

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL of OMAHA COMPANY



› Living Promise[®] Whole Life Insurance

PRODUCT AND UNDERWRITING GUIDE



Level Benefit Plan:

- Death Benefit: 100% • Issue Ages: 45-85
- Face Amounts: \$2,000 – \$40,000 (in WA, \$5,000 – \$40,000)
- Underwriting Classes: Standard Tobacco/Nontobacco
- Underwriting Requirements: MIB, pharmaceutical check, random phone interviews

ADDITIONAL BENEFITS – LEVEL BENEFIT PLAN ONLY

Accelerated Death Benefit for Terminal Illness or Nursing Home Confinement Rider*

Allows the owner a one-time election to receive the Accelerated Benefit if the insured is either: (a) diagnosed as having a terminal illness that, with a reasonable degree of certainty, will result in the insured's death within 12 months or less from the date a physician signs the statement of proof of terminal illness, (b) has been confined to a nursing home for 90 consecutive days or more and is expected to remain confined in a nursing home for the duration of the insured's life; in FL, or (c) certified by a physician that the insured is unable to perform (without substantial assistance from another person) at least two activities of daily living due to a chronic illness.

**Accelerated Death Benefit for Terminal Illness or Chronic Illness Rider in FL; Accelerated Death Benefit for Terminal Illness Rider in CT.*

Optional: Accidental Death Benefit Rider

This Rider provides an additional death benefit equal to the policy's face amount if the death of the insured results from accidental bodily injury and independently of sickness and all other causes.

Graded Benefit Plan*

- Death Benefit: This policy contains a graded benefit meaning that for death due to natural causes (any cause other than accidental) during the first two years, the beneficiary will receive all premiums paid plus 10 percent. After the two years, the full benefit is paid for death due to all causes. Full death benefits will be paid, in all years, if death results from an accidental bodily injury.
- Issue Ages: 45-80
- Face Amounts: \$2,000 – \$20,000 (in WA, \$5,000 – \$20,000)
- Underwriting Class: Standard (no tobacco distinction)
- Underwriting Requirements: MIB, pharmaceutical check, random phone interviews

*not available in AR, MT, NC

Annual Premiums per \$1,000 of Coverage

LEVEL BENEFIT PLAN*

Age	Male		Female		Age	Male		Female	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco		Non Tobacco	Tobacco	Non Tobacco	Tobacco
45	\$24.99	\$31.50	\$21.80	\$28.02	66	\$63.08	\$91.34	\$45.21	\$63.30
46	\$25.81	\$32.58	\$22.27	\$28.74	67	\$67.11	\$97.65	\$47.93	\$67.27
47	\$26.76	\$33.91	\$22.86	\$29.58	68	\$71.15	\$103.85	\$50.66	\$71.24
48	\$27.82	\$35.35	\$23.57	\$30.42	69	\$75.18	\$110.04	\$53.49	\$75.22
49	\$28.45	\$36.37	\$23.91	\$31.04	70	\$79.21	\$116.35	\$56.22	\$79.19
50	\$29.16	\$37.85	\$24.12	\$31.71	71	\$84.44	\$124.53	\$60.03	\$84.92
51	\$30.45	\$40.09	\$25.00	\$33.36	72	\$89.57	\$132.83	\$63.95	\$90.52
52	\$31.37	\$41.91	\$25.48	\$34.43	73	\$95.29	\$141.12	\$68.23	\$96.25
53	\$32.58	\$44.25	\$26.31	\$36.07	74	\$101.07	\$149.30	\$72.56	\$101.86
54	\$34.16	\$46.70	\$27.26	\$37.59	75	\$108.23	\$157.60	\$77.76	\$107.58
55	\$35.83	\$49.51	\$28.31	\$39.46	76	\$116.48	\$168.00	\$84.32	\$115.06
56	\$37.36	\$51.96	\$29.29	\$40.86	77	\$124.09	\$179.26	\$90.23	\$123.14
57	\$38.99	\$54.30	\$30.17	\$42.15	78	\$131.07	\$190.75	\$95.77	\$131.28
58	\$40.52	\$56.64	\$31.04	\$43.43	79	\$138.23	\$202.21	\$101.36	\$139.50
59	\$42.26	\$59.44	\$32.02	\$44.83	80	\$145.45	\$213.78	\$107.00	\$147.79
60	\$44.44	\$62.71	\$33.33	\$46.59	81	\$157.07	\$232.47	\$115.74	\$159.70
61	\$47.39	\$67.15	\$35.18	\$49.16	82	\$168.92	\$252.48	\$124.44	\$172.55
62	\$50.22	\$71.71	\$36.92	\$51.73	83	\$180.01	\$272.67	\$132.70	\$185.39
63	\$53.16	\$76.15	\$38.78	\$54.30	84	\$191.10	\$291.55	\$140.84	\$197.41
64	\$56.11	\$80.71	\$40.63	\$56.75	85	\$202.19	\$310.54	\$149.10	\$209.55
65	\$59.05	\$85.15	\$42.48	\$59.32					

*Annual policy fee of \$36 will be added.

NOTE: In MT only, Unisex rates apply. The Male rates listed apply to Unisex rates in MT.

GRADED BENEFIT PLAN*

Age	Male	Female	Age	Male	Female	Age	Male	Female	Age	Male	Female
45	\$43.61	\$35.71	54	\$60.50	\$47.00	63	\$93.75	\$64.00	72	\$153.25	\$111.00
46	\$44.50	\$36.43	55	\$63.75	\$48.50	64	\$98.75	\$66.75	73	\$165.25	\$120.50
47	\$45.42	\$37.18	56	\$67.00	\$50.25	65	\$103.00	\$69.50	74	\$176.25	\$129.25
48	\$46.34	\$37.93	57	\$70.25	\$52.00	66	\$108.50	\$73.75	75	\$187.50	\$138.75
49	\$47.29	\$38.71	58	\$73.75	\$53.00	67	\$114.25	\$79.00	76	\$206.75	\$151.75
50	\$48.25	\$39.50	59	\$77.00	\$54.75	68	\$119.75	\$83.25	77	\$225.25	\$164.75
51	\$51.50	\$41.00	60	\$80.25	\$56.50	69	\$125.50	\$88.50	78	\$244.25	\$177.00
52	\$54.75	\$43.25	61	\$84.50	\$59.25	70	\$131.00	\$92.75	79	\$262.75	\$190.00
53	\$57.25	\$44.75	62	\$89.50	\$62.00	71	\$142.25	\$102.25	80	\$282.00	\$203.00

*Annual policy fee of \$36 will be added.

ACCIDENTAL DEATH BENEFIT RIDER

Age	Premium	Age	Premium	Age	Premium
45	\$2.77	59	\$3.16	73	\$6.34
46	\$2.80	60	\$3.25	74	\$6.92
47	\$2.82	61	\$3.36	75	\$7.57
48	\$2.83	62	\$3.48	76	\$8.26
49	\$2.84	63	\$3.62	77	\$9.00
50	\$2.85	64	\$3.77	78	\$9.77
51	\$2.86	65	\$3.93	79	\$10.59
52	\$2.88	66	\$4.13	80	\$11.46
53	\$2.89	67	\$4.38	81	\$12.35
54	\$2.92	68	\$4.61	82	\$13.26
55	\$2.94	69	\$4.84	83	\$14.44
56	\$2.97	70	\$5.11	84	\$15.68
57	\$3.00	71	\$5.44	85	\$16.97
58	\$3.08	72	\$5.82		

Premium Modes (modal factors)

- Annual (1.00)
- Semiannual (.52)
- Quarterly (.275)
- Monthly BSP (.089)

Policy Fee \$36.00 per year

Policy Exclusion for Both Plans

The *death benefit* will not be paid if the insured commits suicide, while sane or insane, within two years from the *contestability date* (in ND, within one year). Instead, we will return all premiums paid, minus any *loan*. If this policy is reinstated, we will not pay the *death benefit* if the insured commits suicide, while sane or insane, within two years from the date of reinstatement. Instead, we will return all premiums paid, minus any *loan*.

LIVING PROMISE BUILD CHART

Height	Minimum Weight	Level Benefit Maximum Weight	Graded Benefit Maximum Weight
4 Feet			
8"	74	204	221
9"	77	209	225
10"	79	214	231
11"	82	220	237
5 Feet	85	226	244
1"	88	233	250
2"	91	239	257
3"	94	246	264
4"	97	252	270
5"	100	259	277
6"	103	268	285
7"	106	275	293
8"	109	283	300
9"	112	291	309
10"	115	300	316
11"	119	307	325
6 Feet	122	315	333
1"	126	322	340
2"	129	331	349
3"	133	339	358
4"	136	348	367
5"	140	357	376
6"	143	366	385
7"	147	375	394
8"	151	385	405
9"	154	395	415
10"	158	407	427

Combined Maximum Limits

Living Promise Level:

- No more than \$40,000 of Living Promise Level Benefit coverage
- No more than \$50,000 of all simplified issue coverage with United of Omaha

Living Promise Graded:

- No more than \$20,000 of Living Promise Graded Benefit coverage
- No more than \$25,000 of all graded benefit coverage with United of Omaha

Completing the Application

- Complete the Proposed Insured and Owner (if applicable) sections
- Part One of the Underwriting section – If proposed insured answers “YES” to any questions in Part One, that person will not be eligible for any coverage under this application
- Part Two of the Underwriting section – If proposed insured answers “YES” to any questions in Part Two, that person is eligible only for the Graded Benefit Product
- If the proposed insured answers all underwriting questions “NO,” that person is eligible for the Level Benefit Product
- Plan Info – Select Plan, Accidental Death Benefit Rider (if applicable), Payment Mode and Amount
- Always obtain signed MIB and HIPAA authorizations
- Complete Conditional Receipt Form, **If a check for the initial premium was collected** at the time of application, otherwise do not complete this form
- **Have client sign state replacement forms (if applicable)**
- Leave all required forms with the client

NOTE: If your client answers yes to any of the health questions but you would like to explain further or you have additional information such as current medications and reason for use, you may include that information in the Optional Comments section of the application. Any additional information available will increase the speed of application processing.

Please mail application and appropriate forms to:

FOR REGULAR MAIL SUBMISSION:

United of Omaha Life Insurance Company
Attn: Individual Life Underwriting
P.O. Box 2476, Omaha, NE 68103-2476

FOR OVERNIGHT SUBMISSION:

Attn: Individual Life Underwriting
9330 State Hwy. 133, Blair, NE 68008

FOR FAX SUBMISSION:

Fax to 1-402-997-1800 and verify that the correct fax number is dialed to protect the privacy of the information contained in the application/forms. Use the maximum resolution to ensure the readability of the application.

All applications received and in process of underwriting will be reported on your pending status report found on Sales Professional Access.

Mutual of Omaha’s underwriting team is a great resource for you to help you get your cases placed. You can contact us at 1-800-775-7896 with any questions you may have.

Conditional Receipt

A Receipt is furnished in connection with an application for insurance on the proposed insured(s) bearing the same date as the Receipt. Insurance under the Receipt will become effective on the Effective Date defined below, but only if **all** conditions below have been completely met:

- (1)** The amount received is sufficient to pay the first premium at the mode applied for.
- (2)** The proposed insured is, as of the application date, eligible for the exact policy applied for, according to our underwriting standards in effect, without modification of the plan, premium rate, benefits, class and amount of coverage applied for.
- (3)** To the best knowledge and belief of those signing the application, all the statements and answers in the application are true and complete when made.
- (4)** All parts of the application, and if required, supplements to the application, questionnaires and amendments to the application are completed and received by the home office.

The amount of conditional insurance coverage provided under this Receipt, if any, shall not exceed the maximum face amount of the plan applied for (\$40,000 Level Benefit/\$20,000 Graded Benefit) and shall also not exceed the death benefit paid under terms of the policy. If the application is not approved and accepted within 60 days of the Effective Date of this Receipt, conditional insurance coverage will cease. In that case, our liability will be limited to the return of the premium paid. We have the right to terminate conditional insurance coverage at any time prior to the expiration of 60 days of the Effective Date of this Receipt by mailing a refund of the premium paid.

Telephone Interview

Your client may be contacted for a confidential telephone interview to complete the application process. This call should last approximately 20 minutes. It is important to note that the telephone dialogue between your client and the phone representative will be recorded and relied upon as part of our risk analysis. As a result, it's important that your client be prepared to answer questions as accurately as possible.

Non-Smoker/Non-Nicotine Qualifications

In order to qualify for non-nicotine rates, the proposed insured must not have used tobacco or nicotine products in any form (gum, patches, cigar, etc.) within one year prior to the application.



Apptical™ Interviews

APPTICAL IS AVAILABLE TO CONDUCT INTERVIEWS DURING THE FOLLOWING HOURS:

Monday – Friday: 8:30 a.m. – 2:00 a.m. (ET)

Saturday – Sunday: 10:00 a.m. – 10:00 p.m. (ET)

Phone: 855-464-9577

The following four steps explain how to complete the point-of-sale application process.

Step 1: Call Apptical

Once the paper application has been completed, call Apptical at 855-464-9577 to begin the POS interview process. At the start of the call, you will be asked to provide:

- › Your first and last name
- › Your United of Omaha producer number
- › The product being applied for (level or graded)
- › Your phone number (in case the call is disconnected)
- › State and application form number being used
- › Client identification verification (requested in order to collect the MIB and Rx history) including:
 - Gender • Name • Social Security number • Address • Phone number
 - Date of birth • Birth state and country

The Apptical representative will then give you a personal health interview (PHI) number to record on the Producer Report form, located in the application packet.

***Please note:** It is very important that you write the PHI number provided on the application. Not doing so risks incorrect processing.

Step 2: Personal Health Interview (PHI)

At this point, the client is asked to get on the phone.

The Apptical interviewer will then ask the client to:

- > Verify his/her identification information
- > Provide U.S. residence status
- > Provide height and weight
- > Confirm that the application was signed and the point-of-sale disclosures were provided
- > Authorize a prescription history check
- > Answer all the health questions listed on the Living Promise application

While the client is answering the health questions, Apptical will run the following checks:

- > MIB record
- > Prescription history

Depending on the results of the MIB and Prescription history check, the interviewer may need to ask additional questions to clarify the clients' health status.

Step 3: Eligibility Results

You (The Producer) will be asked to get back on the phone to receive the eligibility results of the case.

There are four potential results:

1. The client is medically eligible as applied subject to United of Omaha's review of existing coverage.
 - > Inform the client and submit the signed application
2. There is a discrepancy between the coverage applied for and the results of the prescription history check:
 - a. The client is medically eligible to apply for the graded benefit based on results of the prescription history check. Update the application to reflect correct coverage applied for and have client initial the change. Submit the signed application.
 - b. The client is not eligible to apply for either coverage type due to prescription drugs related to Part 1 of the application. Write "Withdrawn" on the Producer Report located within the application packet and submit the signed application.

3. There is a discrepancy between the coverage applied for and the results of the MIB check:

The Apptical rep will request that you ask the corresponding question again.

a. If the client changes his/her answer, update the application and have the client initial the change. You will then be provided a medical eligibility result. Inform the client and submit the signed application.

b. If the client does not change his/her answer, inform the client that the application requires underwriting review due to information received from the MIB check. Submit the signed application for underwriting review.

4. The client is not eligible to apply for coverage based on answers to health questions on the application:

➤ The Apptical rep will provide the medical eligibility result. If the client is not eligible for either coverage type, inform your client, write “Withdrawn” on the Producer Report located within the application packet, and submit the signed application

The medical eligibility results are generated based on United of Omaha’s underwriting rules. The Apptical rep will not be able to change the result based on any additional comments/information you provide. The rep will record the additional information you provide and will send that information along to United of Omaha.

Step 4: Final Results

Once the application is received, if the client has any existing coverage with the Mutual of Omaha companies or has applied for coverage in the past, United of Omaha will review that information prior to providing the final underwriting decision. Any information available could result in a change to the eligibility decision provided by Apptical.

IMPORTANT NOTES:

- All applications must be signed and submitted within 14 days, regardless of the eligibility results. United of Omaha requires a record of the client’s authorization to check MIB and prescription history records
- Please submit the completed application and all required forms to United of Omaha for quick processing. Any missing forms or information will result in an additional follow up to the producer and will delay the underwriting process



UNITED OF OMAHA LIFE INSURANCE COMPANY

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MUTUAL of OMAHA'S
WILD KINGDOM

Product base plan provisions, features and riders may not be available in all states and may vary by state.

Life insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 800-775-6000. United of Omaha does not conduct business in New York. These policies have limitations and exclusions. For costs and complete details of coverage, contact your insurance agent* or the company.

*In OR and WA: producer

LIVING PROMISE

Proposed insureds currently taking any of the following medications are not eligible for Living Promise coverage. This is not an all-inclusive drug list. Additional medications or combinations of medications may be added to this list at the discretion of United of Omaha at any time.

Note: Proposed insureds taking medications marked with an asterisk (*) may qualify for the Graded benefit product.

Abacavir	Copaxone*	Hydroxyurea	Perphenazine*	Tudorza*
Alkeran	Crixivan	Invega*	Prograf	Viracept
Amiodarone*	Cyclosporine	Invirase	Ranexa*	Viramune
Ampyra*	Cytosan	Isentress	Razadyne	Viread
Anoro Ellipta*	Daliresp*	Keytruda	Rebif*	Zenapax
Antabuse*	Donepezil	Latuda*	Retrovir	Zerit
Aricept	Droxia	Leucovorin Calcium	Revia*	Ziagen
Atripla	Eligard	Lexiva	Revlimid	Zidovudine
Avonex*	Epivir Hbv	Lithium*	Ribavirin*	Zoladex
Azilect*	Ergoloid Mesylates	Megace	Risperdal*	Zyprexa*
Betaseron*	Exelon	Megestrol Acetate	Rituxan	
Calcium Acetate*	Floxuridine	(Megace)	Sandimmune	
Campath	Fluorouracil	Mitomycin	Saphris*	
Campral*	Galantamine	Mycophenolate	Sinemet*	
Caprelsa	Hydrobromide	Mofetil	Spiriva*	
Carbidopa/Levodopa*	Gammagard	Myfortic	Stalevo*	
Casodex	Gamunex	Naloxone Hcl*	Stribild	
Cellcept	Gengraf	Naltrexone Hcl*	Suboxone*	
Chlorpromazine Hcl*	Geodon*	Namenda	Sustiva	
Clozapine*	Haldol*	Neupogen	Symbyax*	
Cognex	Haloperidol*	Opdivo	Targretin	
Combivir	Hydrea	Panretin	Teslac	

ADDITIONAL INFORMATION REQUIRED

If the proposed insured currently takes any of the following medications listed below, please include the reason(s) for the medication(s) on the application. If this information is not included with the application, it will be obtained during the underwriting process in a pharmaceutical report, MIB reporting or, if needed, phone interview to help determine eligibility for coverage.

Abilify	Coumadin	Lanoxin	Tamoxifen
Aggrenox	Digitek	Lovenox	Truvada
Arimidex	Digoxin	Pegasys	Warfarin
Baraclude	Eliquis	Peg-Intron	Xarelto
Carvedilol	Enoxaparin Sodium	Plavix	
Clopidogrel	Femara	Pradaxa	
Coreg	Infergen	Seroquel	