

A Tool for your
Success

CRITICAL ILLNESS

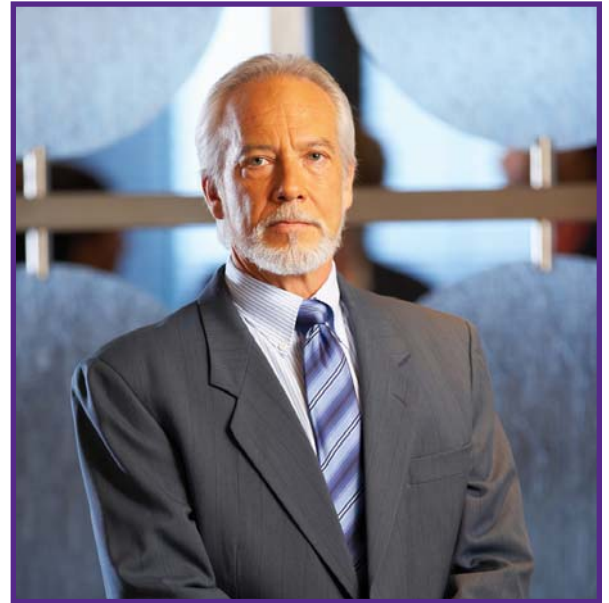
S A L E S K I T

Ideal Client Profiles & Sales Ideas
Carrier Product Brochures
Consumer Flyers & Brochures

Brought to you by Pinney Insurance Center, Inc.
2266 Lava Ridge Court | Roseville, CA 95661 | PinneyInsurance.com

Are your high-income clients adequately covered with disability income insurance alone?

Your clients may experience a shortfall between their income and their disability benefit if they are unable to work due to a sickness or injury.



EXAMPLE

A client earning \$350,000 per year who has the maximum DI coverage – when this client becomes sick or injured and can't work, notice the gap in income:

Monthly income before sickness/injury	\$29,167
Approximately 60 percent of pre-condition income is required for day-to-day expenses	\$17,500
Personal monthly DI benefit, at maximum amount	\$10,000
Monthly shortfall	\$7,500

If your client is unable to work for two years, the total loss could be as much as \$60,000!

Regardless of how much money your client makes, the bills need to be paid. Any gap in income can cause stress. You need to make sure your client is sufficiently covered. Assurity can help you fill that gap with AssurityBalance Critical Illness insurance. It pays a lump sum upon the first-ever diagnosis of 21 covered illness, including cancer, heart attack and stroke. Coverage amounts are available in amounts of \$50,000 to \$500,000. This cash payment can be used for anything – mortgage payments, credit card debt, medical treatment, a vacation – *anything!*

Find out about our critical illness insurance today!

In many cases, your client could not live on their disability insurance alone.

Policy Form Nos. I H0820 or CI 007.
Product and rider availability, features and rates vary by state.

For producer use only. Not for use with consumers.


Assurity®
Life Insurance Company

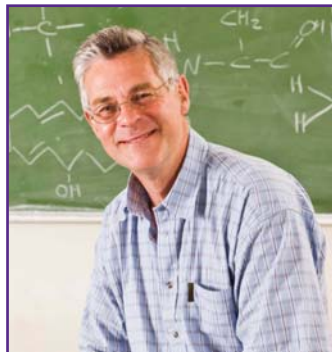
PO Box 82533 • Lincoln, NE 68501-2533
(800) 276-7619 • www.assurity.com

Some of your clients can't purchase disability income protection *because of their occupation...*

- Homemakers
- Home-based business owners
- Professional athletes
- Packing industry workers
- Offshore oil and gas workers
- Writers/Authors
- Actors
- Pilots
- Flight attendants
- Air traffic controllers

And some occupations don't allow your clients to purchase *enough DI...*

- Independent contractors or consultants
- Self-employed individuals
- Teachers
- Government employees
- Commission sales people



Make sure your clients are adequately covered!

AssurityBalance Critical Illness insurance is the solution. It pays a lump sum upon the first-ever diagnosis of 21 covered conditions, including cancer, heart attack and stroke. Coverage amounts are available in amounts of \$50,000 to \$500,000. This cash payment can be used for anything – mortgage payments, credit card debt, medical treatment, a vacation – *anything!*

Find out about our critical illness insurance today!

Policy Form Nos. I H0820 or CI 007.
Product and rider availability, features and rates vary by state.

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Assurity®

Life Insurance Company

PO Box 82533 • Lincoln, NE 68501-2533
(800) 276-7619 • www.assurity.com

We've made selling CI even easier with
**Preferred Life Underwriting
 for Critical Illness!**

If your client qualified for preferred life insurance with an approved company, he or she may be eligible for \$50,000 to \$100,000 of fully underwritten Critical Illness Insurance!*



Assurity's fully underwritten critical illness pays a lump-sum benefit upon the first confirmed diagnosis of a covered illness or medical procedure, such as heart attack, cancer or stroke.

Four easy steps to apply:

1. Critical Illness application must be submitted within six months of preferred life exam.
2. Applicant must have qualified for preferred life with an approved company (see list at right).
3. Complete page 1 of the Assurity application, plus the General Section, Physician page, Critical Illness Product Section and Critical Illness Health Section.
4. Send completed application with a copy of the medical exam and schedule page from the preferred life policy.

Approved ✓

Approved Companies:

- American General
- Assurity
- AVIVA
- AXA
- Banner
- Genworth
- ING
- John Hancock
- Lincoln Financial
- Met Life (Elite & Elite+ only)
- Minnesota Life
- Mutual of Omaha
- North American
- Ohio National
- Principal
- Protective
- Prudential
- Transamerica
- Woodmen of the World

AssurityBalance fully underwritten Critical Illness product highlights:

- Issue ages 18 through 64
- 21 conditions covered
- Guaranteed renewable for life
- Three-category approach allows the benefit to be paid multiple times
- Riders available (for additional premium):
 - Disability Waiver of Premium Rider
 - Accidental Death Benefit Rider
 - Spouse Critical Illness Benefits Rider
 - Children's Critical Illness Benefits Rider

*Underwriting may occur in certain situations, e.g., family history admitted on the CI medical page of the application.

Policy Form Nos. I H0820 or CI 007. Product and rider availability, features and rates vary by state.

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 www.assurity.com



CriticalCare Plus[®]



Policies issued by American General Life Insurance Company (AGL),
a member company of American International Group, Inc. (AIG)

A critical illness at any age is real.

The benefits of CriticalCare Plus insurance can provide cash to use any way you choose.

The people and events depicted herein are fictional and do not represent actual cases.

Did You Know...

- Every 34 seconds 1 American has a coronary event¹
- Every 40 seconds someone in the U.S. has a stroke.¹
- 83.6 million Americans are living with cardiovascular diseases¹
- About 6.8 million Americans over Age 20 had a stroke, about 3 million males and 3.8 million females¹
- The National Cancer Institute estimate that approximately 11.4 million Americans are alive with a history of Cancer²
- In 2013, 1.66 million Americans were expected to be diagnosed with cancer²

¹ American Heart Association, Heart Disease and Stroke Statistics — 2013 Update.

² American Cancer Society, Cancer Facts & Figures — 2013 Update.

When George and his wife Sandra purchased their dream house, they wanted to make sure it would be a place to call home for many years to come. While they were applying for life insurance to help cover the mortgage if either of them passed away, their agent also suggested critical illness insurance, which could help protect their home in case of a costly health crisis. They each purchased a 30-year CriticalCare Plus policy — and three years later, when George was diagnosed with leukemia, their prudent decision paid off. His policy delivered a single-payment benefit of \$125,000, which helped them address out-of-pocket treatment costs and helped compensate for lost income as they continued to meet their mortgage payments. Thankfully, George recovered from the illness, and he and Sandra were able to look forward to many more years in the home of their dreams—recovery, without the additional stress of financial burdens.

*George, 31, attorney
New homeowner
Leukemia*



Lump-sum benefit paid to help with your financial needs.

A Broad Range of Coverage

Your CriticalCare Plus Insurance policy and applicable riders can pay a lump-sum benefit for numerous covered critical illnesses or conditions that are most likely to cause major lifestyle changes.*

- Invasive cancer
- Coma
- Heart attack
- Stroke
- In situ cancer (25%; up to \$25,000)
- Coronary artery bypass (25%; up to \$50,000)
- Kidney (Renal) failure
- Severe Burns
- Accidental Death & Dismemberment Rider
- Benefit Extension Rider
- Paralysis (100% for Quadriplegia, 50% for Paraplegia, 50% for Hemiplegia)
- Loss of sight, speech or hearing
- Occupational HIV Rider (medical professionals only)
- Major organ transplant (25% upon listing with UNOS, 75% at the time of actual transplant)
- Loss of independent living

*Subject to policy terms and conditions, including limitations and exclusions.



After Allison and her husband divorced, her first priority was ensuring a bright future for her 11-year-old son Jeremy, who had aspirations to become an architect. Month after month, Allison diligently set aside funds to pay for her son's education, often sacrificing her own needs to help his dream come true. She also purchased a 10-year CriticalCare Plus policy to ensure that if she were ever faced with a critical illness, her son's college savings would be protected. When Allison suffered a stroke, the major medical coverage provided by her employer covered most expenses, but others — such as adaptations to their home to help her get around — had to be paid out-of-pocket. Fortunately, the \$75,000 benefit from her CriticalCare Plus policy helped her address these expenses without tapping into her savings. Allison's recovery was slow and arduous, but years later, she was able to watch her son follow his ambitions and enter the college of his choice.

Allison, 46, teacher
Single mom
Stroke

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Help to Cover the Costs

A critical illness can generate costs far beyond medical expenses — costs that may or may not be covered by your traditional health plan.

CriticalCare Plus can help you cover medical costs associated with a covered critical illness, which may help you keep your retirement and family savings intact.

Direct costs can include:

- Deductibles
- Co-pays
- Policy exclusions (such as experimental treatments)
- Out-of-network medical costs

Indirect costs can include:

- Lost income
- Lifestyle changes/modifications to the home
- Increased financial responsibilities
- Transportation and lodging for non-local treatment

CriticalCare Plus Helps Protect Retirement and Education Savings

Debt

Can help:

- Meet mortgage payments
- Pay personal or business debts
- Address increased financial responsibilities

Medical Costs

Can help:

- Access the best physicians
- Pay deductibles, co-pays and out-of-network charges
- Travel to out-of-state facilities for treatment
- Explore policy exclusions (such as experimental treatments)
- Choose alternative medical treatments

Lifestyle Maintenance

Can help:

- Compensate for lost income
- Adapt to lifestyle changes
- Take a family vacation



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Upon the birth of her second daughter, Wendy left her job as a nurse at a local hospital to be a full-time mom. The family was able to manage on her husband's income alone; however, they did have to make some adjustments in their lifestyle and weren't able to build up any savings. With no outside income, Wendy was ineligible for individual disability insurance; fortunately, she was able to purchase an CriticalCare Plus policy. When Wendy was diagnosed with breast cancer six years later, the policy's single-payment benefit not only enabled her to arrange for day-care for her daughters, but also to fly her mother in from another city to help around the house. Thanks to CriticalCare Plus, Wendy was able to continue taking care of her family even as she focused on her own recovery.

*Wendy, 36, homemaker
Full-time mother of two
Breast cancer*

As a successful orthopedic surgeon, Joan enjoyed a comfortable six-figure income — and with two kids at home, she needed every penny. To protect her family's lifestyle if she ever became disabled, she purchased the maximum amount of disability coverage for her income bracket. Unfortunately, that monthly benefit would start covering her expenses only after being disabled for six months. To help fill in the gap, Joan also bought a \$250,000 CriticalCare Plus policy. Two years later, she suffered kidney failure, which left her unable to work for eight months. Fortunately, the benefit from her CriticalCare Plus policy enabled her to continue meeting financial obligations without sacrificing her family's way of life before Joan started receiving the disability benefits.

*Joan, 45, orthopedic surgeon
Maxed-out disability coverage
Kidney failure*



The people and events depicted herein are fictional and do not represent actual cases.

Discover the Benefits

CriticalCare Plus can help cover the costs associated with a critical illness.

Benefit Amounts	\$10,000 to \$500,000 \$150,000 maximum if Benefits Extension Rider ¹ (BER) is elected For Accidental Death and Dismemberment Rider: \$25,000 to \$150,000 ³
Available Coverage Periods	10 years, 15 years, 20 years, 30 years and lifetime
Issue Ages	10 Year Term 40-59 (Tobacco & Non-tobacco) 15 & 20 Year Term 40-59 (Tobacco) 40-64 (Non-tobacco), 30 Year Term 30-59 (Tobacco) 30-64 (Non-tobacco), Life Time 18-59 (Tobacco) 18-64 (Non-tobacco)
Optional Benefits ²	<ul style="list-style-type: none">• Benefit Extension Rider¹: Provides coverage for additional covered critical illness and delivers benefits beyond that of the base policy for;<ul style="list-style-type: none">- a critical illness that is different from all previously covered critical illnesses; or- a critical illness that is the same as a previously covered critical illnesses; can provide benefits upon a second or third covered critical illness⁴• Medical Personnel HIV Rider: Pays the full benefit to a medical professional upon diagnosis of HIV acquired in the course of work-related duties• Accidental Death and Dismemberment Rider: Protection in the event of an accidental death or dismemberment. The accidental death and dismemberment rider also includes a common carrier benefit.⁶
Loss of Independent Living	The full benefit payable for permanent loss of at least two out of six activities of daily living ADLs (bathing, dressing, toileting, transferring, continence and eating). Lifetime benefit available.
Benefit Period	Coverage available through age 70. Lifetime benefit available for loss of independent living.
Wellness Benefit	Pays up to \$50 annually for a wide variety of medical tests
Family Protection	Coverage available for spouse and dependent children
Return of Premium ⁵	In case of the insured's death while the policy is in force, the named beneficiary will receive a refund of all premiums paid (less any benefits paid under the policy)
United Network of Organ Sharing (UNOS)	Pays 25% of the benefit for a major organ transplant when the insured is entered into the national waiting list for organ transplants. The remainder of the major organ transplant benefit (75%) will be paid at the time of the actual transplant.
Best Doctors ⁷	Free membership in Best Doctors, a service that provides qualified referrals should you decide to seek a second opinion.

¹ Benefit Extension Rider is not available for plans without a cancer benefit.

² See the rider for details regarding the benefit descriptions, limitations and exclusions. There is an additional premium for each rider selected.

³ There is an additional premium for the Accidental Death and Dismemberment rider. See the policy for details regarding the benefit descriptions, limitations and exclusions.

⁴ Does not provide coverage for every critical illness covered by the base policy.

⁵ The return of premium provision does not directly take into account the time value of money or the effect of inflation. This was taken into consideration when the premiums were determined.

⁶ If a benefit is paid as a result of an accidental injury that occurs when riding as a fare-paying passenger inside a common carrier, an additional benefit will be paid equal to the benefit amount.

⁷ Best Doctors is a registered trademark of Best Doctors, Inc., in the United States and other countries, and it is used under license.

Best Doctors

It's included in your CriticalCare Plus policy.

Started by doctors from Harvard Medical School in 1989, Best Doctors has helped thousands of people be sure about their diagnoses – for free.

How it works – [Connect](#), [Investigate](#), [Answer](#)

Connect: When you contact Best Doctors, you will be connected to a Member Advocate who will answer your questions and take your complete medical history.

Investigate: Best Doctors works with your physician to compile your medical information, including all doctors' records and tests, and selects a specialist(s) from their database of 40,000 doctors.

Answer: Best Doctors will deliver you and your physician an easy-to-understand report summarizing the doctor's findings, letting you know if your diagnosis and treatment plan are on target.

Best Doctors does not replace your relationship with your current doctor, but offers additional resources and support to you and your treating doctor.



The people and events depicted herein are fictional and do not represent actual cases.

Rick had always loved to cook, and after years of coaxing from family and friends, he left his corporate job to open a fashionable downtown bistro. Committed to “doing it right,” Rick took out several loans to ensure his kitchen was well-equipped and his dining room elegantly decorated. At the same time, he also purchased a 30-year CriticalCare Plus policy to help him protect his investment even if a critical illness took him away from his duties. Two years after opening his doors, Rick suffered a heart attack. Unable to work for four months, he was grateful for the \$200,000 benefit from his CriticalCare Plus policy, which not only enabled him to hire the extra help he needed, but also helped him continue his loan payments while his business adapted to the disruption. Fortunately, Rick made a full recovery and was soon back at the restaurant on a daily basis – and business was better than ever.

Rick, 38, restaurateur
Business owner
Heart attack

Frequently asked questions

The benefits of CriticalCare Plus help create a more secure future for you and your family.

Q. What is critical illness insurance?

- A. Critical illness insurance is a product that provides a lump-sum payment for a covered medical condition subject to policy terms and conditions, including limitations and exclusions.

Q. I already have sufficient life insurance protection. Why do I need critical illness insurance?

- A. What would happen if you suffered a heart attack or stroke — and survived? With advances in modern medicine, the survival rates for these conditions have greatly improved over the last 10 to 20 years. For example:

- 68 percent of people diagnosed with cancer survive at least five years¹
- 75 percent of people who suffer a heart attack survive at least three years²
- 70 percent of people who suffer a stroke survive at least three years²

Q. I understand that life expectancy has increased, but I already have comprehensive major medical coverage. Why do I need critical illness insurance too?

- A. Major medical coverage provides reimbursement for covered medical expenses, but does not provide additional cash for expenses not covered by the plan. These expenses could include:

- Deductibles and co-pays for services covered by your plan
- Any experimental treatments not covered by the policy
- Charges incurred if you go outside the plan's preferred network for special treatment

If your condition prevents you from working, you could also experience a loss of earnings, which would not be replaced by your major medical coverage.

Q. I already have a disability insurance policy, so do I really need critical illness insurance?

- A. First, congratulations on your decision to insure your income in the event that you become disabled. Most disability policies have an elimination period of anywhere from 30 to 180 days; this is the period of time you must be disabled before you are eligible to collect benefits. Even with a 30-day elimination period, benefits are paid in arrears, so it would most likely be 60 days before you'd see your first benefits check.

The money from a critical illness plan is paid for a covered condition and would help get you through your disability policy's elimination period. In addition, as a result of a critical illness, you will most likely incur additional expenses, which the benefits from your CriticalCare Plus plan can help cover.

Q. How much CriticalCare Plus coverage can I purchase?

- A. Coverage is available from \$10,000 to \$500,000³. As a general rule, the maximum amount that you can purchase is five times your annual earned income. However, other financial obligations such as mortgages or other outstanding loans may be considered in the underwriting process.

Frequently asked questions

A critical illness at any age is real.

The benefits of CriticalCare Plus
can help provide the immediate cash
you need, to use any way you choose.

Q. Do I need to take a medical exam to purchase this coverage?

A. For amounts up to and including \$100,000, there is no required medical exam. For amounts in excess of \$100,000, a paramedical exam is required and a blood profile and urinalysis will be completed.

Q. If I have a cancer in situ or coronary artery bypass and receive a portion of the benefit amount, what happens to the remainder of the policy benefit?

A. Your maximum benefit is reduced by the amount paid to you and the policy remains in force so long as you pay your premium. The remainder of the benefit becomes your new maximum benefit.

Q. What happens to my policy at age 70?

A. CriticalCare Plus lifetime plan pays the full benefit for all covered conditions through age 70. At age 71, the plan can continue at the same premium for life with Loss of Independent Living as the only covered condition.

Q. If I suffer a heart attack or other critical illness and receive the maximum benefit, does my policy terminate?

A. If you purchase the base policy alone, your policy terminates when the maximum benefit is paid. However, if you add the optional Benefits Extension Rider⁴, you may collect additional benefits for either:

- a different critical illness occurring at least 180 days after previous critical illness; or
- a recurrence of the same covered condition after a two-year treatment-free period⁵.

Q. What is Loss of Independent Living?

A. Loss of Independent Living⁶ is a covered condition under the CriticalCare Plus policy. It is the permanent loss (as described in the policy) of two or more of the six designated Activities of Daily Living (ADLs): bathing, eating, dressing, toileting, transferring and continence as defined in the policy.

Frequently asked questions

Q. Can I get coverage for my spouse and children under the same policy?

- A. Yes! Your spouse can purchase an amount equal to or less than the amount you have purchased, and you can cover all your children — up to \$50,000, not to exceed the amount of your own coverage.

This is important coverage because if your child or spouse ever experiences a covered critical illness, you may prefer to temporarily take off work. The CriticalCare Plus policy can help you supplement your income for the time you take off work without pay, as well as help you cover many of the out-of-pocket expenses that may not be covered by your medical insurance plan.

Q. If I suffer a heart attack or other critical illness and die, will my spouse receive the benefits from the CriticalCare Plus policy?

- A. As long as the heart attack or other critical illness meets the definition under the policy, benefits from the plan will be paid to the named beneficiary. There is no requirement in the policy that you survive a period of time to receive benefits.

Q. Are benefits received from a critical illness policy income-tax-free?

- A. As a general rule, if insurance premiums are paid with after-tax dollars, then the benefits from the plan are received income-tax-free (based on current federal income tax laws). However, you should consult your personal tax advisor for a definitive answer to any insurance-related tax questions.

Q. Can my spouse receive any benefits upon my death?

- A. CriticalCare Plus includes a Return of Premium Benefit that will return all premiums paid to your named beneficiary if you die from a cause that is not a covered condition in the policy (less any benefits paid under the policy). In addition, the plan offers an optional Accidental Death and Dismemberment Rider⁵, which would provide benefits in the event of an accidental death or dismemberment. The Accidental Death and Dismemberment Rider also includes a common carrier benefit.⁷

Q. I am a medical professional. What if I contract HIV in the course of my employment?

- A. If a medical professional contracts HIV from an on-the-job accident and meets the terms as described in the rider, benefits will be paid in the same manner as any other covered condition in the policy.

¹ American Cancer Society, Cancer Facts & Figures, 2013.

² American Heart Association, Heart Disease and Stroke Statistics – 2013 Update.

³ Minimum and maximum amounts vary by state. \$150,000 maximum if BER is selected.

⁴ The Benefit Extension Rider is only available on plans with cancer coverage included.

⁵ There will be a charge for each rider you select. See the rider for details regarding benefits descriptions, limitations and exclusions.

⁶ Loss of Independent Living is not available in all states.

⁷ If a Benefit is paid as a result of an accidental injury that occurs when riding as a fare-paying passenger inside a common carrier, an additional benefit will be paid equal to the benefit amount.

Limitations and Exclusions

For any Insured Person:

- (a) We will pay NO benefits for a Critical Illness that is initially Incurred or Manifests or is Diagnosed before the end of the Waiting Period. However, an Insured Child born after the Effective Date of this Policy or any subsequent reinstatement will be covered from birth for the Critical Illnesses stated in the Policy Schedule. There is no Waiting Period for Kidney (Renal) Failure, Coma, Major Organ Transplant, Paralysis, or Loss of Sight, Speech or Hearing, or Loss of Independent Living that results from an Accident. There is no Waiting Period for Severe Burn.
- (b) There is a 180-day waiting period between Diagnosed Critical Illnesses that are Medically Related. During this period, We will pay NO benefits under this Policy if Diagnosed Critical Illnesses are Medically Related. However, such 180-day Waiting Period does not apply in situations in which Invasive Cancer is Diagnosed after an initial Diagnosis of In Situ Cancer.
- (c) We will pay NO benefits for any Critical Illness or any loss caused in whole or in part by, or resulting in whole or in part from the following:
 - (1) the Insured Person's attempt at suicide, or intentional self-inflicted injury or sickness, while sane or insane; or
 - (2) the Insured Person being under the influence of an excitant, depressant, hallucinogen, narcotic; or any other drug or intoxicant including those prescribed by a Physician that are misused by the Insured Person; or
 - (3) the Insured Person's commission of or attempt to commit an assault or a felony; or
 - (4) the Insured Person engaging in an illegal activity or occupation; or
 - (5) the Insured Person's voluntary participation in any riot or civil insurrection; or
 - (6) any illness, loss, or condition specifically excluded from the definition of any Critical Illness; or
 - (7) war, or any act of war, whether declared or not; or
 - (8) balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedure; or
 - (9) the Insured Person practicing for or participating in any semi-professional or professional competitive athletic contest for which compensation or remuneration is paid or received; or
 - (10) injury incurred while the Insured Person was operating any type of land, water, or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the injury occurred.

PREEXISTING CONDITION LIMITATION

We will pay **NO** benefits for Critical Illness that are caused by a Preexisting Condition unless the Critical Illness commences after this Policy has been in force for two (2) years from the Effective Date. Preexisting Conditions are subject to the Incontestable Provision.



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Not a deposit | Not insured by any federal government agency
May lose value | No bank or credit union guarantee | Not FDIC/NCUA/NCUSIF insured



CRITICAL ILLNESS INSURANCE



Critical Illness insurance underwritten by:
MUTUAL OF OMAHA INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, Nebraska 68175
800-775-6000
mutualofomaha.com



Mutual of Omaha's
WILD KINGDOM

PLEASE READ YOUR POLICY/CERTIFICATE CAREFULLY

This is a brief description of some of the facts about your coverage. For complete benefits, exceptions and limitations see the policy/certificate and summary or outline of coverage. For costs and complete details of coverage, call or write your insurance agent.* Your policy/certificate sets forth in detail the rights and obligations of both you and Mutual of Omaha Insurance Company.

Policy/Certificate Form CI/CI1/CCI/CCII or state equivalent. (In ID, CI-20145 and CI-20146; in NC, CI-19793/CI1-19794; in OR, CI-19913/CI1-19914; in PA, CCI-19936/CCI1-19937; in WA, CI-22113/CI1-22114.)
Rider Forms 0HA2M, 0HA5M and 0HA6M or state equivalent.

* In WA, producer

After four months of experimental treatment in a leading breast cancer specialist's program, Linda's prognosis is excellent. She's had high health care bills, because her medical insurance didn't cover experimental treatment. And she's looking forward to running her consulting company at full speed again. But Linda's going to take it easy for a few more months, just to be sure. She can afford the best medical care – and to take time away from her business. **Linda had a Critical Illness insurance policy.**



CRITICAL ILLNESS INSURANCE...

THE COVERAGE THAT **pays** YOU FOR **living**

When his father needed a liver transplant, Brad figured the fantastic adventure vacation the two of them had always talked about taking would never happen. He just wanted his dad to get better. But Brad was in for a surprise. After his father recovered, the whole family went away on the two-week adventure of a lifetime. The trip was an opportunity for them to spend time together in a way they hadn't been able to for a long time – and for Brad, a second dream come true. **Brad's father had a Critical Illness insurance policy.**



Plan highlights

Critical Illness insurance provides an up-front cash benefit when you need it most — upon diagnosis (as defined by the policy/certificate) of some of the most costly illnesses and conditions people face. The money is yours to spend however you wish.

CRITICAL ILLNESS INSURANCE PAYS 100% OF YOUR MAXIMUM BENEFIT AMOUNT FOR THE FOLLOWING ILLNESSES AND CONDITIONS:

- Heart Attack (myocardial infarction) when your:**
- Heart's blood supply is blocked;
 - Heart has permanent tissue death and scarring; and
 - Diagnosis is based on new changes on your electrocardiogram (ECG or EKG) and blood tests.

Life-Threatening Cancer when your cancer is:

- Malignant; and
- Growing uncontrollably outside its original area invading normal tissue.

Stroke when:

- A blood vessel ruptures in the brain; or
- A blood clot blocks blood flow through the brain; and
- Effects of the neurological injury last for at least 30 days. (At least 24 hours in Arkansas)

Alzheimer's Disease when your neurologist diagnoses you with the advanced stage of Alzheimer's in which you:

- Require permanent daily supervision; and
- Cannot do three or more activities of daily living by yourself.

Major Organ Transplant when:

- There is clinical evidence of major organ failure;
- Your malfunctioning organ(s) or tissue must be replaced with a suitable donor's organ(s) or tissue; and
- You are registered with the United Network of Organ Sharing (UNOS).

Also pays 100% of your maximum benefit for:

- Blindness
- Paralysis
- Deafness
- Kidney failure

CRITICAL ILLNESS INSURANCE PAYS 25% OF YOUR MAXIMUM BENEFIT AMOUNT FOR THE FOLLOWING ILLNESSES AND CONDITIONS:

First-Ever Coronary Artery Bypass Surgery when a cardiothoracic surgeon:

- Places a healthy artery and/or vein segment(s) around your blocked artery(ies).

First-Ever Coronary Angioplasty when a cardiologist:

- Opens your blocked or narrowing artery(ies) with a balloon or other device to restore normal blood flow.

First Carcinoma in Situ when your cancer tumor is:

- Malignant; and
- Located only in its original part of the body (hasn't spread).

RETURN OF PREMIUM

You will receive the lump-sum benefits upon diagnosis, or if you die while this coverage is in force, your beneficiary or your estate will receive either (a) all paid premiums less benefits received* or (b) nothing, if the benefits paid are equal to or greater than the premiums paid.

* Except when the policy/certificate is reinstated — read the policy/certificate for an explanation.

In Georgia, if you die while this coverage is in force, your beneficiary or your estate will receive an amount equal to or lesser of: (a) return of premium; or (b) the maximum benefit amount in force at the time of death.

OPTIONAL BENEFITS*

Association Marketing Benefit — Members of approved, endorsed associations may be eligible to receive an additional benefit that covers hospital confinement at no additional cost.

- \$50 per day for inpatient confinement for up to a lifetime maximum of 25 days.

Disability Income — Pays you 5 percent of the rider's benefit every six months for the first 5 years and a lump sum after that when you:

- Become totally disabled from sickness or injury not covered under the Critical Illness policy/certificate; and
- Qualify for Social Security disability benefits.

Accidental Death and Dismemberment — Pays when you lose your hand, foot or life in a covered accident.

* Rider availability may vary by state.

30-DAY RIGHT TO EXAMINE

You will have 30 days after you receive your policy/certificate to return it to your agent* or us. The premium paid will be refunded and the policy/certificate will be void.

EXCLUSIONS & LIMITATIONS

The policy/certificate does not cover any loss of the Insured caused by the following:

- (a) intentionally self-inflicted injury, while sane or insane (in MO, same only);
 - (b) the use or intake of any drug, intoxicant or narcotic, other than as prescribed and administered by or in accordance with the instruction of a Legally Qualified Physician (not applicable in ID, SC, SD or VT);
 - (c) the Insured's operation of a motor vehicle while the Insured's blood alcohol concentration is in excess of the legal limit in the state in which the incident occurs (not applicable in ID, SC, SD or VT);
 - (d) committing or attempting to commit a felony;
 - (e) loss resulting from, or service in the armed forces or auxiliary units (in SC, loss resulting from, or service in the armed forces or auxiliary units — upon notice of entry into a service, the pro rata premium will be refunded);
 - (f) while engaging in an illegal occupation; or
 - (g) participating in a riot or insurrection.
- In ID, alcoholism or drug addiction.
- (h) In SC, being intoxicated or under the influence of any narcotic unless taken on the advice of a Legally Qualified Physician.

The policy/certificate will cover only the following skin cancers:
(a) invasive malignant melanoma in the dermis or deeper; and
(b) skin malignancies that have become Life Threatening Cancers.

No benefits are payable for any medical conditions or surgical treatments other than the Critical Illness Insured Conditions defined in the policy/certificate.

If cancer is detected within the first 30 days following the policy/certificate issue date, the policy/certificate will be terminated and premiums paid will be returned (provisions may vary by state).

The maximum benefit amount will be reduced by 50% at age 65 or five years after the issue date if the insured is age 60 or older at policy/certificate issue. If the policy/certificate or certain riders pay a portion of the maximum benefit amount, your maximum benefit amount and premium will be reduced accordingly.

Jack was only 39 when he had a heart attack. He needed round-the-clock care for weeks after his surgery, which brought on many expenses none of his insurance would cover. But Karen didn't have to worry about where they would get the money to pay for these things. She was able to handle the unexpected expenses, pay off their home mortgage in full and focus on how she could help Jack when he needed her. The only thing either of them had to worry about was his recovery. **Jack had a Critical Illness insurance policy.**



For Glenn and Jana, everything's going according to plan. They both have rewarding, lucrative careers. They both have lots of interests. They're both paying off student loans. They both contribute to investment and savings goals. They both want a house of their own, and a family, someday. And they both want to make sure the future they have planned is protected from the financial threat critical illness poses. **Both Glenn and Jana have a Critical Illness insurance policy.**

These stories portray situations our customers have faced or could face. They do not represent actual people.



Nearly all of us know someone who understands first-hand the challenges a critical illness poses.

A friend who was diagnosed with cancer ... a co-worker who had a heart attack ... a loved one who suffered a stroke. And while the odds of surviving a critical illness have never been better, survival has a price.

Medical treatment has never been more advanced, but it's also never been more expensive. Patients today may receive better care, but they often experience financial hardship because of the many expenses their insurance doesn't cover. Expenses like:

- Child care
- Time away from work (possibly for spouse as well)
- Domestic help like cooking, cleaning, laundry and lawn maintenance
- Necessary home modifications
- Transportation and lodging costs to seek the best treatment

In the past, people have had to come up with the money to cover expenses like these on their own. Traditional products like major medical and disability insurance, while important, aren't designed to meet needs like these. Critical Illness insurance is.

Critical Illness insurance pays an up-front cash benefit upon diagnosis (as defined by the policy/certificate) of a covered critical illness. And best of all, how you use the money is completely up to you. Pay off your mortgage ... hire some help around the house ... take your family on vacation so you can spend some time together. Whatever you feel is most important. You decide.

Your Mutual of Omaha insurance agent* can help you determine how much Critical Illness insurance you need. By keeping our promises, we can help you keep yours.



Did You Know that in the U.S. ...
Every 34 seconds, someone suffers a coronary event.¹

Every 40 seconds, someone suffers a stroke.¹

About 1.6 million new cancer cases were expected to be diagnosed in 2013.²

¹2013 Heart and Stroke Statistical Update, American Heart Association

²2013 Cancer Facts and Figures, American Cancer Society



Critical Illness Insurance

Field Reference Guide



Underwriting Rules

Introduction

Your importance in the underwriting process cannot be overemphasized. The job you do affects your client's feeling toward you and the company, and it can affect the availability of this type of insurance at an affordable price.

Issue Ages

Ages 20 through 64

Individual Critical Illness State Availability

Individual Critical Illness is available in all states except:

- Connecticut
- Maryland
- Massachusetts
- New Hampshire
- New Jersey

Couples

If	Then use policy/certificate form	With the annual policy/certificate fee of
Both husband and wife are issued,	CI1/CCI1 (one policy/certificate per person)	\$25 per policy
One spouse is issued	CI/CCI	\$50

Client Interview Process

A Client Interview will be completed on each application for benefit amounts of \$100,000 or greater. For benefit amounts under \$100,000, interviews will be conducted at underwriter discretion.

Underwriting Outcomes

Band 1 Critical Illness insurance uses simplified underwriting and is issued as:

- Class 1 (C1)
- Class 2 (C2)
- Class 3 (C3)
- Declined

Band 2 Critical Illness insurance is fully underwritten and issued as:

- Standard;
- Substandard with rate-up (25%, 50%, 75% or 100%);
- Some elimination riders (i.e. deafness and blindness); or
- Declined

Attending Physician Statement

Generally, Attending Physician's Statements will be ordered more often with critical illness applications. Some conditions which may require an APS are recent doctor visits, circulatory disorders (high blood pressure) and growth removal (polyps and moles).

Attending Physician's Statement (APS) requirements:

- If the proposed insured has not seen a doctor within the last 2 years and is age 50 or older, then the proposed insured must have a complete physical exam by an M.D. at the proposed insured's expense.

Underwriting Rules, Continued

Benefit Amounts

Benefits are purchased:

- In increments of \$1,000
- With a \$10,000 minimum benefit

Financial Guidelines

Benefit amounts should generally be within 3 to 5 times annual income plus outstanding mortgage balance.

Underwriters may request these additional requirements for amounts less than \$250,000 if needed to qualify the risk

- For self-employed individuals: 2 years proof of income including complete tax returns
- For salaried individuals: the most recent W2 or pay stub showing one full month with year-to-date earnings
- For all individuals: cover letter to justify benefit amount
 - include how the requested benefit amount was derived (example – three times annual salary plus mortgage balance)

Critical Illness coverage may be issued in addition to critical illness coverage with another company as long as the total benefits do not exceed \$1,000,000 (in Georgia, \$250,000) and follow the Risk Class Guidelines.

For business situations, such as buy-sell, key person or credit protection, please provide a cover letter outlining the basis for determination of the benefit amount.

Risk Class Guidelines

Band 1 – Simplified Issue (\$10,000 - \$99,000)

Risk Class	Maximum Benefit Amount Available
1	\$99,000
2	\$99,000
3	\$50,000

Band 2 – (\$100,000 - \$250,000)

Risk Class	Maximum Benefit Amount Available
Standard +25 and +50	\$250,000
+75	\$100,000
+100	\$100,000

Underwriting Rules, Continued

Application

Use the currently approved Critical Illness application in your state.

Modes

The premium modes for Critical Illness insurance are the following:

- Annual
- Semiannual
- Quarterly
- Bank Service Plan (BSP)
- Payroll Deduction (PRD)

Regular monthly mode is NOT available.

Riders

The following riders may be used where approved:

- 0HA5M Disability Benefit Rider
Not available in: AR, CA, CT, FL, IA, IL, KS, LA, MA, MD, MO, ND, NH, NJ, NY, OR, PA, PR, SC, SD, VA, VI, VT and WA
- 0HA6M Accidental Death and Dismemberment Benefits Rider
Not available in: CT, ID, MA, MD, NH, NJ, NY and WA
- 0HA2M Association Group Hospital Confinement Benefit Rider
Not available in: CT, IA, MA, MD, NH, NJ, NY, OR, TN and WA

The premium payor rider may not be used.

DI Benefit Rider (0HA5M)

This rider may be added to both new and inforce CI/CI1/CCI/CCI1 policies/certificates (or state equivalent). An applicant may not use this rider in order to replace an existing disability or income replacement plan. The applicant also must be employed at least 30 hours per week.

The maximum benefit is the lesser of \$100,000 or the critical illness benefit.

Issue Exceptions

CI/CI1/CCI/CCI1 may not be issued to persons on Medicare or Medicaid.

Foreign Nationals

CI/CI1/CCI/CCI1 may not be issued to Foreign nationals living in the U.S. for less than 3 years. (To be eligible, these individuals must have 3 years of uninterrupted residency in the U.S. Proof of alien status will be required (i.e., Alien Registration number and inspection of Registration Receipt Card – green card).

Guidelines when Considering Immigrants and Non-Immigrants for Insurance Coverage (M24221)

Acceptable Immigrant Status for Consideration and/or Health Insurance Coverage. An individual with a valid Alien Registration Receipt Card (also known in layman's term as a "Green Card") will be eligible to apply for such coverage. In addition, the individual must meet all four requirements listed below:

1. Reside in the United States for a minimum of 12 consecutive months to apply for life insurance coverage and 36 consecutive months to apply for health insurance coverage.
2. Have a minimum net annual income of \$20,000 from U.S. based assets or entitlement benefits (i.e., social security or pension benefits) or U.S. based employment.
3. Show intent to reside permanently in the United States. Some examples of this intent are:
 - Own a home in the United States,
 - Own business in the United States, and/or,
 - Have child or children who are United States citizens and who reside in the United States.

Underwriting Rules, Continued

4. Complete the Foreign National Questionnaire (L5719_0305).

Unacceptable Non-Immigrant Visas. Except as otherwise noted below, individuals who have the following temporary visas WILL NOT be considered for life and/or health insurance coverage:

A-1	D-2	H-1C	L-2*	P-4
A-2	E1	H-2A	M-1	Q-1
A-3	E2	H-2B*	M-2	Q-3
B-1	F1	H-3	N-8	R-1
B-2	F2	H-4	N-9	R-2
C-1	G1	J-1	O-1	S-5
C-1D	G2	J-2	O-2	S-6
C-2	G3	K-1	O-3	
C-3	G4	K-2	P-1	
C-4	G5	L-1A*	P-2	
D-1	H-1B*	L-1B*	P-3	

We will also not consider individuals who reside in the United State because of their receipt of a Political Asylum or Humanitarian Asylum Visa.

***Note:** Some individuals who have a valid H-1B, H-2B, L-1A, L-1B, or L-2 visa may be considered for life and/or health insurance coverage. The producer must contact Life Underwriting and/or Health Underwriting, as applicable, to discuss the case and obtain the applicable underwriting approval before completing an application.

Military

CI/CI1/CCI/CCI1 may be issued to active Military officers and non-commissioned officers (Sergeant E-5 and above) only.

Consideration Guide

The following list of medical conditions can be utilized to help you determine the insurability of your clients. Conditions not listed, multiple medical conditions, or the use of multiple medications will be evaluated by our Underwriting Department to determine insurability.

	Band 1	Band 2
Asthma		
Mild	C1	Standard
Moderate	Decline	+75
Severe	Decline	Decline
Atrial Fibrillation		
Paroxymal		
No cause found and no underlying cardiac disease	Decline	+100
If under treatment with anticoagulation	Decline	+75
Chronic or recurrent		
No cause found and no underlying cardiac disease, on anticoagulation therapy and no cardiac impairment	Decline	+75
If not on anticoagulation therapy or cardiac impairment present	Decline	Decline
Benign Breast Disorders		
Fibrocystic disease diagnosed within 2 years and no biopsy performed or pending	C3	+50
Breast disorders that include a biopsy (pathology report required)	Insurability and rating based upon pathology report	Insurability and rating based upon pathology report

Underwriting Rules, Continued

Cholesterol

Ages 20-49 years

Cholesterol/HDL Ratio										
TOTAL CHOLESTEROL	<5.7		5.7-7.1		7.2-8.6		8.7-10.0		>10.0	
	Band 1	Band 2	Band 1	Band 2	Band 1	Band 2	Band 1	Band 2	Band 1	Band 2
<200	C1	+0	C1	+0	C3	+50	Decline	+75	Decline	+100
200-240	C1	+0	C1	+0	Decline	+75	Decline	+100	Decline	Decline
241-300	C1	+0	C3	+50	Decline	+100	Decline	+100	Decline	Decline
301-350	C2	+25	Decline	+75	Decline	+100	Decline	Decline	Decline	Decline
351-400	C3	+50	Decline	+100	Decline	Decline	Decline	Decline	Decline	Decline
>400	Decline	Decline	Decline	Decline	Decline	Decline	Decline	Decline	Decline	Decline

Ages 50 and over

Cholesterol/HDL Ratio										
TOTAL CHOLESTEROL	<5.7		5.7-7.1		7.2-8.6		8.7-10.0		>10.0	
	Band 1	Band 2	Band 1	Band 2	Band 1	Band 2	Band 1	Band 2	Band 1	Band 2
<200	C1	+0	C1	+0	C2	+25	C3	+50	Decline	+75
200-240	C1	+0	C1	+0	C3	+50	Decline	+75	Decline	+100
241-300	C1	+0	C1	+0	Decline	+75	Decline	+100	Decline	Decline
301-350	C1	+0	C3	+50	Decline	+100	Decline	Decline	Decline	Decline
351-400	C2	+25	Decline	+75	Decline	+100	Decline	Decline	Decline	Decline
>400	Refer to MD	Refer to MD	Refer to MD	Refer to MD	Decline	Decline	Decline	Decline	Decline	Decline

If cholesterol/HDL ratio is not available, then rate the cholesterol alone as follows:

Ages 20-49 years			
Total Cholesterol	<250	C1	+0
	251-300	C3	+50
	301-350	Decline	+100
	>351	Decline	Decline
Ages 50 and over			
Total Cholesterol	<250	C1	+0
	251-300	C2	+25
	301-350	Decline	+75
	351-400	Decline	+100
TRIGLYCERIDES (12 HOUR FASTING SAMPLE)			
	<400	C1	+0
	401-800	C3	+50
	>800	Refer to MD	Refer to MD

Diabetes Mellitus	Band 1	Band 2
Type I: Formerly called juvenile onset (JODM) or insulin-dependent diabetes mellitus (IDDM)	Decline	Decline
Type II: Formerly called adult onset (AODM) or non-insulin dependent diabetes mellitus (NIDDM). Consider only those candidates with good blood sugar control, i.e., HBA1C under 8%, no microalbuminuria, no complications (including neuropathy, peripheral vascular disease, renal impairments, or retinopathy or diabetic coma) and no debits for build (over +50%) blood pressure, or lipids.		

Must have current HBA1C and Microalbumin readings.

Underwriting Rules, Continued

Age at diagnosis:	Band 1	Band 2
Under age 45	Decline	Decline
Age 46-54	Decline	+100
Age 55 and up	C3	+75/+50
Gestational Diabetes: Can consider 3 months post partum.		
Normal blood profile	C1	Standard
Abnormal	Rate for findings	Rate for findings
Papanicolaou (PAP) or Cervical Smears		
Screening Test: Papanicolaou (PAP Smear)		
Class I (normal)	C1	Standard
Class II (atypical)	C1	Standard
Class III (dysplasia)	Postpone*	Postpone*
Class IV (carcinoma in situ)	Decline	Decline
Class V (invasive carcinoma)	Decline	Decline

*With treatment and resolution of abnormality, confirmed with normal (Class I) PAP results, allow Standard.

Polyps

Certain types of non-malignant colon and small intestine polyps may be standard.

Uninsurable Conditions

Overview

Because of the nature of Critical Illness insurance, certain medical conditions will cause an individual to be ineligible for coverage.

Uninsurable Conditions

If a person has or **ever** has had any of the following medical conditions, he or she is **NOT** eligible for Critical Illness coverage. This list is **NOT** all inclusive, but does include many of the unacceptable health problems you may encounter:

1. AIDS, HIV+*
2. Alcohol or Drug Abuse (treatment within 5 years)
3. Alzheimer's Disease
4. Angina
5. Angioplasty
6. Cancer (does not include skin cancer)
7. Cardiomyopathy
8. Chronic Kidney Disease
9. Congestive Heart Failure
10. Coronary Artery Bypass
11. Cystic Fibrosis
12. Heart Attack
13. Hepatitis C
14. Huntington's Chorea
15. Insulin Dependent or Uncontrolled Diabetes
16. Kidney Failure
17. Major Organ Transplant
18. Multiple Sclerosis
19. Muscular Dystrophy
20. Permanent Paralysis
21. Polycystic Kidney Disease
22. Stroke
23. Systemic Lupus Erythematosus

*See state special guidelines for California.

Substandard Ratings

The Critical Illness underwriter will determine any final, substandard rating by using the:

- Application;
- Interview; and
- Other requirements needed

Address any specific questions to the Underwriting Department.

Build Chart

Use the following table in the underwriting process to determine standard and substandard rates or decline for Critical Illness insurance coverage.

Band 1 – Simplified Issue
(\$10,000 - \$99,000)

Height Feet and Inches	Height Inches	Decline Below	Weight Range to be Considered as:			Decline Over
			Class 1	Class 2	Class 3	
4'8"	56"	80	80 - 129	130 - 138	139 - 151	152+
4'9"	57"	83	83 - 134	135 - 143	144 - 157	158+
4'10"	58"	86	86 - 138	139 - 148	149 - 162	163+
4'11"	59"	89	89 - 143	144 - 153	154 - 168	169+
5'0"	60"	92	92 - 148	149 - 158	159 - 174	175+
5'1"	61"	95	95 - 153	154 - 164	165 - 179	180+
5'2"	62"	98	98 - 158	159 - 169	170 - 185	186+
5'3"	63"	102	102 - 163	164 - 175	176 - 191	192+
5'4"	64"	105	105 - 168	169 - 180	181 - 198	199+
5'5"	65"	108	108 - 174	175 - 186	187 - 204	205+
5'6"	66"	112	112 - 179	180 - 192	193 - 210	211+
5'7"	67"	115	115 - 185	186 - 197	198 - 217	218+
5'8"	68"	118	118 - 190	191 - 203	204 - 223	224+
5'9"	69"	122	122 - 196	197 - 209	210 - 230	231+
5'10"	70"	125	125 - 202	203 - 216	217 - 236	237+
5'11"	71"	129	129 - 207	208 - 222	223 - 243	244+
6'0"	72"	133	133 - 213	214 - 228	229 - 250	251+
6'1"	73"	136	136 - 219	220 - 234	235 - 257	258+
6'2"	74"	140	140 - 225	226 - 241	242 - 264	265+
6'3"	75"	144	144 - 232	233 - 248	249 - 272	273+
6'4"	76"	148	148 - 238	239 - 254	255 - 279	280+
6'5"	77"	152	152 - 244	245 - 261	262 - 286	287+
6'6"	78"	156	156 - 250	251 - 268	269 - 294	295+
6'7"	79"	160	160 - 257	258 - 275	276 - 301	302+
6'8"	80"	164	164 - 264	265 - 282	283 - 309	310+
6'9"	81"	168	168 - 270	271 - 289	290 - 317	318+
6'10"	82"	172	172 - 277	278 - 296	297 - 325	326+
6'11"	83"	176	176 - 284	285 - 303	304 - 333	334+

Build rate-ups may be influenced by other health factors such as High Blood Pressure. Applicants with combinations of High Blood Pressure and overweight may be subject to a higher rate-up. However, applicants with well controlled blood pressure that do not have any other impairments may be rated standard.

Build Chart

Use the following table in the underwriting process to determine standard and substandard rates or decline for Critical Illness insurance coverage.

Band 2
(\$100,000 - \$250,000)

Height Feet and Inches	Height Inches	Decline Below	Weight Range to be Considered as:					Decline Over
			Standard	+25%	+50%	+75%	+100%	
4'8"	56"	80	80 - 129	130 - 138	139 - 151	152 - 160	161 - 173	174+
4'9"	57"	83	83 - 134	135 - 143	144 - 157	158 - 166	167 - 180	181+
4'10"	58"	86	86 - 138	139 - 148	149 - 162	163 - 172	173 - 186	187+
4'11"	59"	89	89 - 143	144 - 153	154 - 168	169 - 178	179 - 193	194+
5'0"	60"	92	92 - 148	149 - 158	159 - 174	175 - 184	185 - 199	200+
5'1"	61"	95	95 - 153	154 - 164	165 - 179	180 - 190	191 - 206	207+
5'2"	62"	98	98 - 158	159 - 169	170 - 185	186 - 196	197 - 213	214+
5'3"	63"	102	102 - 163	164 - 175	176 - 191	192 - 203	204 - 220	221+
5'4"	64"	105	105 - 168	169 - 180	181 - 198	199 - 209	210 - 227	228+
5'5"	65"	108	108 - 174	175 - 186	187 - 204	205 - 216	217 - 234	235+
5'6"	66"	112	112 - 179	180 - 192	193 - 210	211 - 223	224 - 241	242+
5'7"	67"	115	115 - 185	186 - 197	198 - 217	218 - 229	230 - 249	250+
5'8"	68"	118	118 - 190	191 - 203	204 - 223	224 - 236	237 - 256	257+
5'9"	69"	122	122 - 196	197 - 209	210 - 230	231 - 243	244 - 264	265+
5'10"	70"	125	125 - 202	203 - 216	217 - 236	237 - 250	251 - 271	272+
5'11"	71"	129	129 - 207	208 - 222	223 - 243	244 - 258	259 - 279	280+
6'0"	72"	133	133 - 213	214 - 228	229 - 250	251 - 265	266 - 287	288+
6'1"	73"	136	136 - 219	220 - 234	235 - 257	258 - 272	273 - 295	296+
6'2"	74"	140	140 - 225	226 - 241	242 - 264	265 - 280	281 - 303	304+
6'3"	75"	144	144 - 232	233 - 248	249 - 272	273 - 288	289 - 312	313+
6'4"	76"	148	148 - 238	239 - 254	255 - 279	280 - 295	296 - 320	321+
6'5"	77"	152	152 - 244	245 - 261	262 - 286	287 - 303	304 - 328	329+
6'6"	78"	156	156 - 250	251 - 268	269 - 294	295 - 311	312 - 337	338+
6'7"	79"	160	160 - 257	258 - 275	276 - 301	302 - 319	320 - 346	347+
6'8"	80"	164	164 - 264	265 - 282	283 - 309	310 - 327	328 - 355	356+
6'9"	81"	168	168 - 270	271 - 289	290 - 317	318 - 335	336 - 363	364+
6'10"	82"	172	172 - 277	278 - 296	297 - 325	326 - 344	345 - 373	374+
6'11"	83"	176	176 - 284	285 - 303	304 - 333	334 - 352	353 - 382	383+

Build rate-ups may be influenced by other health factors such as High Blood Pressure. Applicants with combinations of High Blood Pressure and overweight may be subject to a higher rate-up. However, applicants with well controlled blood pressure that do not have any other impairments may be rated standard.

Occupations

CI/CI1/CCI/CCI1

Most occupations will be considered standard for the Critical Illness product. The following occupations, however, are examples of “risky” occupations and would normally be ineligible for Critical Illness coverage:

- Asbestos Workers
- Underground Miners
- Commercial Divers

AD&D Benefit Rider (0HA6M) (May not be available in all states)

Certain occupational classes, which are usually characterized by the existence of significant injury hazard, extreme physical demands, unfavorable working conditions or unstable employment are usually ineligible for this rider.

The following occupations are examples of such occupations which would be ineligible for the AD&D rider (0HA6M):

- Professional Athletes – Boxers/Jockeys
- Blasters & Explosive Handlers
- Structural Workers – Iron Workers
- Sky Divers
- Mountain Climbers
- Racing Drivers
- Underground Workers
- Underwater Workers

Benefits are purchased:

- In increments of \$1,000
- With a \$10,000 minimum benefit, and a
- Maximum benefit amount equal to or less than the base amount

Client Interview Requirements

Client Interview Process

Use the client interview process with the individual Critical Illness product. Follow these steps:

- Complete the application,
- Collect the premium amount (at least 2 months BSP),
- Determine and execute the necessary testing procedures, and
- Call a Client Interviewer through the PAL line for completion of an interview.

Indicate all the initiated or completed underwriting requirements on the submission checklist located on the application.

Client Interview Requirements

The following table provides the procedures required for applicants according to both age and coverage amount:

Age	\$10,000 to \$99,000	\$100,000 to \$250,000
20-64	**Interview	Interview *Physical Data *Blood & Urine **Paramed

*This requirement may be waived if medical records are available within 12 months of an M.D. visit which included a blood and urinalysis and physical data. These cases should include a current oral fluid.

**Home Office Underwriter Discretion

Interview – A complete detailed client phone interview

Blood & Urine – A blood and urine collection by an approved paramedical vendor

Physical Data – Hgt/Wgt, blood pressure and pulse recorded on lab ID slip by paramed

Paramed – A long form paramedical exam (form MLU21727)

Client Interview Process

Band 2 only – (\$100,000 - \$250,000)

Band 1-Client interviews will be conducted from home office at underwriter discretion

A personalized underwriting process designed to recognize that no two of our clients are the same. The agent thoroughly prepares the client for a one-on-one dialogue with the underwriter, and the pertinent health information is gathered.

For Best Results

1. Complete and sign the application.
2. Review “The Importance of an Accurate Health History” with the client.
3. Orient the client with the client profile interview. Advise the client that the interview will be recorded. Displaying confidence in the process will reduce the client’s concerns.
4. Have the client gather his or her doctor and medication information.
5. Make the phone call – greet the client interviewer in a warm, friendly manner.
6. Turn the phone over to the client to begin the client profile interview. Allow the client complete privacy during the interview.

Completing a Client Profile

Call PAL **1-800-775-3000** and choose client profile option (press 1).

Hours: 8:00 a.m. – 8:00 p.m. CST Monday – Thursday

8:00 a.m. – 5:00 p.m. CST Friday

Glossary

Alzheimer's Disease

Policy Definition

Alzheimer's Disease means a progressive degenerative disease of the brain. In order to meet the definition of Alzheimer's Disease, the Diagnosis must be supported by medical evidence that the insured exhibits the loss of intellectual capacity resulting in impairment of memory and judgment. This impairment results in a significant reduction in mental and social functioning, such that the insured requires permanent daily personal supervision and is unable to perform independently three or more of the following activities of daily living: transferring (moving in or out of a bed or chair), dressing, bathing, feeding, toileting, and continence. No other dementing organic brain disorders or psychiatric illnesses shall meet the definition of Alzheimer's Disease, nor will they be considered a Critical Illness Insured Condition. In order for Alzheimer's Disease to be covered under this policy/certificate, the Legally Qualified Physician making the Diagnosis of Alzheimer's Disease must be a board certified neurologist.

Practical Interpretation

Alzheimer's Disease is a progressive degenerative brain disease characterized by memory loss and loss of judgment resulting in a significant reduction in mental and social functions. To receive policy/certificate benefits, the insured must require permanent daily supervision and be unable to perform three or more activities of daily living.

Critical Illness Insurance Plan Pays

for Alzheimer's Disease when a neurologist diagnoses the insured with the advanced stage of Alzheimer's in which he/she:

- requires permanent daily supervision, and
- cannot do three or more of these activities of daily living without help:
 1. move in or out of a bed or chair (transferring)
 2. dress
 3. bathe
 4. feed
 5. use the toilet
 6. control the bladder.

Blindness

Policy Definition

Blindness means the permanent and uncorrectable loss of sight in both eyes. In order for the Diagnosis of Blindness to be covered under this policy/certificate, the insured's corrected visual acuity must be worse than 20/200 in both eyes or the insured's field of vision must be less than 20 degrees in both eyes. The Legally Qualified Physician making the Diagnosis of Blindness must be a board certified ophthalmologist.

Practical Interpretation

To receive benefits, an ophthalmologist must diagnose Blindness as permanent in both eyes and despite corrective lenses, the vision cannot be improved beyond 20/200. Diabetes, an accident, or a disease can cause Blindness, which can be of sudden or gradual onset.

Critical Illness Insurance Plan Pays

for Blindness when an ophthalmologist confirms the insured's:

- vision cannot be corrected to better than 20/200 in both eyes, or
- field of vision must be less than 20 degrees in both eyes.

Cancer

First Carcinoma in Situ

Policy Definition

First Carcinoma in Situ means the first Diagnosis of cancer wherein the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue. This does not include skin cancer. First Carcinoma in Situ must be Diagnosed pursuant to a Pathological Diagnosis or Clinical Diagnosis.

Practical Interpretation

First Carcinoma in Situ is a condition in which malignant cells have the potential to invade and metastasize, but have not done so yet.

Exception:

- skin cancer

Limitation:

First Carcinoma in Situ is not covered if, within 30 days following (may vary by state) the policy/certificate issue date or the last reinstatement date, the insured:

- is first Diagnosed with First Carcinoma in Situ, or
- has symptoms or medical problems which result in a First Carcinoma in Situ Diagnosis.

Critical Illness Insurance Plan Pays

for First Carcinoma in Situ when the insured's cancer tumor is:

- malignant,
- located only in its original part of the body (has not spread), and
- pathologically or clinically diagnosed (see Diagnosis).

Cancer, Continued

Life-Threatening Cancer

Policy Definition

Life-Threatening Cancer means a malignant neoplasm (including hematologic malignancy), which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. The following types of cancer are not considered a Life-Threatening Cancer: early prostate cancer diagnosed as T1N0M0 or equivalent staging; First Carcinoma in Situ; pre-malignant lesions (such as intraepithelial neoplasia), benign tumors or polyps; any skin cancer other than invasive malignant melanoma in the dermis or deeper, or skin malignancies that have become Life-Threatening Cancers. Life-Threatening Cancer must be diagnosed pursuant to a Pathological Diagnosis or a Clinical Diagnosis.

Practical Interpretation

Life-Threatening Cancer is an uncontrolled growth of abnormal cells that invade healthy tissue. These growths are called malignant tumors and if untreated, can interfere with normal body functions and ultimately cause death.

Life-Threatening Cancer includes but is not limited to these cancers:

- lung,
- breast,
- colon,
- leukemia, lymphoma,
- prostate (except as described below),
- bone,
- kidney,
- bladder,
- invasive malignant skin cancer (melanoma in the dermis or deeper), and
- skin malignancies that have become life threatening.

Exceptions:

- early prostate cancer diagnosed as a tumor (T1N0M0) or equivalent staging,
- First Carcinoma in Situ,
- pre-malignant lesions, benign or pre-malignant tumors, or polyps, and
- any skin cancer other than invasive malignant melanoma in the dermis or deeper, or skin malignancies that have become Life-Threatening Cancers.

Limitation:

Life-Threatening Cancer is not covered if, within 30 days following (may vary by state) the policy/certificate issue date or the last reinstatement date, the insured:

- is first Diagnosed with Life-Threatening Cancer, or
- has shown symptoms or medical problems which result in a Life-Threatening Cancer Diagnosis.

Critical Illness Insurance Plan Pays

for Life-Threatening Cancer when the insured's cancer is:

- malignant,
- growing uncontrollably outside its original area, and
- pathologically or clinically diagnosed (see Diagnosis).

Deafness

Policy Definition

Deafness means a permanent loss of hearing in both ears with an auditory threshold of more than 90 decibels in each ear. For Deafness to be covered under this policy/certificate, the Legally Qualified Physician making the Diagnosis of Deafness must be a board certified otolaryngologist.

Practical Interpretation

Hearing tests confirm that hearing loss is permanent in both ears.

Critical Illness Insurance Plan Pays

for Deafness when a doctor confirms:

- the insured's hearing loss is permanent in both ears.

Diagnosis

Policy Definition

Diagnosis means the definitive establishment of the Critical Illness Insured Condition through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Legally Qualified Physician who is also a board certified specialist where required under this policy/certificate.

In the case of a First Coronary Angioplasty or First Coronary Artery Bypass Surgery, the Diagnosis includes the performance of the surgical treatment as defined in this policy/certificate.

In the case of a Major Organ Transplant, the Diagnosis includes Mutual of Omaha verification that the insured has been registered by the United Network of Organ Sharing (UNOS).

Practical Interpretation

A Legally Qualified Physician (and board-certified specialist where required) uses clinical and/or laboratory tests to conclude that the insured has a Critical Illness condition.

For	diagnosis includes
<ul style="list-style-type: none">■ First Coronary Angioplasty■ First Coronary Artery Bypass Surgery	surgery as defined in policy/certificate.
Major Organ Transplant	verification that the insured is registered with the United Network of Organ Sharing (UNOS).

Date of Diagnosis

Policy Definition

Date of Diagnosis means the date the Diagnosis is established by a Legally Qualified Physician, who is also a board certified specialist where required under this policy/certificate through the use of clinical and/or laboratory findings as supported by the insured's medical records.

In the case of a First Coronary Angioplasty or First Coronary Artery Bypass Surgery, the Date of Diagnosis is the date of the performance of the surgical treatment as defined in this policy/certificate.

In the case of a Major Organ Transplant, the Date of Diagnosis is the date that the Insured has been registered by the United Network of Organ Sharing (UNOS).

Practical Interpretation

The date a Legally Qualified Physician (and board-certified specialist where required) confirms through clinical and/or laboratory tests that the insured has a Critical Illness condition.

For	the Date of Diagnosis is the date
<ul style="list-style-type: none">■ First Coronary Angioplasty■ First Coronary Artery Bypass Surgery	of surgery as defined in the policy/certificate.
Major Organ Transplant	the insured is registered with the United Network of Organ Sharing (UNOS).

Clinical Diagnosis

Policy Definition

Clinical Diagnosis means a Diagnosis of Life-Threatening Cancer or First Carcinoma in Situ based on the study of symptoms and diagnostic test results. Mutual of Omaha will accept a Clinical Diagnosis of Life-Threatening Cancer or First Carcinoma in Situ only if the following conditions are met:

- (a) a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- (b) there is medical evidence to support the Diagnosis; and
- (c) a Legally Qualified Physician is treating the insured for Life-Threatening Cancer and/or First Carcinoma in Situ.

Practical Interpretation

Type of Diagnosis	Conditions
Clinical	<ul style="list-style-type: none">■ a physician who is treating the insured for cancer studies symptoms and diagnostic test results,■ a Pathological Diagnosis is medically inappropriate or life threatening, and■ medical evidence supports the diagnosis.

Pathological Diagnosis

Policy Definition

Pathological Diagnosis means a Diagnosis of Life-Threatening Cancer or First Carcinoma in Situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Legally Qualified Physician who is also a board certified pathologist and whose Diagnosis of malignancy conforms with the standards set by the American College of Pathology.

Practical Interpretation

Type of Diagnosis	Conditions
Pathological	<ul style="list-style-type: none">■ a pathologist studies fixed tissue or blood under a microscope, and■ the diagnosis meets American College of Pathology standards.

Heart Disease

Angioplasty

Policy Definition

First Coronary Angioplasty (surgical treatment) means the first-ever balloon angioplasty or other forms of catheter based percutaneous transluminal coronary artery therapy to correct narrowing or blockage of one or more coronary arteries, performed by a Legally Qualified Physician who is also a board certified cardiologist.

Practical Interpretation

Coronary Angioplasty is a procedure to open blocked arteries on the heart's surface that supply blood to the heart muscle. A balloon or other device reduces the blockage within the artery and restores more normal blood flow. A cardiologist (heart specialist) performs this procedure.

Critical Illness Insurance Plan Pays

for First-Ever Coronary Angioplasty when a cardiologist:

- opens the insured's blocked or narrowing artery(ies) with a balloon or other device to restore normal blood flow.

Bypass Surgery

Policy Definition

First Coronary Artery Bypass Surgery (surgical treatment) means the first-ever coronary artery revascularization surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, performed by a Legally Qualified Physician who is a board certified cardiothoracic surgeon.

Practical Interpretation

First Coronary Artery Bypass Surgery is a surgical operation to restore more normal blood flow to the heart muscle. A cardiothoracic surgeon bypasses blocked arteries using a portion of an artery from the chest wall or a segment of vein from the leg. This requires opening the chest and connecting the patient to a heart-lung machine during the operation.

Critical Illness Insurance Plan Pays

for First-Ever Coronary Artery Bypass Surgery (surgical treatment) when a cardiothoracic surgeon:

- places a healthy artery and/or vein segment(s) around the insured's blocked artery(ies).

Heart Disease, Continued

Heart Attack

Policy Definition

Heart Attack (Myocardial Infarction) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this policy/certificate, the Diagnosis of Heart Attack (Myocardial Infarction) must be based upon both:

1. new electrocardiographic changes consistent with and supporting a Diagnosis of Heart Attack (Myocardial Infarction), and
2. a concurrent diagnostic elevation of cardiac enzymes.

Practical Interpretation

A heart attack occurs when the blood supply to a portion of the heart's muscle is blocked resulting in permanent tissue death and scarring. The Diagnosis is based upon new changes on the electrocardiographic (ECG or EKG) and affirmative blood tests.

Critical Illness Insurance Plan Pays

for a Heart Attack when the insured's:

- heart's blood supply is blocked,
- heart has permanent tissue death and scarring, and
- diagnosis is based on new changes on the electrocardiogram (ECG or EKG) and blood tests.

Legally Qualified Physician

Policy Definition

Legally Qualified Physician means a person, other than the insured or the Owner, a member of the insured's or the Owner's immediate family, or a business associate of the insured or Owner, who is duly licensed and practicing medicine in the United States, and who is legally qualified to diagnose and treat sickness and injuries. He or she must be providing services within the scope of his or her license, and must be a board certified specialist where required under this policy/certificate.

Practical Interpretation

A Legally Qualified Physician:

is	<ul style="list-style-type: none">■ licensed and practicing medicine in the United States,■ legally qualified to diagnose and treat sickness and injuries,■ providing services within the scope of his or her license, and■ a board certified specialist where required under this policy/certificate.
is not	<ul style="list-style-type: none">■ the insured or the person or entity the insured assigns as owner,■ a member of the insured's or owner's immediate family, or■ the insured's or owner's business associate.

Major Organ Transplant

Policy Definition

Major Organ Transplant means clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the insured to be replaced with the organ(s) or tissue from a suitable donor under generally accepted medical procedures. Those organs or tissues covered by this definition are limited to: liver, kidney, lung, entire heart, small intestine, pancreas, pancreas-kidney or bone marrow. In order for the insured's Major Organ Transplant to be covered under this policy/certificate, the insured must also be registered by the United Network of Organ Sharing (UNOS).

Practical Interpretation

A Major Organ Transplant is a surgical procedure to replace the recipient's malfunctioning organ or tissue with an organ or tissue from a suitable donor. The insured must be registered by the United Network of Organ Sharing.

The following organs or tissues are covered:

- liver
- kidney
- lung
- entire heart
- small intestine
- pancreas
- pancreas-kidney
- bone marrow

Critical Illness Insurance Plan Pays

for a Major Organ Transplant when:

- there is clinical evidence a major organ has failed,
- the insured's malfunctioning organ(s) or tissue must be replaced with a suitable donor's organ(s) or tissue, and
- the insured is registered with the United Network of Organ Sharing.

Paralysis

Policy Definition

Paralysis means the complete and permanent loss of the use of two or more limbs through neurological injury confirmed to have been present for a continuous period of at least 180 days by a Legally Qualified Physician who is a board certified neurologist. A limb means an arm or leg of the insured.

Practical Interpretation

Paralysis is the complete and permanent loss of the use of two or more limbs from an injury to the nervous system. Accidents and strokes are the most common causes. To clarify the extent of permanent paralysis, a longer waiting period is necessary before benefits are paid.

Critical Illness Insurance Plan Pays

for Paralysis when the insured cannot use two or more limbs:

- completely and permanently
- from an injury to the nervous system, and
- for at least 180 days in a row.

Renal Failure

Policy Definition

Renal Failure means the chronic irreversible failure of both of the kidneys (end-stage renal disease), which requires treatment with regular dialysis. In order for Renal Failure to be covered under this policy/certificate, the Diagnosis of Renal Failure must be made by a Legally Qualified Physician who is a board certified nephrologist.

Practical Interpretation

Renal Failure requires regular dialysis to cleanse the body of naturally-produced waste products.

Critical Illness Insurance Plan Pays

for Renal Failure when:

- the insured's kidneys permanently fail, and
- the insured requires regular dialysis.

Stroke

Policy Definition

Stroke means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least 30 days following the occurrence of the Stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

In Arkansas: Stroke means apoplexy due to rupture or acute occlusion of a cerebral artery that is diagnosed or treated after the effective date of the policy. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. The Stroke must be positively diagnosed by a Legally Qualified Physician based upon documented neurological deficits and confirmatory neuroimaging studies. Stroke does not mean head injury, transient ischemic attack (TIA) or cerebrovascular insufficiency.

Practical Interpretation

Stroke affects the blood vessels supplying blood to the brain. It is also sometimes called "brain attack." A stroke occurs when a blood vessel bringing oxygen and nutrients to the brain bursts or is clogged by a blood clot or some other particle. Because of this rupture or blockage, part of the brain doesn't get the flow of blood it needs. A warning sign of a potential stroke, TIA is not covered by Critical Illness insurance.

Exceptions:

- Transient Ischemic Attack (TIA), and
- other cerebral vascular events.

In Arkansas:

- head injury,
- Transient Ischemic Attack (TIA), and
- cerebrovascular insufficiency.

Critical Illness Insurance Plan Pays

for a Stroke when:

- a blood vessel ruptures in the brain, or
- a blood clot blocks blood flow through the brain, and
- the neurological injury lasts for at least 30 days.
- **In Arkansas:** the neurological injury lasts for at least 24 hours.



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Critical Illness Insurance



PREMIUM WORKSHEET

Premium Worksheet

A separate Premium Worksheet should be completed for each person applying for coverage. Please check your calculations thoroughly to avoid any delays in processing. Each calculation should be rounded to the nearest .01. Critical Illness proposal software is also available for the calculation process.

Applicant	<input style="width: 100%;" type="text"/>		
Policy Form	<input style="width: 100%;" type="text"/>		
<hr/>			
Age <input style="width: 60px;" type="text"/>	Sex <input style="width: 60px;" type="text"/>	Smoker <input style="width: 40px;" type="text"/>	Nonsmoker <input style="width: 40px;" type="text"/>
1. Annual Premium Rate per \$1,000 of Benefit			<input style="width: 80px;" type="text"/>
2. Units of Coverage: (Policy Benefit Amount per \$1,000 = units)		X	<input style="width: 80px;" type="text"/>
3. Total Base Premium Amount			<input style="width: 80px;" type="text"/>
Optional Riders			
4. Disability Rider $75 \times 1.92 = \$144.00$ <i>Units Rate</i> (Maximum benefit is \$100,000)		+	<input style="width: 80px;" type="text"/>
5. AD&D Rider $25 \times 1.08 = \$27.00$ <i>Units Rate</i> (Number of units can be less than or equal to the number of units in the Base Policy. Maximum is \$250,000, not to exceed base amount)		+	<input style="width: 80px;" type="text"/>
6. Total Base & Riders (Lines 3+4+5=6)			<input style="width: 80px;" type="text"/>
7. Policy Fee (Add \$50 for Single or \$25 per person for a married couple)		+	<input style="width: 80px;" type="text"/>
8. TOTAL Annual Premium (Lines 6+7=8)			<input style="width: 80px;" type="text"/>
9. Modal Factor (Enter Modal Factor) Monthly = .0875, Quarterly = .26, Semi-annual = .515.		X	<input style="width: 80px;" type="text"/>
10. Total amount to be submitted with application			<input style="width: 80px;" type="text"/>

Have you ever known someone battling Alzheimer's?

✔ **My neighbor.**

Have you ever known someone who required a major organ transplant?

✔ **My boss.**

Have you ever known someone diagnosed with cancer?

✔ **My mother-in-law.**

Have you ever known someone who suffered a stroke or heart attack?

✔ **My dad.**

No one has immunity from these common health conditions.

Each ailment may be a trigger for claim with a critical illness insurance policy.

Modern medicine is advancing by helping **people survive critical illnesses.**

This extension of life is great for families across the nation, but **it can be difficult** to navigate the new way of life through a recovery.

Critical illnesses create major emotional and financial stress. **Critical illness insurance helps alleviate the financial stress** so that you can focus on managing the emotional stress with your loved ones by your side.

CI insurance is designed to pay a lump sum (**between \$5,000 and \$500,000**) upon diagnosis of many kinds of major health events.

What can CI insurance do in the wake of an Alzheimer's diagnosis?

✔ **\$500,000 for supervision while the family keeps living the way you wanted.**

What can CI insurance do in the wake of a major organ transplant?

✔ **\$500,000 to keep the business running while recovering from surgery.**

What can CI insurance do in the wake of a cancer diagnosis?

✔ **\$500,000 to fly the whole family to see a specialist so mom is not alone.**

What can CI insurance do in the wake of a heart attack or stroke?

✔ **\$500,000 to reduce financial stress for the entire family.**

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