controlled with medication, fully functional	S
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S-IC
Regardless of age, two or more psychiatric hospitalizations, or disabled	D
Aortic Insufficiency	see Heart Valve Disorder
Aortic Regurgitation or Stenosis	see Heart Valve Disorder
Antiphospholipid Syndrome	See Factor V Von Leiden
Arnold-Chiari Malformation	D
Arrhythmia excluding Atrial Fibrillation	
Controlled	S*-IC
Uncontrolled	D
Arteriovenous Malformation (AVM)	
>1 year since surgical repair, no residuals	Class I
Unoperated, or operated with residual impairment	D
Arthritis after 1 year	
Mild, by X-ray findings and symptoms, controlled, no ADL/IADL deficits managed with nonsteroidal medication	S*
Moderate, by X-ray findings and symptoms, stable, controlled on nonsteroidal medication, no injections needed, no ADL/IADL deficits	S-IC
Advanced, by X-ray findings and symptoms, stable, not requiring >2 Synvisc, or similar injections per year, taking fewer than 4 doses of narcotics per week, no surgery recommended or planned	Class I
Severe, by symptoms or X-ray findings show bone on bone, or ADL/IADL deficits	D
Any severity with steroid, Synvisc, or similar injection, within 6 months, or advised to have surgery, therapy, or additional injections	D
Rheumatoid Arthritis mild, moderate, stable for 1 year, no limitations	Class I-IC
On Prednisone >10mg/day, or Methotrexate >25mgs week, or Gold	D
Severe disease, or with ADL/IADL deficits	D
Any, taking a medication indicated for severe arthritis on Uninsurable Medication list, or requiring more than 3 doses of narcotic pain medication per week	D
Asbestosis	see COPD
Asperger's Syndrome	D

Medical Impairments (continued)

Asthma	see COPD
Assisted Living Facility Resident within 6 months	D
Ataxia or Muscular Incoordination	D
Atrial Fibrillation/Flutter single episode, after 6 months, maintained in sinus rhythm	S
Paroxysmal up to 6 episodes per year, no history of TIA, CVA, or unoperated Heart Valve Disorder ...	S-IC
>6 episodes per year, no history of TIA, CVA, or unoperated Heart Valve Disorder	Class I
Chronic, after 6 months, controlled on prescription blood thinner	Class I
Diagnosed or hospitalized, or cardioverted within 6 months	D
With history of TIA, CVA, Congestive Heart Failure or unoperated Heart Valve Disorder	D
Chronic, not on prescription blood thinner	D
Average BP reading >159/89	D
Chronic, in combination with Diabetes	Class II
Autoimmune Disorder	see specific condition
Autoimmune Hepatitis	D
Avascular Necrosis , after 12 months, treated no residual limitations	IC
Untreated or with any limitations	D
Surgically repaired, no limitations, after 1 year	S
Back Pain/Strain single episode, not disabling	S*
Chronic, not disabling	S-IC
Chronic, disabling, or epidural steroid injections within 6 months, or advised to have epidural steroid injections, therapy, or surgery	D
After 6 months	see Herniated Disc
Balance Disorder , after 6 months, resolved	S-IC
Less than 6 months, or currently present	D
Bell's Palsy resolved	S*
Present	D
Benign Essential Tremor	see Tremor
Benign Positional Vertigo (BPV)	
Not associated with falls	S*
Associated with falls	D
Benign Prostatic Hypertrophy (BPH)	
Any age, PSA velocity <.75ng/ml per year for 3 years, PSA <18, negative biopsy	S
Age <75 PSA velocity >.75ng/ml per year	D
Age >75 PSA velocity >.75 ng/ml per year, PSA >10	D
Age >75 PSA velocity >.75ng/ml per year, PSA <10	IC
Bipolar	
After 3 years, controlled on medication, fully functional not disabled	S
<3 years duration, or psychiatric hospitalization within the past 5 years	D
2 or more psychiatric hospitalizations	D
Blindness	
Fully adapted, independent with ADL/IADLs	S
Not adapted or with ADL/IADL limitations	D
Blood Clotting Disorder	see Factor V Von Leiden

Medical Impairments (continued)

Blood Pressure

(See High Blood Pressure)

Bone Marrow Transplant	D
Brain MRI, abnormal	see Cerebrovascular Disease
Brain Stimulator	D
Brain Tumor , benign, stable 2 years, no surgery planned, no limitations.	S-IC
With regrowth after surgery	D
Broken Bones	see Fracture
Brain Attack	see CVA
Bronchitis	
Acute 2, or fewer episodes per year.	S*
Chronic	see COPD
Bronchiectasis	see COPD
Buerger's Disease	D
Bulimia	D
Bullous Pemphigoid in remission 2 years, not on steroids	IC
Active disease	D
Cancer	
Any not specifically listed below, not Stage IV, single cancer, 2 years since date of last treatment, full recovery, no recurrence	S-IC
Any site, tobacco use within 12 months	Class I-D
Any site, Stage IV, after 5 years cancer free	Class I
Any site, 2 or more cancers, other than non-melanoma skin cancer, cancer free for 5 years after most recent occurrence	Class I-D
Any site, treated with bone marrow transplant, or stem cell transplant	D
Bladder , transitional/superficial/non-invasive, treated, fully recovered	
With on going BCG treatment	D
Invasive, after 3 years	IC
Recurrent	IC
Breast	
In situ, treatment completed, full recovery, no recurrence	S
Stage I, after 1 year	S
Stage II-III, after 2 years	S
Stage IV, after 5 years	Class I-IC
Colon , after 2 years	S-IC
Skin	
Basal cell	S*
Squamous cell, of the skin	S*
Squamous cell, other than skin, 2 years since date of last treatment, full recovery, no recurrence ...	S-IC
Melanoma	
Stage O or I or Clark's Level I-IV, after 3 months	S
Stage II or III, after 2 years	S
Stage IV, after 5 years	Class I-IC
Pancreas , 5 years since date of last treatment, full recovery, no recurrence	S

Medical Impairments (continued)

Prostate	
Stage I or II, after 12 months, surgically removed, current PSA <0.1	S
Treated with radiation, after 12 months, current PSA <0.5	S
Stage III, after 2 years surgically removed, current PSA <0.1, or treated with radiation, current PSA <0.5	S
Stage IV, after 5 years cancer free	Class I
Any stage, age >70 receiving hormone treatment (Lupron, Casodex, Eulixin, Zoladex), Initial Gleason Score <6, and current PSA <0.5	Class I-D
Age >70, Stage I or II, stable PSA, Gleason <6, watchful waiting	Class I
Cardiomyopathy hypertrophic/ischemic, no CHF, no hospital stays, syncope, or palpitations	
Ejection fraction >45% and stable for 2 years	Class I-IC
Dilated	D
Carotid Artery Disease/Stenosis , fully recovered, after 6 months, tobacco free 12 months	
Operated, tobacco use within 12 months	D
Unoperated, <70% stenosis, no symptoms, tobacco free 12 months	S
Operated, in combination with heart disease, tobacco free 12 months	Class I
>50% stenosis in combination with other peripheral vascular disease	D
History of TIA or CVA, or unoperated valvular heart disease	D
Operated or unoperated in combination with Type I or Type II diabetes, <50% stenosis, no insulin use within 6 months, tobacco free 12 months	S
50-70% stenosis, insulin use within 6 months, tobacco free 12 months	Class I
<50% stenosis, tobacco use within 12 months	Class I
50-70% stenosis, tobacco use within 12 months	D
>70% stenosis	D
Carpal Tunnel Syndrome	
Unoperated	S-IC
Operated, after 3 months, recovered	S*
Castleman's	D
Catheter , urinary independently manages, not due to neurogenic bladder	S
Celiac Disease after 1 year, controlled	S
Cerebral Palsy	D
Cerebrovascular Accident (CVA)	see Stroke
Cerebrovascular Disease	
Brain imaging findings of single lacunar infarct, tobacco free 12 months	Class I
Single lacunar infarct, tobacco use within 12 month	D
Two or more lacunar infarcts	D
Small vessel ischemia or white matter changes considered normal for age	S-IC
Abnormal for age	D
Brain atrophy	D
Chelation Therapy other than for hemochromatosis received within 6 months	D
Cervical Spondylosis	
Mild	S
Moderate to severe	Class I-IC
Charcot Marie Tooth	D
Claudication	see Peripheral Vascular Disease

Medical Impairments (continued)

Chronic Bronchitis	see COPD
Chronic Fatigue , stable after 12 months, no functional limitations	S-IC 5 year maximum benefit period
Any functional limitations	D
Chronic Hepatitis	see Hepatitis
Chronic Pain Requiring more than 3 doses of narcotic pain medication per week or TENS Unit or implantable stimulator or with ADL/IADL limitations or with epidural steroid injection within 6 months	D
All others	IC 5 year maximum benefit period
Chronic Regional Pain Syndrome	D
Cirrhosis	D
Closed Head Injury	see Head Injury
Clotting Disorder	see Factor V Von Leiden
Colitis	see Crohn's
Collagen Vascular Disease	D
Colostomy/Ileostomy , cares for independently, handle as per cause	S-IC
Requires assistance to care for	D
Compression Fractures due to osteoporosis, or with functional limitations	D
All others	S*-IC
Concussion	see Head Injury
Confusion	D
Connective Tissue Disorder	D
Congestive Heart Failure (CHF) single episode, recovered, after 12 months	S
Chronic, mild, well controlled, Lasix <60mg/day	Class I-IC
All others, or in combination with atrial fibrillation, diabetes, or heart valve disorder, or ejection fraction <45%	D
COPD (Chronic Obstructive Pulmonary Disease)	
Mild, tobacco free for 12 months	S
Mild, smoker diagnosed by chest X-ray only, no treatment, no symptoms, stable Pulmonary Function Tests (PFT's)	Class I
Mild or moderate, tobacco use in the past 12 months, on medication, or symptomatic	D
Moderate, tobacco free for 12 months, stable PFT's	Class I-IC
Moderate, smoker, on medication, or symptomatic	D
Severe, using oxygen, or home nebulizer treatments	D
Any, hospitalized for an exacerbation in the past 6 months, or home nebulizer treatments within the past 6 months	D
Any, FEV1 <65%	D
Cor Pulmonale	D

Medical Impairments (continued)

Coronary Artery Disease (angina, heart attack, Angioplasty, stent, or Bypass)	
After 6 months, stable, no limitations, no significant residual heart damage, tobacco free 12 months	S
After 6 months, stable, no limitations, tobacco use within 12 months	Class I
With PVD or Carotid Artery Disease, tobacco free 12 months	Class I-IC
With PVD or Carotid Artery Disease, tobacco use within 12 months	D
In combination with diabetes, tobacco use within 12 months.	Class II, 2 years 180 day elimination period
In combination with diabetes, tobacco free 12 months	Class I-IC
With poorly controlled hypertension (average BP >158/89), or congestive heart failure, or ejection fraction <45%.	D
Corneal Transplant	S*
CPAP	see Sleep Apnea
CREST Syndrome	D
Crohn's in remission at least 2 years.	S
After 2 years, 1-2 flares per year	Class I
Multiple flares or with complications.	D
Cushing's Syndrome	D
Cystic Fibrosis	D
Deep Brain Stimulator	D
Deep Venous Thrombosis , after 6 months, single episode, recovered, no underlying clotting disorder	S*
Recurrent.	S-IC
In combination with underlying clotting disorder	see Factor V Von Leiden
Defibrillator/Automatic Implantable Cardiac Defibrillator	D
Degenerative Disc Disease	see Herniated Disc
Degenerative Joint Disease	see Arthritis
Dementia	D
Demyelinating Disease	D
Depression	
2 or more psychiatric hospitalizations for any reason	D
Mild stable on medication 6 months	S*
Seasonal Affective Disorder.	S*
Depression medication for menopause, no diagnosis of depression.	S*
Situational recovered, no psychiatric hospitalizations in the past 3 years	S*
Major <70 years of age, after 6 months, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S-IC
Depression with Electroconvulsive Therapy (ECT) or Transcranial Magnetic Stimulation (TMS)	
ECT/TMS >10 years ago, fully functional, maintained on antidepressants, no psychiatric hospitalizations after ECT/TMS.	S
With subsequent psychiatric hospitalization.	D

Medical Impairments (continued)

Dermatomyositis	D
Diabetes Insipidus , controlled on medication	S
Diabetes Type II , controlled and stable with diet and exercise or oral medications, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months, tobacco free 12 months	S
Diabetes Type I or II , controlled and stable, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months	
Tobacco use within 12 months	Class I
Insulin <50 units/day	Class I
Insulin >50 units/day	D
In combination with:	
Carotid Artery Disease, operated or unoperated	
<50% stenosis, no insulin use within 6 months, tobacco free 12 months	S
50-70% stenosis, insulin use within 6 months, tobacco free 12 months	Class I
<50% stenosis, tobacco use within 12 months	Class I
50-70% stenosis, tobacco use within 12 months	D
>70% stenosis	D
Retinal vein occlusion	Class II, 2 years 180 day elimination
Coronary Artery Disease or other heart disease or disorder, tobacco use within 12 months	Class II, 2 years 180 day elimination
Coronary Artery Disease or other heart disease/disorder, tobacco free 12 months	Class I-IC
Retinopathy, neuropathy, numbness or tingling of the extremities, regardless of cause, or nephropathy	D
Skin ulcers or amputation	D
Peripheral Vascular Disease, or history of TIA or Stroke	D
Average BP reading >158/89	D
Hemoglobin Alc>8.5, or noncompliant with treatment	D
Microalbumin >20mg/dl or Microalbumin ratio >30	D
Chronic Atrial Fibrillation	Class II
Dialysis	D
Difficulty walking	see Balance Disorder
Disabled , collecting any type of disability benefits, other than partial VA disability	D
Partial VA Disability	IC
Diverticulitis medically managed	S*
With bleeding, weight loss, or surgery recommended	D
Dizziness	
Benign Positional Vertigo (BPV), not associated with falls	S*
BPV associated with falls	D
Acute, viral, resolved after 3 months	S*
All others, within 6 months	D
After 6 months, evaluated, resolved	S*
After 2 years, not evaluated, stable with occasional episodes, not associated with falls	S-IC
Multiple episodes, or progressive, or associated with falls	D
Down's Syndrome	D
Drug Abuse treated, active in support group, drug free for 5 years	Class I-IC
Within 5 years	D
Dwarfism	D
Dystonia	D

Medical Impairments (continued)

Echocardiography

Left Atrium >5.0 cm. D
 Ejection Fraction <45%. D

Ehlers-Danlos Syndrome D

Ejection Fraction <45% D

Electric Scooter Use. D

Emphysema see COPD

Epilepsy After 1 year, controlled with medication, no seizures for 1 year S
 1 or 2 seizures per year. Class I
 Poorly controlled D

Epstein-Barr Virus 2 years treatment free, full recovery, no residuals S
 <2 years since treatment, currently treated, or present. D

Factor V Von Leiden incidental finding, or no history of clots S-Class I
 With history of clot, on prescription blood thinner Class I
 With history of clot, not on prescription blood thinner. D
 With history of clot while adequately anticoagulated. D
 With history of TIA or CVA D

Factor VII D

Fainting see Dizziness

Falls, single episode S-IC
 Multiple episodes, or with injuries IC-D

Familial Tremor. see Tremor

Family History of parent or sibling with Alzheimer’s Disease maximum benefit
 period 5 years

Fatigue, after 12 months, resolved S*
 Within 12 months, or with functional limitations IC-D

Feeding tube. D

Fibromuscular Dysplasia D

Fibromyalgia after 1 year, well controlled, no ADL/IADL deficits S-5 years
 maximum benefit
 period
 Taking up to 3 doses of narcotic pain medication period week. IC
 Poorly controlled, or disabling, or taking more than 3 doses of narcotic pain medication per week D

Fracture-Traumatic, one bone, after 3 months, fully recovered, no limitations S*
 In combination with mild osteoporosis T-score <-2.9 S
 In combination with moderate to severe osteoporosis T-score -3.9 or worse D
 Associated with multiple falls, chronic dizziness, or gait disorder. D

Fracture-Non Traumatic, in combination with any degree of osteoporosis, not on
 Medication, or with functional impairment. D

Frailty D

Friedrich’s Ataxia. D

Fuch’s Dystrophy. S*

Medical Impairments (continued)

Gastric Bypass/Banding , after 2 years, fully recovered, no complications	S
Gaucher's Disease	D
Glaucoma , stable vision, controlled eye pressures	S*
All others	IC
Glomerulonephritis	D
Grave's Disease , after 12 months	S
Guillain-Barre Syndrome , after 12 months, no residuals	S
Hashimoto's	S
Head Injury , after 6 months, no residuals	S-IC
With residual functional or cognitive impairment, or multiple head injuries	D
Heart Attack/Heart Disease	see Coronary Artery Disease
Heart Transplant	D
Heart Valve Disorder , operated 1 or 2 valves, fully recovered, after 6 months	S
Unoperated, 1 or 2 valves, mild, no symptoms, no surgery planned	S
Unoperated, moderate 1 or 2 valves	Class I-IC
Unoperated, 1 or 2 valves, severe, or surgery recommended or planned	D
Any, unoperated with Atrial Fibrillation, or history of TIA or CVA	D
Operated with mechanical valve, on Coumadin or warfarin	Class I
Operated with bioprosthetic valve	S
Hemiplegia	D
Hemochromatosis , after 12 months, successfully treated with phlebotomy, or chelation, and stable ferritin level not more than 25% above normal, and with normal liver function tests	S-IC
Hemophilia	D
Hepatitis , any chronic, active, or alcohol related, or with residual liver damage	D
Autoimmune	D
Hepatitis A or B , after 6 months, fully recovered	S
Hepatitis C After 2 years, successfully treated with Interferon, or cleared spontaneously without treatment, virus undetectable by PCR	IC
Currently treated, or treated within 2 years	D
Unresponsive to Interferon, or never treated with Interferon, or virus not cleared spontaneously without treatment	D
Virus detectable by PCR – polymerase chain reaction	D
Herniated Disc/Degenerative Disc Disease (DDD) Unoperated, epidural steroid injection within 6 months, or additional epidural steroid injections planned	D
Unoperated, no ADL limitations, not advised to have surgery	S
Operated, after 6 months, full recovery, no hardware	S
Operated, after 6 months, full recovery, hardware no ongoing problems, no plans to remove hardware	S
Operated or unoperated, requires daily narcotics or implantable stimulator for pain control	D
Operated or unoperated with ADL limitations	D

Medical Impairments (continued)

High Blood Pressure , after 3 months, compliant with treatment:	
Average BP <140/90	S*
Average BP <160/90	S
Average BP <170/94	Class I
Average BP >170/94, or any, noncompliance with treatment	D
Hip Replacement	see Joint Replacement
HIV Positive	D
Hoarder	D
Hodgkin's Disease stage I, after 3 years, fully recovered	S
All others, fully recovered, after 5 years	IC
Treated with bone marrow or stem cell transplant	D
Home Health Care received within 6 months.	D
Huntington's Chorea or genetic testing positive for Huntington's.	D
Hydrocephalus with or without shunt	D
Hypoparathyroidism/Hyperparathyroidism	S*
Hypothyroidism/Hyperthyroidism	S*
IADL Impairment	D
Idiopathic Hypertrophic Subaortic Stenosis (IHSS)	see Cardiomyopathy
Idiopathic Thrombocytopenia Purpura (ITP)	
Platelet count >50,000 for 1 year	Class I
Imbalance	see Balance Disorder
Immune Deficiency	D
Impaired Glucose Tolerance	
A1c <6.0	S
A1c 6.1-6.4 with no condition listed as a comorbid under diabetes section.	S
A1c 6.1-6.4 with condition listed as comorbid under diabetes section.	see Diabetes
A1c >6.4	see Diabetes
Implantable Stimulator	D
Incontinence , urinary, stress, manages independently.	
Urinary, uncontrolled, or requires assistance with management.	D
Stool.	D
Interstitial Lung Disease	see COPD
Irritable Bowel Syndrome , controlled, weight stable.	
Uncontrolled or with weight loss	D
Joint Replacement , one joint after 3 months, fully recovered, no use of assistive devices, no longer receiving physical therapy	
Two joints build not rateable, fully recovered, no limitations	S-IC
More than 2 joints, rateable build.	D
Three joints, build not rateable.	Class I-D
More than 3 joints	D
Surgery recommended or planned.	D

Medical Impairments (continued)

Kidney Disorder , mild renal insufficiency, stable 2 years	S-IC
Creatinine <1.5, no proteinuria, not diabetic, well controlled blood pressure.....	S-IC
Creatinine >1.5.....	D
Kidney failure, single episode, fully recovered after 2 years	S-IC
Kidney Transplant	D
Kidney removal (1), after 2 years, with stable kidney function	S
Polycystic Kidney Disease	D
Dialysis	D
Chronic Kidney Failure	D
Kidney Transplant	D
Kidney Donor after six months, normal function in remaining kidney	S
Knee Replacement	see Joint Replacement
Labrynthitis	see Dizziness
Lacunar Infarct	
Single.....	see Stroke
Single in combination with white matter or small vessel ischemia	D
Multiple.....	D
Lap Band Surgery	see Gastric Bypass
Left Atrial Enlargement >5.0 cm.....	D
Leukemia	
AML, CML, Hairy Cell.....	D
Acute, after 3 years	IC
CLL	
Stage 0 or I, WBC <15,000 for 2 years	Class I
Stage II-IV in remission 4 years	S-IC
Treated with bone marrow or stem cell transplant.....	D
Leukopenia , stable 2 years WBC >2.5	S-IC
Liver Transplant	D
Living Environment noted during face to face interview to be excessively cluttered, filthy, unsafe, or with evidence of hoarding	D
Lou Gehrig's Disease	D
Low Back Pain	see Back Pain/Strain
Lung Transplant	D
Lupus , discoid, after 12 months	S
Systemic.....	D
Lyme Disease , after 12 months, fully recovered, no residuals	S*-IC
Undergoing treatment or with residuals	D
Lymphedema , medically managed, no limitations.....	S
With limitations or history of skin ulcers	D

Medical Impairments (continued)

Lymphoma

Stage I or II, after 2 years, in complete remission	S-IC
Stage III or IV, after 4 years, in complete remission	S-IC
Low-grade	D
Cutaneous T Cell Stage I, stable 3 years	Class I
Stage II or greater, or Stage I not stable 3 years	D
Treated with bone marrow or stem cell transplant	D

Macular Degeneration , one eye	S
Both eyes	IC-D

Manic Depression	see Bipolar
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Marfan's Syndrome	D
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Medicaid Recipient	D
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Medical Marijuana	D
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Medullary Sponge Kidney	IC
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Melanoma	see Cancer
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Memory Loss	D
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Meniere's Disease , after 6 months, symptoms controlled, no limitations	S
Associated with falls	D

Meningioma removed, after 12 months, no limitations	S-IC
Surgery planned	D

Meningitis , after 12 months, fully recovered	S-IC
Present	D

Mental Retardation	D
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Migraines , not daily, controlled with medication, no restrictions or limitations	S*
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Mital Valve Prolapse	S*-IC
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Mixed Connective Tissue Disease	D
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Monoclonal Gammopathy , after 1 year	IC-D
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Moyamoya	D
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MRSA

Single occurrence recovered after 2 years	S
1 recurrence 18 months after recurrence	Class I

Multiple Myeloma	D
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Multiple Personality Disorder	D
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Multiple Sclerosis	D
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Murmur	see Heart Valve Disorder
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Muscular Dystrophy	D
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Medical Impairments (continued)

Myasthenia Gravis , ocular, after 1 year	S
Generalized	D
Myelodysplastic Syndrome	D
Myelofibrosis	D
Myocardial Infarction	see Coronary Artery Disease
Narcolepsy effectively treated	S-IC
Untreated or resulting in accidents or injury.	D
Narcotic Pain Medication >3 doses per week.	D
NASH – Nonalcoholic Steatohepatitis, after 2 years, ALT <2x normal, weight within Select maximum, well controlled diabetes (if applicable) and well controlled lipids, and <3 alcoholic drinks per week	
No fibrosis by liver biopsy	Class I
Mild fibrosis	3 years, 180 day elim, Class II-IC
Moderate to severe fibrosis or cirrhosis	D
Weight above Select maximum.	D
Nebulizer use, within 6 months, other than for acute infection with no underlying respiratory disease	D
Neurofibromatosis	D
Neurogenic Bowel or Bladder	D
Neuropathy , mild, fully evaluated, no limitations	S-IC
Not fully evaluated, related to diabetes or alcohol, or with history of falls, imbalance, or gait disorder, or skin ulcers.	D
Neutropenia , stable 2 years neutrophils >1,000	S-IC
Non Hodgkin’s Lymphoma	see Lymphoma
Nursing Home Confinement , after 6 months, full recovery, no limitations	IC
Within 6 months	D
Obesity	see Weight chart
Obsessive Compulsive Disorder , after 3 years, controlled on medication	
Fully functional	S-IC
Limits functional ability	D
Psychiatric hospitalization within 5 years	D
Optic Neuropathy or Neuritis , refer to specific cause	IC
Related to Multiple Sclerosis	D
Organic Brain Syndrome	D
Organ Transplant	D
Osteopenia , T score -2.4 or better, on appropriate medication.	S*
Osteoarthritis	see Arthritis

Medical Impairments (continued)

Osteomyelitis	see Avascular Necrosis
Osteoporosis , T score -2.5 – -2.9, no tobacco 1 year, no history of nontraumatic fractures, regular weight bearing exercise, tobacco free 1 year	S*
T score -3.0 – -3.9, no history of nontraumatic fractures, regular weight bearing exercise, tobacco free 1 year	Class I
T score -4.0 or worse	D
Any with history of nontraumatic fracture, or not on medication, or with functional limitations, or with balance disorder, abnormal gait, or 2 or more falls in the past year	D
Oxygen use	D
Pacemaker , after 3 months	S-IC
Recommended or surgery pending	D
Paget’s Disease , no symptoms and no limitations	IC
With symptoms or history of fractures	D
Pancreas Transplant	D
Pancreatitis , after 12 months, single episode, fully recovered	S
Related to alcohol use, or 2 or more episodes, or chronic	D
Panic Attack/Disorder	see Anxiety
Paralysis	D
Paraplegia	D
Parkinson’s Disease	D
Parkinsonism	D
Patent Foramen Ovale surgically corrected after 6 months	S
Surgically corrected, single TIA or CVA prior to surgery	Class I-IC
Surgically corrected, TIA or CVA after surgery	D
Not corrected, incidental finding, no history of clots, TIA, CVA, no underlying clotting disorder	S-IC
Pemphigus Vulgaris	D
Peripheral Neuropathy	see Neuropathy
Peripheral Vascular/Arterial Disease	
Mild, ABI>.80, tobacco free 12 months, no symptoms, no limitations after 6 months	S
Moderate, ABI .40-.80 or in combination with coronary artery disease, after 6 months	Class I-IC
Severe, ABI <.40 or any with tobacco use within 12 months	D
Average BP reading >159/89	D
Any, with limitations, history of leg ulcers, TIA, diabetes, carotid stenosis >50%, operated, or unoperated, pending surgery, or stent placement or surgery within the past 6 months	D
Physical Therapy	
Completed, after 3 months, recovered	S*-IC
Current	D
Pick’s Disease	D

Medical Impairments (continued)

Pituitary Adenoma removed, after 12 months, no limitations	S
Stable x3 years, no surgery planned	IC
Surgery planned	D
Plantar Fasciitis	S*
Platelet Abnormality	see specific condition
Pneumonia , after 3 months, single episode, fully recovered	S*
Associated with chronic lung disease	see COPD
Polio fully recovered, no limitations, no assistive devices	S
Fully recovered, no limitations, leg brace	IC
With recurrence or limitations	D
Post Polio Syndrome after 2 years, nonprogressive, no limitations, no assistive devices	IC
Progressive weakness or fatigue, or with limitations.	D
Polycystic Kidney Disease	D
Polycythemia Vera after 2 years, managed with medication or Phlebotomy, platelets <450,000	Class II, 2 years 180 day elimination
Polymyalgia Rheumatica mild, after 1 year, no limitations.	S
Moderate, no functional limitations.	Class I-IC
Severe, or with limitations.	D
Polymyositis/Dematomyositis	D
Polyneuropathy	D
Post Herpetic Neuralgia	D
Post Traumatic Stress Disorder (PTSD) , after 12 months, controlled, fully functional	S-IC
After 12 months, not adequately controlled or with functional impairment	D
Pregnancy	D
Undergoing fertility evaluation or treatment.	D
Primary Biliary Cirrhosis	D
Prostate Specific Antigen (PSA)	see BPH
Prosthetic Limb	
One	S-IC
More than one	D
Protein C or S Deficiency	see Factor V Von Leiden
Proteinuria , with kidney disease or diabetes.	D
Pseudotumor Cerebri	D
Psoriasis , mild to moderate, controlled with medication	S*
Severe.	IC
Psoriatic Arthritis	see Rheumatoid Arthritis

Medical Impairments (continued)

Psychosis	D
Pulmonary Edema	D
Pulmonary Embolism , after 6 months, single episode, fully recovered	S*-IC
Present, multiples, or underlying coagulation disorder that is not treated with prescription blood thinner (other than aspirin) or occurred while adequately anticoagulated	D
Pulmonary Fibrosis , localized, nonprogressive, normal PFT's, after 2 years	IC
Active, progressive disease, abnormal PFT's	D
Pulmonary Hypertension	
Incidental findings, no symptoms	S
All others	D
Quad Cane Use	D
Quadriplegia	D
Raynaud's	S*
Reflex Sympathetic Dystrophy (RSD)	D
Renal Disease/Failure	see Kidney Disorder
Restless Leg Syndrome	S*
Retinal Vein Occlusion	
One	S
Two or more	D
Any, in combination with Diabetes	D
Retinitis Pigmentosa	see Blindness
Rheumatoid Arthritis	see Arthritis
Sarcoidosis	see COPD
Sciatica	S-IC
Schizophrenia	D
Scleroderma	D
Sclerosing Cholangitis	D
Scoliosis	
Mild	S*
Moderate to severe	IC
Scooter Use	D
Seizures	see Epilepsy
Shingles , after 6 months, fully recovered	S*
Present, or with residuals, or postherpetic neuralgia	D
Short Stature , due to chronic disease or genetic disorder	D
Shy-Drager Syndrome	D

Medical Impairments (continued)

SICCA	see Sjogren's Syndrome
Sickle Cell Anemia	D
Trait only, no active disease	S*
Active disease	D
Sick Sinus Syndrome	
With pacemaker	S
Without pacemaker, no symptoms	IC
Without pacemaker, with dizziness or fainting, or pacemaker recommended but not done	D
Sjogren's Syndrome	
Mild, dryness of eyes and mouth only	S*
In combination with Rheumatoid Arthritis, Connective Tissue Disease, or with other organ involvement	D
Skin Cancer	see Cancer
Sleep Apnea responsive to treatment, complaint with CPAP or BIPAP	S
Unresponsive to treatment, or noncomplaint with CPAP or BIPAP, or with supplemental oxygen	D
Social Security Disability receiving	D
Social Withdrawal	D
Small Bowel Transplant	D
Spina Bifida	D
Spinal Stenosis operated, fully recovered, after 12 months	S
Upoperated, mild	S
Unoperated, moderate	Class I-IC
Unoperated, severe or surgery recommended	D
Any, with epidural injections or physical therapy within 6 months, or functional limitations, or chronic pain requiring >3 doses of narcotic pain medication per week, or advised to have therapy, injections, or surgery	D
Stem Cell Transplant	D
Stent	see specific condition
Stroke	
Single episode, fully recovered after 2 years, no limitations, tobacco free 12 months	Class I
Two or more	D
In combination with any of the following:	
Atrial Fibrillation	D
Unoperated carotid stenosis	D
Heart valve disorder	D
Average blood pressure reading >159/89	D
Previous TIA(s)	D
Diabetes	D
Residual weakness or functional loss	D
Tobacco use within the past 12 months	D
Occurred while adequately anticoagulated	D
Peripheral Arterial/Vascular Disease, other than carotid artery disease	D
Patent Foramen Ovale (PFO) unoperated	D
Patent Foramen Ovale (PFO) operated, no stroke or TIA after surgery	Class I-IC
Patent Foramen Ovale (PFO) operated, stroke or TIA after surgery	D
Clotting Disorder	D

Medical Impairments (continued)

Subarachnoid Hemorrhage	see Stroke
Subdural Hematoma , after 6 months, recovered, no residuals	S
Supraventricular Tachycardia (SVT)	S*-IC
Surgery , requiring general anesthesia, planned, not completed	D
Syncope	see Dizziness
Systemic Lupus	D
Temporal Arteritis , after 12 months, fully recovered	S-IC
TENS Unit	
Past use	IC
Current use	D
Thalassemia	
Minor	S
Major	D
Thrombocythemia	D
Thrombocytopenia , without splenectomy, platelet count >50,000 for 1 year	Class I 3 years
With splenectomy, platelet count normal for 1 year without medication or treatment	S
Thrombocytosis	D
Thrombosis	see DVT
Torticollis resolved with Botox, after 6 months	S
Tourette's Syndrome fully functional, no limitations	IC
Any functional limitations	D
Transient Global Amnesia	see TIA
Transient Ischemic Attack (TIA) single episode, fully recovered after 1 year	Class I
Two or more	D
In combination with any of the following:	
Atrial Fibrillation	D
Unoperated carotid stenosis	D
Heart valve disorder	D
Previous stroke	D
Diabetes	D
Average BP reading >159/89	D
Residual weakness or functional loss	D
Tobacco use within the past 12 months	D
Occurred while adequately anticoagulated	D
Other peripheral vascular disease	D
Peripheral Arterial/Vascular Disease, other than carotid artery disease	D
Patent Foramen Ovale (PFO) unoperated	D
Patent Foramen Ovale (PFO) operated, no stroke or TIA after surgery	Class I-IC
Patent Foramen Ovale (PFO) operated, stroke or TIA after surgery	D
Clotting Disorder	D
Transplant (except corneal) organ, bone marrow, stem cell	D
Transverse Myelitis	D

Medical Impairments (continued)

Tremor fully evaluated, benign familial, no limitations, mild to moderate	S
Not fully evaluated, with limitations, or gait disturbance	D
Trigeminal Neuralgia	
After 12 months managed with antispasmodics or anticonvulsants, no limitations	S
6 months after surgery, resolved	S
Poorly controlled or disabling	D
Tuberculosis after 12 months, treated, fully recovered, normal PFT's	
Present or with lung damage or other organ involvement	D
Turner's Syndrome	D
Ulcerative Colitis	see Crohn's
Underweight	D
Undifferentiated Connective Tissue Disease	D
Uveitis	S*
Valvular Heart Disease	see Heart Valve Disorder
Varicose Veins	
With history of leg ulcers or pending surgery	D
Venous Insufficiency	
With history of leg ulcers or pending surgery	D
Ventricular Tachycardia	
Controlled on medication 6 months	S
With implantable defibrillator	D
Ventriculoperitoneal Shunt	D
Vertigo	see Dizziness
Von Hippel-Lindau	D
Von Willebrand's Disease	D
Waldenstrom's Macroglobulinemia	D
Walker Use	D
Weakness	D
Wegener's Granulomatosis	D
Weight Loss , unexplained, or not fully evaluated	D
Wheelchair Use	D
Wilson's Disease	D
Wolff-Parkinson-White Syndrome , after 6 months, ablated, not present	
Uncontrolled, or with fainting, or low blood pressure, or ablation or surgery recommended, but not done	D
Workers' Compensation receiving	D

Producer Requirements

Licensing and Appointments

Appointment Requirements

(May vary by state)

Non Pre-appointment States – All states except MT, PA

Agents who are properly licensed may solicit business prior to being appointed by Mutual of Omaha. Applications must be submitted with contracting paperwork. Please note that policies will not be issued until the effective date of the agent's appointment.

Pre-appointment States – MT, PA

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

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

Background Checks

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

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

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

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

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

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

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

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

Errors and Omissions Insurance

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

Continuing Education – Long-Term Care

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

Producer Training

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

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

Welcome Letter

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

Partnership Training – Long-Term Care

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

Partnership Requirements for Licensing, Training and Issuing the Application

Licensing Requirements:

The agent must be licensed in the state where the client is physically located at the time of sale.

KS Exception: If the applicant is a resident of KS, the agent must be licensed in KS regardless of where the sale is made. For example, if the application is signed in NE for a client who is a resident of KS, the agent must be licensed in both NE and KS.

Training Requirements:

Long-term Care Partnership training must be completed for the state in which the application is signed, as well as, for the state in which the client resides. Reciprocity rules will apply.

Issuing the Application – Application and Product Requirements:

The product and application must be for the state in which the client resides.



Long-Term Care Insurance underwritten by:
MUTUAL OF OMAHA INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
mutualofomaha.com

MUTUAL of OMAHA'S
WILD KINGDOM
on Animal Planet

