

# Mutual Care<sup>®</sup> *at Work*

Long-Term Care Insurance



## AGENT and UNDERWRITING GUIDE

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# Contact Information

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## Mailing Addresses

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

## Premium Submission (no premium should be submitted with the application)

### General Mail

Mutual of Omaha  
P.O. Box 30154  
Omaha, NE 68103-1254

### Expedited Mail

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

## LTC Service Office Fax Numbers

888-539-4672

■ Application Requirements

800-921-9335

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

## Mutual of Omaha Licensing

Phone: 800-867-6873

Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday

## Sales Support

Phone: 877-617-5589 or 800-693-6083

Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday

E-mail: [sales.support@mutualofomaha.com](mailto:sales.support@mutualofomaha.com)

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

## Underwriting

Phone: 800-551-2059

Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday

E-mail: [ltcunderwriting@mutualofomaha.com](mailto:ltcunderwriting@mutualofomaha.com)

- Prequalification
- Risk Selection

## Multi-Life Underwriting Coordinator

Phone: 877-778-0838

Fax: 402-351-5958

Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday

E-mail: [LTC.Multi.Life@mutualofomaha.com](mailto:LTC.Multi.Life@mutualofomaha.com)

- Case Quoting
- Group Approval
- Multi-Life Inquiries



# Mutual Care® at Work

## Program Overview

### What is Mutual Care at Work?

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

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

### How does it work?

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

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

### Who is eligible to participate?

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

### What types of businesses make good prospects?

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

- Stable or high-growth companies with few locations
- Average employee age of 40 or older
- Mid to high average employee salaries (\$40,000+)

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

- Committed to supporting the program
- Agreeable to on-site employee meetings and enrollment during company time

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

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

Benefits to the Employer	Benefits to Employees
<ul style="list-style-type: none"> <li>■ Helps attract and retain quality employees</li> <li>■ Enhances a company’s reputation as a place people want to work</li> <li>■ Builds morale and develops a workforce of loyal employees</li> <li>■ Improves productivity and reduces absenteeism</li> <li>■ Provides tax advantages to the business</li> </ul>	<ul style="list-style-type: none"> <li>■ Helps protect retirement savings from the high cost of care</li> <li>■ Allows them to purchase coverage for extended family members</li> <li>■ Provides the ease of purchasing insurance at work and paying through payroll deduction</li> <li>■ Allows them to take their policy with them, even if they leave the company</li> </ul>

## Underwriting Programs

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

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

### Modified Guaranteed Issue

- Available only with employer-paid programs
- Minimum group size is 10 eligible employees; minimum participation is 10 insured employees (program must be taken by 100 percent of the group to which the offer is made, including carve-out groups)
- Spouses are eligible for simplified issue underwriting with a 10 percent premium allowance if actively at work, regardless of employer funding for the spouse
- Extended family members are eligible for full underwriting with a five percent premium allowance
- Maximum monthly benefit of \$1,500 to \$4,500 available in \$500 increments
- Maximum lifetime benefit of \$150,000 (cannot exceed a three-year benefit period)
- Available premium allowances include:
  - 10 percent Multi-Life Program Allowance
  - 15 percent married allowance
  - 10 percent two-person household allowance

## Simplified Issue

- Available with employer-paid and voluntary programs
- Minimum group size is 10 eligible employees; minimum participation is three insured employees
- Spouses are eligible for simplified issue underwriting with a 10 percent premium allowance if actively at work, regardless of employer funding for the spouse/employee
- Extended family members are eligible for full underwriting with a five percent premium allowance
- Maximum monthly benefit of \$1,500 to \$9,000 available in \$500 increments
- Maximum lifetime benefit of \$400,000 (cannot exceed a five-year benefit period)
- Available premium allowances include:
  - 10 percent multi-life program allowance
  - 35 percent spouse allowance
  - 15 percent married allowance
  - 10 percent two-person household allowance

## Full Underwriting

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

## Additional Details

- New hires are allowed to purchase within 60 days after completing six months of employment
- Re-enrollment is allowed if the employer decides to offer coverage to an employee class not previously offered, or if the employee is new to an employee class to which an offer was previously made
- New family members (life event) can enroll within 60 days from the date of the life event with full underwriting, provided the employee qualified at the time of the original offer

## Program Options

### For Businesses with 10 or More Employees

<b>Businesses with 10 or More Employees Employer-Paid Coverage – Option 1</b>			
Minimum Participation	<b>10 Insured Employees</b> (Constituting 100% of employee group to which offer is made)		
Eligibility	Employees*	Spouses*	Other Participants**
Underwriting Program: Funded Participants	Modified guaranteed issue	Simplified issue	Full underwriting
Underwriting Program: Voluntary Participants	Voluntary simplified issue or full underwriting	Simplified issue	Full underwriting
Underwriting Class	Select		Preferred, Select, Class I, Class II
Program Allowance	10%		5%
Maximum Monthly Benefit	\$1,500 to \$4,500	\$1,500 to \$9,000	\$1,500 to \$15,000
Maximum Lifetime Benefit	\$150,000	\$400,000	\$500,000 or lifetime
Buy-up within program limits	No additional underwriting		Allowed above employer-imposed limits
Buy-ups outside program limits	Full underwriting with offer details defined by corresponding full underwriting column. Applicant may revert to buy up within program limits.		Not applicable

<b>Businesses with 10 or More Employees Employer-Paid Coverage – Option 2</b>			
Minimum Participation	<b>3 Insured Employees</b>		
Eligibility	Employees*	Spouses*	Other Participants**
Underwriting Program: Funded Participants	Simplified issue		Full underwriting
Underwriting Program: Voluntary Participants	Voluntary simplified issue or full underwriting	Simplified issue	Full underwriting
Underwriting Class	Select		Preferred, Select, Class I, Class II
Program Allowance	10%		5%
Maximum Monthly Benefit	\$1,500 to \$9,000		\$1,500 to \$15,000
Maximum Lifetime Benefit	\$400,000		\$500,000 or lifetime
Buy-up within program limits	No additional underwriting		Allowed above employer-imposed limits
Buy-ups outside program limits	Full underwriting with offer details defined by corresponding full underwriting column. Applicant may revert to buy up within program limits.		Not applicable

\*Age 18-64, actively at work 30+ hours per week

\*\*Employees age 65+, retirees, spouses age 65+ (or not working full time), children (age 18 and older), parents, grandparents, in-laws, siblings and all step equivalents

<b>Businesses with 10 or More Employees Employer-Paid Coverage – Option 3</b>			
Minimum Participation	<b>3 Insured Employees</b>		
Eligibility	Employees*	Spouses*	Other Participants**
Underwriting Program: Funded Participants	Full underwriting		
Underwriting Program: Voluntary Participants	Voluntary simplified issue or full underwriting	Full underwriting	
Underwriting Class	Preferred, Select, Class I, Class II		
Program Allowance	5%		
Maximum Monthly Benefit	\$1,500 to \$15,000		
Maximum Lifetime Benefit	\$500,000 or lifetime		
Buy-up within program limits	Allowed above employer-imposed limits		
Buy-ups outside program limits	Not applicable		

<b>Businesses with 10 or More Employees Voluntary Coverage (Employee-Paid) – Option 1</b>			
Minimum Participation	<b>3 Insured Employees</b>		
Eligibility	Employees*	Spouses*	Other Participants**
Underwriting Program	Simplified issue		Full underwriting
Underwriting Class	Select		Preferred, Select, Class I, Class II
Program Allowance	10%		5%
Maximum Monthly Benefit	\$1,500 to \$9,000		\$1,500 to \$15,000
Maximum Lifetime Benefit	\$400,000		\$500,000 or lifetime
Buy-up within program limits	No additional underwriting		Not applicable
Buy-ups outside program limits	Full underwriting with offer details defined by corresponding full underwriting column. Applicant waives right to any previous offer.		Not applicable

\*Age 18-64, actively at work 30+ hours per week

\*\*Employees age 65+, retirees, spouses age 65+ (or not working full time), children (age 18 and older), parents, grandparents, in-laws, siblings and all step equivalents

<b>Businesses with 10 or More Employees Voluntary Coverage (Employee-Paid) – Option 2</b>			
Minimum Participation	<b>3 Insured Employees</b>		
Eligibility	Employees*	Spouses*	Other Participants**
Underwriting Program	Full underwriting		
Underwriting Class	Preferred, Select, Class I, Class II		
Program Allowance	5%		
Maximum Monthly Benefit	\$1,500 to \$15,000		
Maximum Lifetime Benefit	\$500,000 or lifetime		
Buy-up within program limits	Not applicable		
Buy-ups outside program limits	Not applicable		

\*Age 18-64, actively at work 30+ hours per week

\*\*Employees age 65+, retirees, spouses age 65+ (or not working full time), children (age 18 and older), parents, grandparents, in-laws, siblings and all step equivalents

**Note:**

- Spouse cannot select benefit limits higher than those selected by the eligible employee
- More than one program option can be selected for a group depending on funding and desired program limits
- To qualify as employer-paid, the employer must fund the minimum benefit level (e.g., \$1,500 MMB, 2 year benefit period)

## Program Options

### *For Businesses with 3 to 9 Employees*

<b>Businesses with 3 to 9 Employees Employer-Paid &amp; Voluntary Coverage</b>			
Minimum Participation	<b>3 Insured Employees</b>		
Eligibility	Employees*	Spouses*	Other Participants**
Underwriting Program	Full underwriting		
Underwriting Class	Preferred, Select, Class I, Class II		
Program Allowance	5%		
Maximum Monthly Benefit	\$1,500 to \$15,000		
Maximum Lifetime Benefit	\$500,000 or lifetime		
Buy-up within program limits	Allowed above employer-imposed limits		
Buy-ups outside program limits	Not applicable		

\*Age 18-64, actively at work 30+ hours per week

\*\*Employees age 65+, retirees, spouses age 65+ (or not working full time), children (age 18 and older), parents, grandparents, in-laws, siblings and all step equivalents

**Note:**

- Spouse cannot select benefit limits higher than those selected by the eligible employee
- More than one program option can be selected for a group depending on funding and desired program limits
- To qualify as employer-paid, the employer must fund the minimum benefit level (e.g., \$1,500 MMB, 2 year benefit period)

## Tax Advantages

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

### Premiums may be tax-deductible

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

### Policy benefits may be tax-free

Benefits paid by a tax-qualified long-term care insurance policy are tax-free as long as they do not exceed the greater of qualified long-term care daily expenses or the per-day limitation, which is \$280 in 2009. Source: Section 7720B and Section 106 of the Internal Revenue Code (IRC)

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

Eligible Premium Guidelines for 2009*	
At age:	You can deduct:
40 and younger	\$320
41-50	\$600
51-60	\$1,190
61-70	\$3,180
71 and older	\$3,980

\*IRS Revenue Procedure 2008-66.

Eligible premiums are established annually based on the medical care components of the Consumer Price Index.

### Tax implications for limited pay options

Business owners who select a limited pay option, may not be able to deduct the entire amount during the year in which the premium was paid. Typically, the IRS allows a business to deduct only the insurance expenses for the year in which they are allocable. Be sure to advise your client to consult with a tax advisor on premium deductibility.

The information provided is not intended to be tax advice. Consult your tax advisor to determine the tax benefits for your business.

## Getting Started

### Step 1: Generate a Case Quote

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

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

#### Using WinFlex Multi-Life Proposal Software

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

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

### Step 2: Submit the Group for Approval

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

Mail to: Mutual of Omaha Insurance Company  
LTC Multi-Life Underwriting – 6<sup>th</sup> Floor  
Mutual of Omaha Plaza  
Omaha, NE 68175  
Fax: 402-351-5958  
E-mail: LTC.Muti.Life@mutualofomaha.com

### Step 3: Group Approval

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

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

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

## Step 4: Deliver the Offer Letter

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

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

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

## Step 5: The Implementation Call

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

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

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

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

## Step 6: Enrollment

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

- Applications can be solicited during the 60-day open enrollment period specified during the Implementation Call
- Submit your Multi-Life applications using your normal channel. Then the applications will be sent to Mutual of Omaha's Multi-Life Underwriting Department

Mail to: Mutual of Omaha Insurance Company  
LTC Multi-Life Underwriting – 6<sup>th</sup> Floor  
Mutual of Omaha Plaza  
Omaha, NE 68175

Fax: 402-351-5958



# Product Details

## Mutual Care at Work

The following chart contains the built-in and optional benefits of Mutual Care at Work, which vary by state. Please see the State Differences Matrix (section 7).

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

<b>Return of Premium Options</b> <ul style="list-style-type: none"> <li>■ Full Return of Premium</li> <li>■ Return of Premium at Death Before Age 65 Less Claims Paid</li> <li>■ Return of Premium at Death Less Claims Paid</li> </ul>	<p style="text-align: right;">Optional</p> <p style="text-align: right;">Optional</p> <p style="text-align: right;">Optional</p>
<b>Other Optional Benefits</b> <ul style="list-style-type: none"> <li>■ Waiver of Elimination Period for Home Health Care</li> <li>■ Restoration of Benefits</li> <li>■ Additional Benefit for Injury</li> <li>■ 5-Year Rate Guarantee</li> </ul>	<p style="text-align: right;">Optional</p> <p style="text-align: right;">Optional</p> <p style="text-align: right;">Optional</p> <p style="text-align: right;">Optional</p>

## Benefit Descriptions

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

### Additional Benefit for Injury

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

- Not available for issue ages over 60

### Cash Benefit

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

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

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

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

### Elimination Period

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

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

### Five-Year Rate Guarantee

Guarantees the initial rate for a five-year period.

### Inflation Protection

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

## Inflation Protection Options

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

- 5 percent, 4 percent or 3 percent Compound (lifetime)
- 5 percent Compound (20-year)
- 5 percent Simple (lifetime)
- No Inflation

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

## Non-Forfeiture/Shortened Benefit Period

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

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

## Restoration of Benefits

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

- Not available with Lifetime benefits

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

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

- Not available for issue ages over 64

## Return of Premium – at Death Less Claims Paid

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

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

## Return of Premium – Full

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

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

## **Spouse Security Benefit**

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

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

## **Spouse Shared Care Benefit**

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

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

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

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

## **Spouse Survivorship Benefit**

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

- Not available for Class I or II risks
- Not available with the Spouse Security Benefit
- Not available with 10-Year, 20-Year or To-Age-65 payment options
- Not available with Married or Two-Person Household premium allowances

## **Spouse Waiver of Premium**

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

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

- Not available for Class I or II risks
- Not available with the Spouse Security Benefit
- Not available with 10-Year, 20-Year or To-Age-65 payment options
- Not available with Married or Two-Person Household premium allowances

## **Waiver of Elimination Period for Home Health Care**

No elimination period must be satisfied in order to receive home health care benefits under the policy.

- Not available for Class I or II risks

## Additional Policy Details

### Issue Ages

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

### Tax Status

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

### Partnership Qualified Policies

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

### Premium Allowances

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

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

- Not available with Spouse Security Benefit
- Not available with Modified Guaranteed Issue Underwriting

**Preferred** – 15 percent for being in good health

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

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

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

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

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

	Program Allowance*	Preferred Health	Spouse	Married	2-Person Household
		<b>15%</b>	<b>35%</b>	<b>15%</b>	<b>10%</b>
<b>MGI</b>	10%	No	No	Yes	Yes
<b>SI</b>	10%	No	Yes	Yes	Yes
<b>Full</b>	5%	Yes	Yes	Yes	Yes

\*Program Allowances are available at issue and cannot be changed after 60-day period following policy issue.

## Premium Payment Options

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

- Default option if no other premium option is selected

**10-Year Pay** – Premium payments are made over a 10-year period

- Only available at issue
- May be removed at the request of the insured. The premium removal will be based on the insured's original age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship

**20-Year Pay** – Premium payments are made over a 20-year period

- Only available at issue
- May be removed at the request of the insured. The premium removal will be based on the insured's original age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship

**To-Age-65** – Premium payments are made until the insured reaches age 65

- Only available at issue
- Maximum issue age is through age 54
- May be removed at the request of the insured. The premium removal will be based on the insured's original age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship

# Administrative Information

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## Application Requirements

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

- Submit your Multi-Life applications using your normal channel. Then applications will be sent to Mutual of Omaha's Multi-Life Department
- Minimum participation levels for each program must be met within the 60-day enrollment period. See the Program Options grids (section 2) for participation requirements for each underwriting program

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

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

## Application Completion Requirements

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

## Applications Outside of Open Enrollment

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

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

## Application Collection

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

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

# Sample Applications

The sample application for Mutual Care at Work is based on National Application form. Application questions may vary by state.

## Modified Guaranteed Issue

- Complete Underwriting Section: D

## Simplified Issue


- Complete Underwriting Sections: D & E

## Full Underwriting

- Complete Underwriting Sections: D, E & F

**Section A – General Information**

- Complete section for all applicants
- Complete all questions in this section
- Select Underwriting Program for each applicant
- Enter Multi-Life Group Number and employer name as stated on the Implementation Memo

MULTI-LIFE LONG-TERM CARE INSURANCE APPLICATION <b>MUTUAL of OMAHA INSURANCE COMPANY</b> Mutual of Omaha Plaza, Omaha, NE 68175 <b>Submit Application To:</b> Mutual of Omaha Insurance Company, Attn: 6th Floor - LTC Multi-Life Underwriting, Mutual of Omaha Plaza, Omaha, NE 68175 <b>Fax Number:</b> 402-351-5958		For Home Office Use Only <input type="checkbox"/> Reviewed by MAE	
<input type="checkbox"/> New Business <input type="checkbox"/> Reinstatement (Producer Use Only)			
<b>Applicant A</b> Underwriting Program: <input type="checkbox"/> Modified Guaranteed <input type="checkbox"/> Simplified <input type="checkbox"/> Full	<b>Applicant B</b> Underwriting Program: <input type="checkbox"/> Modified Guaranteed <input type="checkbox"/> Simplified <input type="checkbox"/> Full		
Multi-Life Group Number	Employer Name		
Section A GENERAL INFORMATION			
<b>1 I am:</b> <input type="checkbox"/> Employee/Member <input type="checkbox"/> Retiree OR Name of Employee/Member Relationship to Employee/Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner* <input type="checkbox"/> Parent (includes in-laws) <input type="checkbox"/> Adult Child <input type="checkbox"/> Grandparent (includes in-laws)		<b>1 I am:</b> <input type="checkbox"/> Employee/Member <input type="checkbox"/> Retiree OR Name of Employee/Member Relationship to Employee/Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner* <input type="checkbox"/> Parent (includes in-laws) <input type="checkbox"/> Adult Child <input type="checkbox"/> Grandparent (includes in-laws)	
<b>2 Name:</b> Last Name _____ First Name _____ Middle Initial _____		<b>2 Name:</b> Last Name _____ First Name _____ Middle Initial _____	
<b>3 Legal Residence Address:</b> Number, Street, Apartment Number _____ City, State, ZIP Code _____		<b>3 Legal Residence Address (If Different than Applicant A):</b> Number, Street, Apartment Number _____ City, State, ZIP Code _____	
<b>4 Contact Information:</b> ( ) - ( ) - Daytime Phone Number    Evening Phone Number : a.m.                      : p.m. Best Time to Call _____ E-mail Address _____		<b>4 Contact Information (If Different than Applicant A):</b> ( ) - ( ) - Daytime Phone Number    Evening Phone Number : a.m.                      : p.m. Best Time to Call _____ E-mail Address _____	
<b>5 Birth Date, Age and Gender:</b> [ ]/[ ]/[ ] [ ] [ ] [ ] [ ] [ ] [ ] Month    Day    Year    Age <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>5 Birth Date, Age and Gender:</b> [ ]/[ ]/[ ] [ ] [ ] [ ] [ ] [ ] [ ] Month    Day    Year    Age <input type="checkbox"/> Male <input type="checkbox"/> Female	
<small>* Domestic Partner means either of the following: (a) an adult person with whom you have registered or filed for domestic partnership in a civil union with a government agency or office where such registration is available, or (b) an adult person who meets the following criteria: (1) has a serious and committed personal relationship with you that is intended to be lifelong, (2) has shared a common permanent residence on a continuous basis with you for the most recent three years, and (3) is not married or legally separated, a Domestic Partner to anyone else or related to you in any way that would bar marriage in the state where you and he or she reside.          MA5937                      <b>SUBMIT TO MUTUAL OF OMAHA HOME OFFICE</b>                      National       </small>			

### Section A – General Information

- Complete section for all applicants
- Complete all questions in this section
- Be specific when describing occupational duties
- If applicant is not a citizen of the U.S. and does not have a “Green Card” or “Alien Registration Receipt,” please do not continue with application

### Section B – Allowances

- Answer all questions in this section
- Applicant may be eligible for premium allowances based on answers

Section A GENERAL INFORMATION (continued)			
Applicant A		Applicant B	
<b>6</b>	Social Security Number: [ ][ ]-[ ][ ]-[ ][ ][ ][ ]	<b>6</b>	Social Security Number: [ ][ ]-[ ][ ]-[ ][ ][ ][ ]
<b>7</b>	Are you actively at work* 30 hours per week or more? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>7</b>	Are you actively at work* 30 hours per week or more? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of your Employer _____		Name of your Employer _____	
* Actively at work shall mean you are an employee whom, on the date of this application and throughout the prior six months (1) is age 18 to 64, (2) is and has been currently paid by the employer, (3) is and has been regularly scheduled to work at least 30 hours per week, (4) is not and has not been on an authorized absence due to illness, injury, or on leave without pay, and (5) is and has been performing the material and substantial duties of your job at your place of your employment or an alternative work site designated by your employer. In addition, if you work from home, you are considered actively at work if on the date of this application and throughout the prior six months you are not and have not been hospital confined or disabled to a degree that you could not have performed the material and substantial duties of your job at least 30 hours per week at the employer's usual place of business.			
Applicant A		Applicant B	
<b>8</b>	If Applicant A is Employee: Date of Hire [ ][ ]/[ ][ ]/[ ][ ][ ][ ] If Returning from Leave Date of Return [ ][ ]/[ ][ ]/[ ][ ][ ][ ]	<b>8</b>	If Applicant B is Employee: Date of Hire [ ][ ]/[ ][ ]/[ ][ ][ ][ ] If Returning from Leave Date of Return [ ][ ]/[ ][ ]/[ ][ ][ ][ ]
<b>9</b>	Occupation and Duties: Occupation _____ Occupational Duties _____	<b>9</b>	Occupation and Duties: Occupation _____ Occupational Duties _____
<b>10</b>	U.S. Citizenship: Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” do you have a Permanent Resident Card – Form I-551 (also known as an “Alien Registration Receipt Card” or “Green Card”)? <input type="checkbox"/> Yes. Card Number _____ and Date of Arrival in the U.S. _____ <input type="checkbox"/> No. You are not eligible for this coverage.	<b>10</b>	U.S. Citizenship: Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” do you have a Permanent Resident Card – Form I-551 (also known as an “Alien Registration Receipt Card” or “Green Card”)? <input type="checkbox"/> Yes. Card Number _____ and Date of Arrival in the U.S. _____ <input type="checkbox"/> No. You are not eligible for this coverage.
<b>11</b>	Beneficiary: First Name, Middle Initial, Last Name _____ Number, Street, Apartment Number _____ City, State, ZIP Code _____ Relationship to you _____	<b>11</b>	Beneficiary (If Different than Applicant A): First Name, Middle Initial, Last Name _____ Number, Street, Apartment Number _____ City, State, ZIP Code _____ Relationship to you _____

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Section B ALLOWANCES				
You may be eligible for allowances based on your answers to the following questions in this Section B.				
	Applicant A		Applicant B	
	Yes	No	Yes	No
<b>1</b> Are you married? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Domestic Partner? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If “No,” go to question 2. If “Yes,”:				
(a) Is your Spouse or Domestic Partner also applying for this coverage? If “Yes,” provide name .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Does he/she have an existing Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company long-term care policy/certificate? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If “Yes,” provide existing long-term care policy/certificate number(s) .....	[ ][ ][ ][ ]		[ ][ ][ ][ ]	
<b>2</b> Are you single and have you been continuously residing with another person for the last 12 months and are they also applying for this coverage? If “Yes,” provide name .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section C – Replacement Coverage

- All applicants must answer questions 1 through 3
- If any questions 1-4 are answered “Yes” please complete question 5. Please be as detailed as possible
- All applicants must answer question 6. If either applicant answers “Yes” please provide details in the section below

Section C REPLACEMENT COVERAGE											
Provide Replacement Coverage Information.								Applicant A		Applicant B	
1 Do you currently have another long-term care insurance policy/certificate in force (including health care service contracts or health maintenance organization contracts)?								Yes	No	Yes	No
2 Did you have another long-term care insurance policy/certificate in force during the last 12 months?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you intend to replace other long-term care coverage or any of your medical or health insurance coverage with this policy? If “Yes,” please read and sign the Notice to Applicant Regarding Replacement form included with this application.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Question to be answered by the Producer: Have you, the Producer, sold any health insurance, including long-term care policies, to Applicant A or Applicant B which: are still in force; or were sold in the last five years but are no longer in force?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If any question 1-4 was answered “Yes,” in the above Section C, please provide details in C5 below. (Attach additional signed page(s) if more space is needed.)											
5 Applicant	Company Name/Address	Policy/Certificate #	Plan Type *	Daily or Monthly Benefit	Status of Policy/Certificate	Annual Premium	To be Replaced by this Coverage	Sold by this Producer			
<input type="checkbox"/> A <input type="checkbox"/> B				\$	<input type="checkbox"/> Pending <input type="checkbox"/> In Force <input type="checkbox"/> Terminated <input type="checkbox"/> Lapsed Ending Date: / /	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> A <input type="checkbox"/> B				\$	<input type="checkbox"/> Pending <input type="checkbox"/> In Force <input type="checkbox"/> Terminated <input type="checkbox"/> Lapsed Ending Date: / /	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> A <input type="checkbox"/> B				\$	<input type="checkbox"/> Pending <input type="checkbox"/> In Force <input type="checkbox"/> Terminated <input type="checkbox"/> Lapsed Ending Date: / /	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
* Provide Plan Type abbreviation: LTC=Long-Term Care, MS=Medicare Supplement, MM=Major Medical, OH=Other Health											
6 Have you ever been declined, rated, or denied reinstatement for long-term care insurance? ..... If “Yes,” provide details below. (Attach additional signed page(s) if more space is needed.) Please note, if you answered “Yes,” you are not eligible for the modified guaranteed or simplified underwriting program.								Applicant A		Applicant B	
								Yes	No	Yes	No
Applicant	Company Name(s)		When		Why						
<input type="checkbox"/> A											

### Section D – Complete for Modified Guaranteed Issue, Simplified Issue or Full Underwriting

All applicants must complete all questions in this section. If any question(s) is answered “Yes” please do not continue.

Section D Complete for MODIFIED GUARANTEED, SIMPLIFIED or FULL UNDERWRITING		
<ul style="list-style-type: none"> <li>• If you answer “YES” to questions in this section, do not continue. We will be unable to offer you Long-Term Care coverage.</li> <li>• If you answer “NO” to questions in this section and are in the Modified Guaranteed Underwriting program, SKIP to Section G.</li> </ul>		
1 Do you currently use any of the following:	Applicant A	Applicant B
• wheelchair • walker • nebulizer • electric scooter • quad cane • oxygen	Yes No	Yes No
2 Do you require the assistance or supervision of another person or a device of any kind for any of the following:	Yes No	Yes No
• bathing • toileting • dressing • eating • medication management • getting in and out of a chair or bed • your inability to control your bowel or bladder	<input type="checkbox"/>	<input type="checkbox"/>
3 Are you currently eligible for benefits under, or covered by, Medicaid (not Medicare), disability income, workers’ compensation, Social Security disability or any federal or state disability plan?	<input type="checkbox"/>	<input type="checkbox"/>
Section E Complete for SIMPLIFIED or FULL UNDERWRITING		
<ul style="list-style-type: none"> <li>• If you answer “YES” to questions in this section, do not continue. We will be unable to offer you Long-Term Care coverage.</li> <li>• If you answer “NO” to questions in this section and are in the Simplified Underwriting program, SKIP to Section G.</li> </ul>		
1 Within the past 6 months have you been confined to, or been advised to have, any of the following:	Applicant A	Applicant B
• residential care, assisted living or adult day care facility services • nursing home or home health care services • physical, occupational or speech therapy	Yes No	Yes No
2 Have you ever had, been diagnosed as having, or received medical advice or medical care from a physician or health care provider for any of the following:	Yes No	Yes No
<ul style="list-style-type: none"> <li>• Alzheimer’s Disease</li> <li>• Dementia</li> <li>• Memory Loss</li> <li>• Mental Retardation</li> <li>• Schizophrenia</li> <li>• Psychosis</li> <li>• Organ Transplant</li> <li>• Ministroke or Transient Ischemic Attack (TIA) in the past year, single episode stroke in the past 2 years, two or more strokes or TIAs, or you have not fully recovered or continue to have weakness, decreased sensation or loss of function from a stroke or TIA</li> <li>• Diabetes and currently taking more than 50 units of insulin daily, or with peripheral neuropathy, numbness, tingling or decreased sensation in your feet, retinopathy or history of a stroke, ministroke or a TIA</li> <li>• Cancer (except basal or squamous cell skin cancers, or stage I/II bladder, thyroid, breast or prostate cancers) in the past 2 years</li> <li>• Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Chronic Bronchitis and have used tobacco in the past year</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) Infection (symptomatic or asymptomatic)?	<input type="checkbox"/>	<input type="checkbox"/>
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### Section E – Complete for Simplified Issue or Full Underwriting

All Simplified Issue and Full Underwriting applicants must complete all questions in this section. If any question(s) is answered “Yes” please do not continue.

## Section F – Complete for Full Underwriting

All questions in this section must be completed for Full Underwriting applicants.

Section F		Complete for FULL UNDERWRITING			
<b>Applicant A</b>		<b>Applicant B</b>			
<b>1</b> Provide the name, address and phone number of your primary care physician:		<b>1</b> Provide the name, address and phone number of your primary care physician (If Different than Applicant A):			
Primary Care Name _____		Primary Care Name _____			
Address _____		Address _____			
City, State, ZIP Code _____		City, State, ZIP Code _____			
Phone Number _____		Phone Number _____			
<b>2</b> Date & Reason for Last Visit:		<b>2</b> Date & Reason for Last Visit:			
_____		_____			
<b>3</b> Are you taking or have you taken any prescription medication(s) within the past 12 months, or are you currently taking any over-the-counter medication(s) on a weekly basis or more frequently? ... If "Yes," please list below all the medication name(s) using pharmacy label, dosage/frequency and reason prescribed. (Attach additional signed page(s) if more space is needed.)		<b>Applicant A</b>		<b>Applicant B</b>	
		Yes	No	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>Applicant A</b>		<b>Applicant B</b>	
Medication Name _____		Medication Name _____			
Dosage/Frequency _____		Dosage/Frequency _____			
Disease/Disorder/Condition _____		Disease/Disorder/Condition _____			
Medication Name _____		Medication Name _____			
Dosage/Frequency _____		Dosage/Frequency _____			
Disease/Disorder/Condition _____		Disease/Disorder/Condition _____			
Medication Name _____		Medication Name _____			
Dosage/Frequency _____		Dosage/Frequency _____			
Disease/Disorder/Condition _____		Disease/Disorder/Condition _____			

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Section 4

Section F		Complete for FULL UNDERWRITING (continued)			
<b>4</b> Do you have, or have you ever received any advice, treatment, consultation or diagnosis from a physician or health care provider for, any of the following conditions?		<b>Applicant A</b>		<b>Applicant B</b>	
		Yes	No	Yes	No
Alcohol or Drug Use.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anemia or Blood Disease/Disorder.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis, Back, Bone or Joint Disorder or Broken Bones.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance Disorder, Difficulty Walking or Falls.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel or Bladder Disease/Disorder.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circulatory Disease/Disorder.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or other Mental Disorder.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness or Fainting.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fibromyalgia, Weakness or Fatigue.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease/Disorder or High Blood Pressure.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immune System Disease/Disorder.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney or Liver Disease/Disorder.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological Disease/Disorder.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Disease/Disorder.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures, Epilepsy or Tremors.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Disorder.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Have you received inpatient or outpatient treatment at a hospital, surgical center or rehabilitation facility in the past 12 months?.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Are you scheduled for, or have you been advised by a physician or health care provider to have additional testing, surgery or consultation(s) to evaluate your health?.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Are there any pending test results which you have not yet received?.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Have you been seen by your physician, health care provider or any specialist more than three times in the past 12 months?.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Do you have, for your use, a handicap parking sticker or handicap license plate?.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Have you used tobacco in any form in the past 2 years?.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> What is your height?.....		'	"	'	"
<b>12</b> What is your weight?.....		lbs	lbs	lbs	lbs



### Section G – Benefit Selection

- Question 8 must be answered by all applicants
- Questions 9 – 15 are optional benefit selections. These questions only need to be completed if applicant desires these optional benefits

### Section H – Premium Information

- All questions in this section must be answered
- Question 3 – *Recurring Premium Mode*: select employer paid/list bill, monthly checking account deduction or direct bill. Applicant signature is required if either employer paid/list bill or monthly checking account deduction is chosen

Section G MUTUAL CARE MY WAY (continued)

Applicant A	Applicant B
<p><b>8 Nonforfeiture Benefit – Shortened Benefit Period</b> (must check "YES" or "NO"):</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired: I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.</p>	<p><b>8 Nonforfeiture Benefit – Shortened Benefit Period</b> (must check "YES" or "NO"):</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired: I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.</p>
OPTIONAL BENEFITS FOR MUTUAL CARE MY WAY	
<p><b>9</b> <input type="checkbox"/> Waiver of Elimination Period for Home Health Care Benefit</p> <p><b>10 Spousal Benefits:</b> The Spouse Waiver of Premium, Spouse Survivorship Benefit and Spouse Shared Care Benefit are only available when both Spouses or Domestic Partners apply at the same time and both policies are issued.</p> <p><input type="checkbox"/> Spouse Waiver of Premium</p> <p><input type="checkbox"/> Spouse Survivorship Benefit</p> <p><input type="checkbox"/> Spouse Shared Care Benefit The Spouse Shared Care Benefit is only available when both policies are issued with identical benefits.</p> <p><b>11</b> <input type="checkbox"/> Spouse Security Benefit Not available for issue ages 70 and older, with Spousal Benefits or if Spouse or Domestic Partner is applying for this coverage.</p> <p style="text-align: center;">_____ Spouse's or Domestic Partner's Name</p> <p><b>12</b> <input type="checkbox"/> Restoration of Benefits Not available with Lifetime Benefits.</p> <p><b>13</b> <input type="checkbox"/> Additional Benefit for Injury</p> <p><b>14</b> <input type="checkbox"/> 5 Years of Rate Guarantee</p> <p><b>15 Return of Premium at Death Benefit:</b> <input type="checkbox"/> Return of Premium (Less Claims Paid) If Death Occurs Before Age 65 OR <input type="checkbox"/> Return of Premium at Death (Less Claims Paid) OR <input type="checkbox"/> Full Return of Premium at Death</p>	<p><b>9</b> <input type="checkbox"/> Waiver of Elimination Period for Home Health Care Benefit</p> <p><b>10</b></p> <p><b>11</b></p> <p><b>12</b> <input type="checkbox"/> Restoration of Benefits Not available with Lifetime Benefits.</p> <p><b>13</b> <input type="checkbox"/> Additional Benefit for Injury</p> <p><b>14</b> <input type="checkbox"/> 5 Years of Rate Guarantee</p> <p><b>15 Return of Premium at Death Benefit:</b> <input type="checkbox"/> Return of Premium (Less Claims Paid) If Death Occurs Before Age 65 OR <input type="checkbox"/> Return of Premium at Death (Less Claims Paid) OR <input type="checkbox"/> Full Return of Premium at Death</p>

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Section H PREMIUM INFORMATION

Applicant A	Applicant B
<p><b>1 Who will be Paying the Premium?</b> <input type="checkbox"/> Employer Paid <input type="checkbox"/> Insured Paid <input type="checkbox"/> Combination</p> <p><b>2 Premium Options (must check one):</b> <input type="checkbox"/> Lifetime <input type="checkbox"/> 10-Year Pay <input type="checkbox"/> 20-Year Pay <input type="checkbox"/> To-Age-65</p> <p><b>3 Recurring Premium Mode (check one):</b> <input type="checkbox"/> Employer List Bill/Payroll Deduction <b>Authorization</b> I authorize the required premium for the coverage level selected to be deducted from my pay.</p> <p> <b>X</b> _____ Date _____</p> <p><input type="checkbox"/> Monthly Automatic Checking Account (.09) Deduction – Two Months Minimum Specify the date premiums will be withdrawn (1st through the 28th of the month): _____ Bank Name _____ Routing Number _____ Account Number _____ (Or include a voided check.)</p> <p><b>Authorization to Withdraw Funds by Mutual of Omaha Insurance Company</b> I authorize Mutual of Omaha Insurance Company (Mutual of Omaha) to withdraw funds from my account or my initial and/or renewal premiums and understand that the amounts may differ. I also authorize Mutual of Omaha to collect any premium(s) due by bank draft withdrawal. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize you, my financial institution, to pay from my account any checks, drafts or preauthorized electronic fund transfers from my account to Mutual of Omaha. Your rights with each charge will be the same as if personally paid by me. This authorization will be effective until I give you at least three business days' notice to cancel it. If notice is given verbally, you may require written confirmation from me within 14 days after my verbal notice.</p> <p> <b>X</b> _____ Date _____</p> <p>Direct Bill: <input type="checkbox"/> Quarterly (.26) <input type="checkbox"/> Semiannual (.51) <input type="checkbox"/> Annual (1.0) Billing Address for Premium Notices (if different from page 1): Name _____ Street Address, Apartment Number _____ City, State, ZIP Code _____</p>	<p><b>1 Who will be Paying the Premium?</b> <input type="checkbox"/> Employer Paid <input type="checkbox"/> Insured Paid <input type="checkbox"/> Combination</p> <p><b>2 Premium Options (must check one):</b> <input type="checkbox"/> Lifetime <input type="checkbox"/> 10-Year Pay <input type="checkbox"/> 20-Year Pay <input type="checkbox"/> To-Age-65</p> <p><b>3 Recurring Premium Mode (check one):</b> <input type="checkbox"/> Employer List Bill/Payroll Deduction <b>Authorization</b> I authorize the required premium for the coverage level selected to be deducted from my pay.</p> <p> <b>X</b> _____ Date _____</p> <p><input type="checkbox"/> Monthly Automatic Checking Account (.09) Deduction – Two Months Minimum Specify the date premiums will be withdrawn (1st through the 28th of the month): _____ Bank Name _____ Routing Number _____ Account Number _____ (Or include a voided check.)</p> <p><b>Authorization to Withdraw Funds by Mutual of Omaha Insurance Company</b> I authorize Mutual of Omaha Insurance Company (Mutual of Omaha) to withdraw funds from my account or my initial and/or renewal premiums and understand that the amounts may differ. I also authorize Mutual of Omaha to collect any premium(s) due by bank draft withdrawal. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize you, my financial institution, to pay from my account any checks, drafts or preauthorized electronic fund transfers from my account to Mutual of Omaha. Your rights with each charge will be the same as if personally paid by me. This authorization will be effective until I give you at least three business days' notice to cancel it. If notice is given verbally, you may require written confirmation from me within 14 days after my verbal notice.</p> <p> <b>X</b> _____ Date _____</p> <p>Direct Bill: <input type="checkbox"/> Quarterly (.26) <input type="checkbox"/> Semiannual (.51) <input type="checkbox"/> Annual (1.0) Billing Address for Premium Notices (if different from page 1): Name _____ Street Address, Apartment Number _____ City, State, ZIP Code _____</p>

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## Section I – Notice Before Lapse or Termination

- Must be completed by all applicants
- Applicant may want to consider designating someone other than spouse or domestic partner

### Section I NOTICE BEFORE LAPSE OR TERMINATION

Please check the applicable box and complete the requested information. You may want to consider designating someone other than a Spouse or Domestic Partner.

#### Applicant A

- I wish to designate an additional person to receive notice of lapse or termination of the policy due to nonpayment of premium.

Name (Print full name of other person to receive notice of lapse or termination)

Street Address, Apartment Number

City, State, ZIP Code

Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid.

#### OR

- I elect NOT to designate any person to receive such notice.

#### Applicant B

- I wish to designate an additional person to receive notice of lapse or termination of the policy due to nonpayment of premium.

*(If Different than Applicant A)*

Name (Print full name of other person to receive notice of lapse or termination)

Street Address, Apartment Number

City, State, ZIP Code

Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid.

#### OR

- I elect NOT to designate any person to receive such notice.

## Section J – Agreements and Acknowledgements

All applicants must read and sign.

### Section J AGREEMENTS AND ACKNOWLEDGEMENTS

- The undersigned applicant agrees that (a) all answers in this application are true and complete and Mutual of Omaha Insurance Company will rely on these answers to determine insurability, and (b) incorrect or misleading answers may void this application and any policy issued from its effective date.
- Applicant acknowledges that Mutual of Omaha Insurance Company may require: an Attending Physician's Statement, medical records, an underwriting assessment, a medical examination, or other information.
- Applicant agrees that Mutual of Omaha Insurance Company will not issue a policy as a result of this application unless (a) the insurance applicant completes all medical examinations and tests required by Mutual of Omaha Insurance Company, (b) Mutual of Omaha Insurance Company receives any additional information requested for underwriting (such as Personal Worksheet, Personal Health Interview, or Attending Physician's Statement), and (c) the insurance applicant is, as of the policy application date, determined to be eligible for the exact insurance coverage applied for, or the insurance applicant has subsequently accepted an offer by Mutual of Omaha Insurance Company for coverage other than as applied for, according to the underwriting standards of Mutual of Omaha Insurance Company then in force.
- Applicant agrees that there is no temporary or interim insurance prior to policy issuance. Applicant agrees that completing this application is not a guarantee that this application will be approved. If approved, the issued policy will indicate its effective date. Applicant acknowledges that if his or her application is declined, the long term care coverage applied for will not become effective.
- Applicant acknowledges that no Producer can (a) waive or change any receipt or policy provision, or (b) agree to issue a policy.
- Applicant acknowledges receipt of an Outline of Coverage, Shopper's Guide to Long-Term Care Insurance, Potential Rate Increase Disclosure Form and, if applicable, Guide to Health Insurance for People with Medicare.

**Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Caution:** If your answers on this application are incorrect or untrue, Mutual of Omaha Insurance Company has the right to deny benefits or rescind your policy.

I have read and understand this Agreements and Acknowledgements Section, including the Fraud Warning and I approve all my answers as recorded in this application.

Signed at City _____ State _____ X Signature of Applicant A _____ Date _____	Signed at City _____ State _____ X Signature of Applicant B _____ Date _____
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I/We, the Producer(s) certify that each question was asked exactly as written and I/we have recorded the answers provided by the Applicant(s) completely and accurately. I/We also agree that my/our answers in this application are true and complete.

Yes  No (If "No," please explain) \_\_\_\_\_



X  
Signature of Licensed Producer(s) \_\_\_\_\_

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## Billing Information

### Billing Options

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

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

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

Available modes shown in gray

Premium Payment Options				
	Lifetime	10-Year	20-Year	To-Age-65
Direct Bill				
Payroll Deposit				
Third-Party Vendor				

Available modes shown in gray

### Premium Collection

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

### Split Billing

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

## Administrative Handling

<b>Downgrades/Dropping Coverage</b>	
<p>Drop:</p> <ul style="list-style-type: none"> <li>■ Inflation Protection</li> <li>■ Full ROP at Death</li> <li>■ ROP at Death before age 65 (less claims paid)</li> <li>■ ROP at Death (less claims paid)</li> <li>■ Non-Forfeiture – Shortened Benefit Period</li> <li>■ Spouse Survivorship</li> <li>■ Spouse Waiver of Premium</li> <li>■ Spouse Shared Care</li> <li>■ Spouse Security Benefit</li> <li>■ Restoration of Benefits</li> </ul>	<ul style="list-style-type: none"> <li>■ Same policy number</li> <li>■ Continuing benefits keep original issue age</li> <li>■ Continuing benefits continue to pay renewal compensation</li> <li>■ Effective on original effective date if requested within 60 days of original effective date</li> <li>■ If requested more than 60 days after issue, effective date is approval date</li> <li>■ Show date of dropped coverage</li> <li>■ Print new policy and new Schedule Page</li> </ul>
<b>Downgrades/Reducing Coverage</b>	
<p>Reduce:</p> <ul style="list-style-type: none"> <li>■ Maximum Monthly Benefit; or</li> <li>■ Maximum Lifetime Benefit(s)</li> </ul> <p>Increase:</p> <ul style="list-style-type: none"> <li>■ Elimination Period</li> </ul>	<ul style="list-style-type: none"> <li>■ Same policy number</li> <li>■ All benefits keep original issue age</li> <li>■ Continuing benefits continue to pay renewal compensation</li> <li>■ Effective on original effective date if requested within 60 days of original effective date</li> <li>■ If change requested more than 60 days after issue, effective date is the policy renewal date on or following approval date</li> <li>■ Show date of reduction</li> <li>■ Print new Schedule Page</li> </ul>
<b>Changes to Premium Paying Period</b>	
<ul style="list-style-type: none"> <li>■ Convert from limited pay to lifetime pay</li> </ul>	<ul style="list-style-type: none"> <li>■ Same policy number</li> <li>■ No underwriting required</li> <li>■ Lifetime premium at original age</li> <li>■ No credit given for payment made during limited pay period</li> <li>■ Pay renewal commissions based on lifetime premium paying period</li> <li>■ Effective on original effective date if change requested within 60 days of original effective date</li> <li>■ If change requested more than 60 days after issue, effective date is the policy renewal date on or following approval date</li> <li>■ Print new policy and Schedule Page</li> </ul>

# General Underwriting Guidelines

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## Policy Underwriting

### Application

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

### Application Enrollment Date

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

### Application Received Date

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

### Active Duty Military

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

### Application Completion

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

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

### Benefit Decreases

Allowed. If the decrease occurs outside the 60-day period following issue, the Multi-Life Program Allowance is not subject to change. Refer to the Downgrades/Premium Paying Period Changes chart.

### Benefit Increases

May be allowed within 60 days after policy issue subject to underwriting approval. A completed Statement of Good Health (M24181) is required.

### Coverage Effective Date (if policy is issued)

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

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

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

## **Domestic Partners or Parties to a Civil Union**

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

## **Foreign Nationals**

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

## **Foreign Travel**

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

## **Issue Ages**

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

## **Non-Forfeiture/Shortened Benefit Period**

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

## **Replacements**

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

## **Reinstatements**

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

## **Save Age**

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

## **Suitability**

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

## Underwriting Requirements

The following sections apply only to fully underwritten cases.

### Telephone Interview

Required for every applicant age 71 and under.

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

**Note:**

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

### Medical Records

Will be ordered on all applicants age 70 and above. Medical records on younger ages will be ordered at underwriting discretion. Any condition listed in the Medical Impairments section as Class I or IC will normally require medical records.

**Note:** A doctor’s visit is required within the 24 months preceding the application date for all applicants age 72 or greater, or those wishing to qualify for a Preferred Rate Class.

Telephone Interview	Cognitive (telephonic or face-to-face)	Face-to-Face Interview	Medical Records
Ages 18-71	Ages 65-79 Younger ages if history of CVA, TIA, memory loss, depression, application was mailed	Ages 72-79 Younger ages at underwriter discretion	Ages 70-79 Younger ages at underwriter discretion, application was mailed

## Non-Witnessed Applications

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

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

## Non-English Speaking Applicants:

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

## Underwriting Philosophy

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

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

### ADL’s

Eating  
Toileting  
Transferring  
Bathing  
Dressing  
Continence  
Using the telephone  
Walking outdoors  
Climbing stairs  
Reading/writing  
Transportation

### IADL’s

Shopping  
Meal preparation  
Housework  
Laundry  
Managing money  
Taking medication

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

- Answers “yes” to a health insurability question on the application
- Requires assistance with any ADL’s
- Requires assistance with any IADL’s
- Receiving Meals on Wheels
- Is pregnant
- Is disabled
- Uses a quad cane, crutches, walker, electric scooter, wheelchair, oxygen, or respirator
- Is non-compliant with medications and/or treatment
- Has not pursued additional workup recommended by their physician
- Has a condition listed as a Decline in the Medical Impairment Guide
- In the last 6 months has
  - Been confined to a nursing home or assisted living facility
  - Received home health care services, or adult day care
  - Received occupational, physical or speech therapy (prequalify the case with an underwriter if you believe the case may warrant review sooner than six months)

### **Rate Classes**

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

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

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

#### **Note:**

- Select is the only available Rate Class for both Modified Guaranteed and Simplified Issue Underwriting Programs
- Maximum allowable benefits for Class I and II risks is a 5-Year (60 Months) Maximum Lifetime Benefit
- The following benefit options are not available to Class I and Class II risks:
  - Spouse Security Benefit
  - Spouse Waiver of Premium
  - Spouse Survivorship Benefit
  - Spouse Shared Care (is available for Class I risks with a Maximum Lifetime Benefit of 3 Year (36 Months) or less)
  - Waiver of Elimination Period for Home Health Care
  - 10- and 20-Year Premium Option
  - To-Age-65 Premium Option

## Preferred Criteria

Applicant must meet ALL of the following criteria to receive Preferred. The determination to offer Preferred will be made by the underwriter. Preferred is only available in the case of Full Underwriting. Agents are strongly encouraged to never quote a case better than Select.

1. Tobacco free for the past two years.
2. Is not taking any prescription medications other than:
  - Allergy medications (excluding steroids)
  - Female hormone replacement
  - Thyroid hormone replacement
  - Antacids and heartburn medications
  - Medication for controlled high blood pressure (readings of 140/90 or less for the past six months)
  - Medication for controlled cholesterol (cholesterol <250)
  - Medication for temporary, acute conditions
3. Applicant must not have been diagnosed or treated for any of the following within the last 5 years:
  - Balance disorder, difficulty walking or weakness
  - Blood disease or disorder
  - Circulatory disease or disorder, including, but not limited to Peripheral Vascular Disease, Stroke, TIA
  - Diabetes
  - Fibromyalgia
  - Heart disease (excluding controlled high blood pressure or mild mitral valve prolapse)
  - Kidney or liver disease or disorder
  - Neurological disease or disorder
  - Osteoporosis
  - Paget's Disease
  - Respiratory disease or disorder, including, but not limited to Asthma, COPD, Emphysema
  - Rheumatoid arthritis
4. No use of a cane.
5. Has not been declined, rated or denied reinstatement for long-term care insurance within the past three years.
6. Has seen their physician for a checkup and blood work within the last two years.
7. Height and weight must be within the minimum and preferred maximum range on the Build Chart.
8. The following health conditions may qualify for Preferred:
  - Osteoarthritis age <60, on one nonsteroidal medication
  - Osteopenia (T score -2.4 or better)
  - Osteoporosis age <60, T score -2.9 or better, regular exercise program, taking antiresorptive medication
9. Any history of cancer (excluding basal cell skin cancer) does not qualify for Preferred.

## Build Chart – Unisex

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

An applicant below the minimum weight is ineligible for coverage.

An applicant who is within the weight requirements but has other health conditions may be ineligible for coverage.

An applicant who exceeds the maximum Select weight and has any condition listed on the impairment guide as a Class I or IC will be declined.

An applicant above the Class I Maximum weight is ineligible for coverage.



# Health-Related Underwriting Guidelines

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## Uninsurable Health Conditions

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

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

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

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

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

Fibromuscular Dysplasia  
Fibromyalgia (disabling)  
Frailty  
Friedrich's Ataxia

Glomerulonephritis

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

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

Kidney Failure  
Kidney Transplant

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

Marfan's Syndrome  
Medicaid Recipient  
Memory Loss  
Mental Retardation  
Mixed Connective Tissue Disease  
Multiple Myeloma  
Multiple Sclerosis  
Muscular Dystrophy  
Myelodysplasia

## Uninsurable Health Conditions (continued)

Myelofibrosis  
Myasthenia Gravis (generalized)

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

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

Pancreas Transplant  
Pancreatitis (alcohol related, or >2 episodes)  
Paralysis  
Paraplegia  
Parkinson's Disease  
Pemphigus Vulgaris  
Physical Therapy (within 6 months\*)  
\*contact Underwriting to prequalify if within 6 months  
Pick's Disease  
Polycystic Kidney Disease  
Polymyositis  
Polyneuropathy  
Post Herpetic Neuralgia  
Post Polio Syndrome (with progressive weakness, fatigue, or limitations)  
Pregnancy  
Psychiatric Hospitalization (within 3 years, or 2 or more)  
Psychosis  
Pulmonary Hypertension

Quad Cane use  
Quadriplegia

Reflex Sympathetic Dystrophy

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

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

Underweight

Ventriculoperitoneal shunt  
Von Willebrand's Disease

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

## Some Medications Associated With Uninsurable Health Conditions

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

Medication	Condition	Medication	Condition
3TC	HIV	Kemadrin	Parkinson's
Alkeran	Cancer	Lasix	Heart Disease
Amantadine	Parkinson's	>60 mg/day	
Apokyn	Parkinson's	L-Dopa	Parkinson's
Aptivus	HIV	Letairis	Pulmonary Hypertension
Aricept	Dementia	Lexiva	HIV
Artane	Dementia	Leukeran	Immunosuppression
Atripla	HIV	Levodopa	Parkinson's
Avinza	Chronic Pain	Lioresal	Multiple Sclerosis
Avonex	Multiple Sclerosis	Lomustine	Cancer
Azilect	Parkinson's		
AZT	HIV		
		Megace	Cancer
Baclofen	Multiple Sclerosis	Megestrol	Cancer
Baraclude	Hepatitis B	Mellaril	Psychosis
Betaseron	Multiple Sclerosis	Melphalan	Cancer
		Memantine	Dementia
Carbidopa	Parkinson's	Methadone	Chronic Pain, Drug Abuse
Cerefolin	Memory Loss	Methotrexate	Rheumatoid Arthritis
Cogentin	Parkinson's	>25 mg/week	
Cognex	Dementia	Myerlan	Cancer
Combivir	HIV		
Comtan	Parkinson's	Namenda	Dementia
Copaxone	Multiple Sclerosis	Narcotics	Chronic Pain
Crixivan	HIV	Navane	Psychosis
Cytosan	Cancer, severe Arthritis	Natrecor	CHF
		Nelfinavir	HIV
D4T	HIV	Neoral	Immunosuppression
DDC	HIV	Neupro	Parkinson's
DDI	HIV	Norvir	HIV
DES	Cancer	Novatrone	Multiple Sclerosis
DuoNeb	COPD		
		Oxycodone	Chronic Pain
Eldepryl	Parkinson's	Oxycontin	Chronic Pain
Eligard	Prostate Cancer		
Emtriva	HIV	Paraplatin	Cancer
Epivir	HIV	Parlodel	Parkinson's
Epogen	Kidney Failure, HIV	Pegasys	Hepatitis C
Epzicom	HIV	Peg-Intron	Hepatitis C
Ergoloid	Dementia	Percocet	Chronic Pain
Exelon	Dementia, Parkinson's	Percodan	Chronic Pain
		Permax	Parkinson's
Furosemide	Heart/Kidney Disease	Prednisone	COPD, Arthritis
>60 mg/day		>10 mg/day	
Fuzeon	HIV	Prezista	HIV
		Procrit	Kidney Failure, HIV
Galantamine	Dementia	Prolixin	Psychosis
Geodon	Schizophrenia		
Gold	Rheumatoid Arthritis	Razadyne	Dementia
		Rebetol	Hepatitis C
Haldol	Psychosis	Rebif	Multiple Sclerosis
Hepsera	Hepatitis B	Reminyl	Dementia
Herceptin	Cancer	Remodulin	Pulmonary Hypertension
Hydrea	Cancer	Requip	Parkinson's
Hydergine	Dementia	Rescriptor	HIV
		Retrovir	HIV
Imuran	Immunosuppression	Reyataz	HIV
Insulin	Diabetes	Riluzole	ALS
>50 units/day		Risperdal	Psychosis
Interferon	HIV, Hepatitis, Multiple Sclerosis	Ritonavir	HIV
Indinavir	HIV	Sandimmune	Immunosuppression
Invega	Schizophrenia	Selzentry	HIV
Invirase	HIV	Sinemet	Parkinson's
		Somavert	Acromegaly
Kaletra	HIV	Stalevo	Parkinson's
		Stelazine	Psychosis

## Some Medications Associated With Uninsurable Health Conditions (continued)

Medication	Condition	Medication	Condition
Sustiva	HIV	VePesid	Cancer
Symmetrel	Parkinson's	Vicodin	Chronic Pain
		Videx	HIV
Tacrine	Dementia	Vincristine	Cancer
Tasmar	Parkinson's	Viracept	HIV
Teslac	Cancer	Viramune	HIV
Thiotepa	Cancer	Viread	HIV
Thorazine	Psychosis		
Trelstar-LA	Prostate Cancer	Zanosar	Cancer
Trizivir	HIV	Zelapar	Parkinson's
Truvada	HIV	Zelodox	Schizophrenia
TYSABRI	Multiple Sclerosis	Zerit	HIV
Tyzeka	Hepatitis B	Ziagen	HIV
		Ziprasidone	Schizophrenia
Valycte	CMV HIV		

### Alzheimer's Disease/Dementia

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

### Multiple Sclerosis

Avonex
Baclofen
Betaseron
Copaxone
Lioresal
Rebif

### Parkinson's Disease

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

## Health Condition Combinations

All shaded health condition combinations are ineligible for coverage.

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

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

## Medical Impairments

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

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

<b>S</b>	Standard coverage issued at standard rates
<b>Class I</b>	25 percent rating maximum benefit period of 5 years, minimum elimination period of 90 days
<b>Class II</b>	50 percent rating may be offered by underwriting when multiple medical impairments are present, maximum lifetime benefit of 5 years (60 Months), minimum elimination period of 90 days
<b>IC</b>	Individual Consideration
<b>D</b>	Decline

### Abdominal Aortic Aneurysm (AAA)

Operated, after 6 months, fully recovered	S
Unoperated, stable for 2 years, diameter <5 cm	S
Unoperated, enlarging, or diameter >5 cm	D

<b>Acoustic Neuroma</b> surgically removed, after 6 months, no residuals	S
Unoperated	D

<b>Acromegaly</b>	D
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<b>Addison's Disease</b> , after 3 years, controlled	S
After 12 months, controlled	Class 1-IC

<b>ADL Deficit</b>	D
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<b>AIDS/ARC</b>	D
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<b>Adult Day Care</b> within 6 months	D
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<b>Agoraphobia</b>	D
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<b>Alcohol</b> regular consumption of 4 or more drinks per day	D
Advised by a physician to limit, or stop alcohol consumption due to alcohol induced health or social problems	D

<b>Alcoholism</b> recovered at least 3 years, active in a support group, and no current alcohol use	S
Still drinking	D

<b>ALS</b> (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease)	D
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<b>Alzheimer's Disease</b>	D
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<b>Amaurosis Fugax</b>	see TIA
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<b>Amnesia, Transient Global</b>	see TIA
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<b>Amputation</b> due to trauma, after 12 months, one limb, no limitations	S
Due to disease	D
Two or more limbs	D

<b>Ankylosing Spondylitis</b>	D
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<b>Anemia</b> cause identified	S-IC
Not fully evaluated, cause unknown, or Aplastic	D

<b>Angina</b>	see CAD
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## Medical Impairments (continued)

<b>Angioplasty</b> .....	see CAD
<b>Aneurysm</b> operated, after 6 months, fully recovered .....	S
Other than Cerebral, unoperated, stable for 2 years .....	IC
Cerebral, unoperated .....	D
<b>Anorexia</b> .....	D
<b>Anxiety</b>	
< 70 years of age, after 12 months, controlled with medication, fully functional .....	S
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years .....	S-IC
<b>Aortic Insufficiency</b> .....	see Heart Valve Disorder
<b>Antiphospholipid Syndrome</b> .....	Class I
With history of TIA or Stroke .....	D
<b>Arnold-Chiari Malformation</b> surgically corrected, after 3 years .....	IC
Unoperated .....	D
<b>Arrhythmia</b> excluding Atrial Fibrillation	
Controlled .....	S-IC
Uncontrolled .....	D
<b>Arteriovenous Malformation (AVM)</b>	
>1 year since surgical repair, no residuals .....	Class I
Unoperated, or operated with residual impairment .....	D
<b>Arthritis</b> after 1 year	
Mild, controlled, no ADL/IADL deficits .....	S
Moderate, controlled, no ADL/IADL deficits .....	Class I
Severe, uncontrolled, or ADL/IADL deficits .....	D
<b>Rheumatoid Arthritis</b> mild, moderate, stable for 1 year, no limitations .....	Class I-IC
On Prednisone >10mg/day, or Methotrexate >25mgs week, or Gold .....	D
Severe disease, or with ADL/IADL deficits .....	D
Any, taking a medication indicated for severe arthritis on uninsurable medication list, requiring daily narcotics .....	D
<b>Asbestosis</b> .....	see COPD
<b>Asperger's Syndrome</b> .....	D
<b>Asthma</b> .....	see COPD
<b>Assisted Living Facility Resident</b> within 6 months .....	D
<b>Ataxia or Muscular Incoordination</b> .....	D
<b>Atrial Fibrillation/Flutter</b> single episode, after 6 months, controlled on medication .....	S
Chronic, after 6 months, controlled on Coumadin .....	Class I
Diagnosed or hospitalized within 6 months .....	D
With history of TIA, CVA, or Heart Valve Disorder .....	D
Chronic, not on Coumadin .....	D
Average BP reading >159/89 .....	D
<b>Avascular Necrosis</b> , after 12 months, treated no residual limitations .....	IC
Untreated or with any limitations .....	D
Surgically repaired, no limitations, after 1 year .....	S

## Medical Impairments (continued)

<b>Back Pain/Strain</b> single episode, not disabling . . . . .	S
Chronic, not disabling . . . . .	S-IC
Chronic, disabling, or epidural steroid injections within 6 months . . . . .	D
<b>Balance Disorder</b> , after 6 months, resolved . . . . .	S-IC
Less than 6 months, or currently present . . . . .	D
<b>Bell's Palsy</b> resolved . . . . .	S
Present . . . . .	D
<b>Benign Positional Vertigo (BPV)</b>	
Not associated with falls . . . . .	S
Associated with falls . . . . .	D
<b>Bipolar</b>	
After 3 years, controlled on medication, fully functional . . . . .	S
<3 years duration, or psychiatric hospitalization within the past 5 years . . . . .	D
<b>Blindness</b>	
Fully adapted, independent with ADL/IADLs . . . . .	S
Not adapted or with ADL/IADL limitations . . . . .	D
<b>Branched Retinal Vein Occlusion</b>	
Single . . . . .	S
Two or more . . . . .	D
<b>Broken Bones</b> . . . . .	see Fracture
<b>Brain Attack</b> . . . . .	see CVA
<b>Bronchitis</b> . . . . .	see COPD
<b>Bronchiectasis</b> . . . . .	see COPD
<b>Buerger's Disease</b> . . . . .	D
<b>Bulimia</b> . . . . .	D
<b>Bullous Pemphigoid</b> in remission 2 years, not on steroids . . . . .	IC
Active disease . . . . .	D
<b>Cancer</b> surgically removed, or fully treated, full recovery, no recurrence . . . . .	S
<b>Bladder</b> , transitional, treated, fully recovered	
Invasive, after 3 years . . . . .	IC
Recurrent . . . . .	IC
<b>Breast</b>	
In situ, treatment completed . . . . .	S
Stage I, after 1 year . . . . .	S
Stage II-III, after 2 years . . . . .	S
Stage IV, after 5 years . . . . .	Class I-IC
<b>Colon</b> , after 2 years . . . . .	S-IC
<b>Skin</b>	
Basal cell . . . . .	S
Squamous cell . . . . .	S
Melanoma	
Stage I or Clark's Level I-V, after 3 months . . . . .	S
Stage II or III, after 2 years . . . . .	S
Stage IV, after 5 years . . . . .	Class I-IC

## Medical Impairments (continued)

<b>Prostate</b>	
Stage A or B, after 12 months, surgically removed, current PSA <0.1	S
Treated with radiation, after 12 months, current PSA <0.5	S
Stage C, after 2 years, current PSA <0.1	S
Stage D	D
Age >70 receiving hormone treatment (Lupron, Casodex, Eulixin, Zoladex), Initial Gleason Score < VI, and current PSA < 0.5	Class I-D
All other cancers, or multiple sites or metastatic, 2 years since date of last treatment, no current evidence of disease	IC-D
Any cancer, 2 years since date of last treatment, no current evidence of disease, tobacco use within 12 months	Class I-D
<b>Cardiomyopathy</b> hypertrophic, no CHF, no hospital stays, syncope, or palpitations	
Ejection fraction >45% and stable for 2 years	Class I-IC
Dilated	D
<b>Carotid Artery Disease/Stenosis</b> operated, fully recovered, after 6 months, tobacco free 12 months	S
Operated, tobacco use within 12 months	Class I-IC
Unoperated, <70% stenosis, no symptoms, tobacco free 12 months	S
Unoperated, <70% stenosis, no symptoms, tobacco use within 12 months	IC-D
History of TIA or CVA, or valvular heart disease	D
Operated or unoperated in combination with Type I or Type II diabetes, <70% stenosis, tobacco free 12 months	Class I
<70% stenosis, tobacco use within 12 months	D
>70% stenosis	D
<b>Cerebral Palsy</b>	D
<b>Cerebrovascular Accident (CVA)</b>	see Stroke
<b>Cerebrovascular Disease</b>	
Brain imaging findings of lacunar infarcts, small vessel ischemia, or white matter changes	D
<b>Cervical Spondylosis</b>	
Mild	S
Moderate to severe	Class I-IC
<b>Charcot Marie Tooth</b>	D
<b>Claudication</b>	see Peripheral Vascular Disease
<b>Chronic Bronchitis</b>	see COPD
<b>Chronic Fatigue</b> , after 12 months, no functional limitations	IC Lifetime Benefits not available
Any functional limitations	D
<b>Chronic Hepatitis</b>	see Hepatitis
<b>Chronic Pain</b>	
Requiring daily narcotics or TENS Unit or implantable stimulator or with ADL/IADL limitations or with epidural steroid injection within 6 months	D Lifetime Benefits not available
All others	IC
<b>Chronic Regional Pain Syndrome</b>	D

## Medical Impairments (continued)

<b>Cirrhosis</b> .....	D
<b>Collagen Vascular Disease</b> .....	D
<b>Colostomy/Ileostomy</b> , cares for independently, handle as per cause .....	S-IC
Requires assistance to care for .....	D
<b>Compression Fractures</b> due to osteoporosis, or with functional limitations .....	D
All others .....	IC
<b>Confusion</b> .....	D
<b>Connective Tissue Disorder</b> .....	D
<b>Congestive Heart Failure (CHF)</b> single episode, recovered, after 12 months .....	S
Chronic, mild, well controlled, Lasix <40mg/day .....	Class I-IC
All others, or in combination with atrial fibrillation, diabetes, or heart valve disorder .....	D
<b>COPD (Chronic Obstructive Pulmonary Disease)</b>	
Mild, tobacco free for 12 months .....	S
Mild, smoker diagnosed by chest X-ray only, no medications, no symptoms, stable Pulmonary Function Tests (PFT's) .....	Class I
Mild or moderate, tobacco use in the past 12 months, on medication, or symptomatic .....	D
Moderate, tobacco free for 12 months, stable PFT's .....	Class I-IC
Moderate, smoker, on medication, or symptomatic .....	D
Severe, using oxygen, or home nebulizer treatments .....	D
Any, hospitalized for an exacerbation in the past 6 months .....	D
Any, FEV1 <65% .....	D
<b>Cor Pulmonale</b> .....	D
<b>Coronary Artery Disease</b> (angina, heart attack, Angioplasty, stent, or Bypass)	
After 6 months, stable, no limitations, no significant residual heart damage, tobacco free 12 months .....	S
After 6 months, stable, no limitations, tobacco use within 12 months .....	Class I
With PVD .....	Class I-IC
In combination with diabetes, tobacco use within 12 months .....	Class II, 2 years 180 day elimination period
In combination with diabetes, tobacco free 12 months .....	Class I-IC
With poorly controlled hypertension (average BP >158/89), or congestive heart failure, or PVD, or ejection fraction <45% .....	D
<b>CPAP</b> .....	see Sleep Apnea
<b>CREST Syndrome</b> .....	D
<b>Crohn's</b> in remission at least 2 years .....	S
After 2 years, 1-2 flares per year .....	Class I
Multiple flares or with complications .....	D
<b>Cushing's Syndrome</b> .....	D
<b>Cystic Fibrosis</b> .....	D
<b>Deep Venous Thrombosis</b> , after 6 months, single episode, recovered .....	S
Recurrent .....	IC-D
<b>Defibrillator/Automatic Implantable Cardiac Defibrillator</b> .....	D
<b>Degenerative Disc Disease</b> .....	see Herniated Disc

## Medical Impairments (continued)

<b>Degenerative Joint Disease</b> .....	see Arthritis
<b>Dementia</b> .....	D
<b>Demyelinating Disease</b> .....	D
<b>Depression</b>	
<b>Situational</b> recovered, treatment free, after 6 months, no psychiatric hospitalizations in the past 3 years .....	S
<b>Major</b> <70 years of age, after 12 months, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years .....	S
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years .....	S-IC
<b>Depression with Electroconvulsive Therapy (ECT)</b>	
ECT >10 years ago, fully functional, maintained on antidepressants, no psychiatric hospitalizations after ECT .....	S
With subsequent psychiatric hospitalization .....	D
Depression, any, 2 or more psychiatric hospitalizations for any reason .....	D
<b>Dermatomyositis</b> .....	D
<b>Diabetes Type II</b> , controlled and stable with diet and exercise or oral medications, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months, tobacco free 12 months. ....	S
<b>Diabetes Type I or II</b> , controlled and stable, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months	
Tobacco use within 12 months .....	Class I
Insulin <50 units/day .....	Class I
Insulin >50 units/day .....	D
In combination with:	
Carotid Artery Disease, operated or unoperated	
<70% stenosis, tobacco free 12 months .....	Class I
<70% stenosis, tobacco use within 12 months .....	D
>70% stenosis .....	D
Retinal vein occlusion .....	Class II, 2 years 180 day elimination
Heart disease, tobacco use within 12 months .....	Class II, 2 years 180 day elimination
Heart disease, tobacco free 12 months .....	Class I-IC
Retinopathy, neuropathy, or nephropathy .....	D
Skin ulcers or amputation .....	D
Peripheral Vascular Disease, or history of TIA or Stroke .....	D
Average BP reading >158/89 .....	D
Hemoglobin Alc>9.0, or noncompliant with treatment .....	D
Microalbumin >20mg/dl .....	D
<b>Dialysis</b> .....	D
<b>Difficulty walking</b> .....	see Balance Disorder
<b>Disabled</b> , collecting any type of disability benefits .....	D
<b>Diverticulitis</b> medically managed .....	S
With bleeding, weight loss, or surgery recommended .....	D

## Medical Impairments (continued)

### Dizziness

Benign Positional Vertigo (BPV), not associated with falls . . . . .	S
BPV associated with falls . . . . .	D
Acute, viral, resolved after 3 months. . . . .	S
All others, within 6 months. . . . .	D
After 6 months, evaluated, resolved . . . . .	S
After 2 years, not evaluated, stable with occasional episodes, not associated with falls. . . . .	S-IC
Multiple episodes, or progressive, or associated with falls . . . . .	D

**Down's Syndrome** . . . . . D

**Drug Abuse** treated, active in support group, drug free for 5 years . . . . . Class I-IC  
 Within 5 years. . . . . D

**Dystonia** . . . . . D

### Echocardiography

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

**Electric Scooter Use.** . . . . D

**Emphysema** . . . . . see COPD

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

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

**Factor V Von Leiden** incidental finding, or no history of clots . . . . . S-Class I  
 With history of clot, on Coumadin or Warfarin . . . . . Class I  
 With history of clot, not on Coumadin or Warfarin. . . . . D  
 With history of clot while adequately anticoagulated. . . . . D

**Fainting** . . . . . see Dizziness

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

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

**Fibromuscular Dysplasia** . . . . . D

**Fibromyalgia** after 1 year, well controlled, no ADL/IADL deficits . . . . . S-Lifetime  
 Benefits not  
 available  
 Poorly controlled, or disabling . . . . . D

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

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

**Frailty** . . . . . D

**Friedrich's Ataxia.** . . . . . D

## Medical Impairments (continued)

<b>Gastric Bypass/Banding</b> , after 2 years, fully recovered, no complications . . . . .	S
<b>Glaucoma</b> , stable vision, controlled eye pressures . . . . .	S
All others . . . . .	IC
<b>Glomerulonephritis</b> . . . . .	D
<b>Grave's Disease</b> , after 12 months . . . . .	S
<b>Guillain-Barre Syndrome</b> , after 12 months, no residuals . . . . .	S
<b>Head Injury</b> , after 6 months, no residuals . . . . .	S-IC
With residual functional or cognitive impairment . . . . .	D
<b>Heart Attack</b> . . . . .	see CAD
<b>Heart Valve Disorder</b> , operated 1 or 2 valves, fully recovered, after 6 months . . . . .	S
Unoperated, single valve, mild, no symptoms, no surgery planned . . . . .	S
Unoperated, single valve, moderate to severe, or surgery planned . . . . .	D
Any, unoperated with Atrial Fibrillation, or history of TIA or CVA . . . . .	D
<b>Hemochromatosis</b> , after 12 months, successfully treated with phlebotomy, or chelation, and stable blood counts . . . . .	S-IC
<b>Hemophilia</b> . . . . .	D
<b>Hepatitis</b> , any chronic, active, or alcohol related, or with residual liver damage . . . . .	D
<b>Hepatitis A or B</b> , after 6 months, fully recovered . . . . .	S
<b>Hepatitis C</b>	
After 2 years, successfully treated with Interferon, or cleared spontaneously without treatment, virus undetectable by PCR . . . . .	IC
Currently treated, or treated within 2 years . . . . .	D
Unresponsive to Interferon, or never treated with Interferon, or virus not cleared spontaneously without treatment . . . . .	D
Virus detectable by PCR . . . . .	D
<b>Herniated Disc/Degenerative Disc Disease (DDD)</b>	
Unoperated, no ADL limitations, not advised to have surgery . . . . .	S
Operated, after 6 months, full recovery, no hardware . . . . .	S
Operated, after 6 months, full recovery, hardware . . . . .	Class I
Operated or unoperated, requires daily narcotics or implantable stimulator for pain control . . . . .	D
Operated or unoperated with ADL limitations . . . . .	D
<b>High Blood Pressure</b> , after 6 months, compliant with treatment:	
Average BP <160/90 . . . . .	S
Average BP <170/94 . . . . .	Class I
Average BP >170/94, or any, noncompliance with treatment . . . . .	D
<b>Hip Replacement</b> , one hip after 3 months, full recovery, no use of assistive devices, no longer receiving physical therapy . . . . .	S
Both hips, fully recovered . . . . .	Class I
Surgery recommended or planned . . . . .	D
<b>HIV Positive</b> . . . . .	D
<b>Hodgkin's Disease</b> stage I, after 3 years, fully recovered . . . . .	S
All others, fully recovered, after 5 years . . . . .	IC
<b>Home Health Care</b> received within 6 months . . . . .	D
<b>Huntington's Chorea</b> . . . . .	D

## Medical Impairments (continued)

Hydrocephalus with or without shunt .....	D
Hypothyroidism .....	S
IADL Impairment .....	D
<b>Idiopathic Thrombocytopenia Purpura (ITP)</b>	
Platelet count >50,000 for 1 year .....	Class I
<b>Immune Deficiency</b> .....	D
<b>Implantable Stimulator</b> .....	D
<b>Incontinence</b> , urinary, stress, manages independently .....	S
Urinary, uncontrolled, or requires assistance with management .....	D
Stool .....	D
<b>Irritable Bowel Syndrome</b> , controlled, weight stable .....	S
Uncontrolled or with weight loss .....	D
<b>Joint Replacement</b> , one joint after 3 months, fully recovered, no use of assistive devices .....	S
2 or more, fully recovered, no limitations .....	Class I-IC
Surgery recommended or planned .....	D
<b>Kidney Disorder</b> , mild renal insufficiency, stable 2 years .....	S-IC
Moderate to severe .....	D
Kidney failure, single episode, fully recovered after 2 years .....	S-IC
Kidney Transplant .....	D
Kidney removal (1), after 2 years, with stable kidney function .....	S
Polycystic Kidney Disease .....	D
Dialysis .....	D
Chronic Kidney Failure .....	D
<b>Knee Replacement</b> , one knee after 3 months, fully recovered, no use of assistive devices, no longer receiving physical therapy .....	S
Both knees, fully recovered .....	Class I
<b>Labrynthitis</b> .....	see Dizziness
<b>Lacunar Infarct</b>	
Single .....	see Stroke
Single in combination with white matter or small vessel ischemia .....	D
Multiple .....	D
<b>Left Atrial Enlargement</b> >5.0 cm .....	D
<b>Leukemia</b>	
Acute, after 3 years .....	IC
CLL	
Stage 0 or I, WBC <15,000 for 2 years .....	Class I
Stage I-IV .....	D
<b>Lou Gehrig's Disease</b> .....	D
<b>Lupus</b> , discoid, after 12 months .....	S
Systemic .....	D
<b>Lyme Disease</b> , after 12 months, fully recovered, no residuals .....	S-IC
Undergoing treatment or with residuals .....	D

## Medical Impairments (continued)

<b>Lymphedema</b> , medically managed, no limitations . . . . .	S
With limitations or history of skin ulcers . . . . .	D
<b>Lymphoma</b>	
Stage I or II, after 2 years, in complete remission . . . . .	S-IC
Stage II or IV, after 4 years, in complete remission . . . . .	S-IC
Low-grade . . . . .	D
<b>Macular Degeneration</b> , one eye . . . . .	S
Both eyes . . . . .	IC-D
<b>Manic Depression</b> . . . . .	see Bipolar
<b>Marfan's Syndrome</b> . . . . .	D
<b>Medicaid Recipient</b> . . . . .	D
<b>Medullary Sponge Kidney</b> . . . . .	IC
<b>Memory Loss</b> . . . . .	D
<b>Meniere's Disease</b> , after 6 months, symptoms controlled, no limitations . . . . .	S
Associated with falls . . . . .	D
<b>Meningioma</b> removed, after 12 months, no limitations. . . . .	S-IC
Surgery planned . . . . .	D
<b>Meningitis</b> , after 12 months, fully recovered. . . . .	S-IC
Present. . . . .	D
<b>Mental Retardation</b> . . . . .	D
<b>Mital Valve Prolapse</b> . . . . .	S-IC
<b>Mixed Connective Tissue Disease</b> . . . . .	D
<b>Monoclonal Gammopathy</b> , after 1 year. . . . .	IC-D
<b>Multiple Myeloma</b> . . . . .	D
<b>Multiple Sclerosis</b> . . . . .	D
<b>Murmur</b> . . . . .	see Heart Valve Disorder
<b>Muscular Dystrophy</b> . . . . .	D
<b>Myasthenia Gravis</b> , ocular, after 1 year . . . . .	S
Generalized . . . . .	D
<b>Myelodysplasia</b> . . . . .	D
<b>Myelofibrosis</b> . . . . .	D
<b>Myocardial Infarction</b> . . . . .	see Coronary Artery Disease
<b>Narcolepsy</b> effectively treated . . . . .	S-IC
Untreated or resulting in accidents or injury. . . . .	D

## Medical Impairments (continued)

<b>NASH</b> – Nonalcoholic Steatohepatitis, after 2 years, ALT <2x normal, weight within Select maximum, well controlled diabetes (if applicable) and well controlled lipids, and <3 alcoholic drinks per week	
No fibrosis by liver biopsy . . . . .	Class I
Mild fibrosis . . . . .	3 years, 180 day elim, Class II-IC
Moderate to severe fibrosis or cirrhosis . . . . .	D
Weight above Select maximum . . . . .	D
<b>Neurofibromatosis</b> . . . . .	D
<b>Neurogenic Bowel or Bladder</b> . . . . .	D
<b>Neuropathy</b> , mild, fully evaluated, no limitations . . . . .	S-IC
Not fully evaluated, related to diabetes or alcohol, or with history of falls, or skin ulcers . . . . .	D
<b>Nursing Home Confinement</b> , after 6 months, full recovery, no limitations . . . . .	IC
Within 6 months . . . . .	D
<b>Obesity</b> . . . . .	see Weight chart
<b>Obsessive Compulsive Disorder</b> , after 3 years, controlled on medication	
Fully functional . . . . .	S-IC
Limits functional ability . . . . .	D
Psychiatric hospitalization within 5 years . . . . .	D
<b>Organic Brain Syndrome</b> . . . . .	D
<b>Organ Transplant</b> . . . . .	D
<b>Osteopenia</b> , on medication. . . . .	S
<b>Osteoarthritis</b> . . . . .	see Arthritis
<b>Osteomyelitis</b> . . . . .	see Avascular Necrosis
<b>Osteoporosis</b> , T score -2.5 – -2.9, on medication, no history of nontraumatic fractures. . . . .	
T score -3.0 – -3.4, on medication, no history of nontraumatic fractures . . . . .	S
T score -3.5 or worse . . . . .	Class I
Any with history of nontraumatic fracture, or not on medication, or with functional limitations . . . . .	D
<b>Oxygen use</b> . . . . .	D
<b>Pacemaker</b> , after 3 months . . . . .	
Recommended or surgery pending. . . . .	S-IC
<b>Paget’s Disease</b> , no symptoms and no limitations . . . . .	D
With symptoms or history of fractures . . . . .	IC
<b>Pancreas Transplant</b> . . . . .	D
<b>Pancreatitis</b> , after 12 months, single episode, fully recovered. . . . .	
Related to alcohol use, or 2 or more episodes . . . . .	S
<b>Panic Attack/Disorder</b> . . . . .	D
<b>Paralysis</b> . . . . .	see Anxiety
<b>Paraplegia</b> . . . . .	D

## Medical Impairments (continued)

<b>Parkinson's Disease</b> .....	D
<b>Pemphigus Vulgaris</b> .....	D
<b>Peripheral Neuropathy</b> .....	see Neuropathy
<b>Peripheral Vascular Disease</b>	
Mild, tobacco free 12 months, no symptoms, no limitations after 6 months .....	S
Moderate, or in combination with coronary artery disease, after 6 months .....	Class I-IC
Severe, or tobacco use within 12 months .....	D
Average BP reading >159/89 .....	D
Any, with limitations, history of leg ulcers, TIA, diabetes, pending surgery, or stent placement or surgery within the past 6 months .....	D
<b>Physical Therapy</b> received within 6 months .....	D
<b>Pick's Disease</b> .....	D
<b>Pituitary Adenoma</b> removed, after 12 months, no limitations .....	
Stable x3 years, no surgery planned .....	IC
Surgery planned .....	D
<b>Pneumonia</b> , after 3 months, single episode, fully recovered .....	S
Associated with chronic lung disease .....	see COPD
<b>Polio</b> fully recovered, no limitations, no assistive devices .....	S
Fully recovered, no limitations, leg brace .....	IC
With recurrence or limitations .....	D
<b>Post Polio Syndrome</b> after 2 years, nonprogressive, no limitations, no assistive devices .....	IC
Progressive weakness or fatigue, or with limitations .....	D
<b>Polycystic Kidney Disease</b> .....	D
<b>Polycythemia Vera</b> after 2 years, managed with medication or Phlebotomy, platelets <450,000 .....	
	Class II, 2 years 180 day elimination
<b>Polymyalgia Rheumatica</b> mild, after 1 year, no limitations .....	
Moderate, no functional limitations .....	Class I-IC
Severe, or with limitations .....	D
<b>Polymyositis/Dematomyositis</b> .....	D
<b>Polyneuropathy</b> .....	D
<b>Post Herpetic Neuralgia</b> .....	D
<b>Post Traumatic Stress Disorder (PTSD)</b> , after 12 months, controlled, fully functional .....	
After 12 months, not adequately controlled or with functional impairment .....	D
<b>Pregnancy</b> .....	D
Undergoing fertility evaluation or treatment .....	D
<b>Prostate Specific Antigen (PSA)</b> steadily rising .....	
Rising and falling .....	S-IC
<b>Psoriasis</b> , mild to moderate, controlled with medication .....	
Severe .....	IC
<b>Psoriatic Arthritis</b> .....	see Arthritis

## Medical Impairments (continued)

Psychosis .....	D
Pulmonary Edema .....	D
Pulmonary Embolism, after 6 months, single episode, fully recovered .....	S-IC
Present, multiples, or underlying coagulation disorder .....	D
Pulmonary Fibrosis, localized, nonprogressive, normal PFT's, after 2 years .....	IC
Active, progressive disease, abnormal PFT's .....	D
Pulmonary Hypertension .....	D
Quad Cane Use .....	D
Quadriplegia .....	D
Reflex Sympathetic Dystrophy (RSD) .....	D
Renal Disease/Failure .....	see Kidney Disorder
Restless Leg Syndrome .....	S
Retinitis Pigmentosa .....	see Blindness
Rheumatoid Arthritis .....	see Arthritis
Sarcoidosis .....	see COPD
Sciatica .....	S-IC
Schizophrenia .....	D
Scleroderma .....	D
Scoliosis	
Mild .....	S
Moderate to severe .....	IC
Seizures .....	see Epilepsy
Shingles, after 6 months, fully recovered .....	S
Present, or with residuals .....	D
Shy-Drager Syndrome .....	D
Sickle Cell Anemia .....	D
Trait only, no active disease .....	S
Active disease .....	D
Sjogren's Syndrome	
Mild, dryness of eyes and mouth only .....	S
In combination with Rheumatoid Arthritis, Connective Tissue Disease, or with other organ involvement .....	D
Skin Cancer .....	see Cancer
Sleep Apnea responsive to treatment .....	S
Severe or unresponsive to treatment .....	D
Social Withdrawal .....	D

## Medical Impairments (continued)

<b>Spina Bifida</b> .....	D
<b>Spinal Stenosis</b> operated, fully recovered, after 12 months .....	S
Unoperated, mild to moderate .....	Class I-IC
Unoperated, severe or surgery recommended .....	D
Any, with epidural injections or physical therapy within 6 months, or functional limitations, or chronic pain requiring daily narcotics .....	D
<b>Stroke</b>	
Single episode, fully recovered after 2 years, no limitations, tobacco free 12 months .....	Class I
Two or more .....	D
In combination with any of the following:	
Atrial Fibrillation .....	D
Unoperated carotid stenosis .....	D
Heart valve disorder .....	D
Average blood pressure reading >159/89 .....	D
Previous TIA(s) .....	D
Diabetes .....	D
Residual weakness or functional loss .....	D
Tobacco use within the past 12 months .....	D
Occurred while adequately anticoagulated .....	D
<b>Surgery</b> , requiring general anesthesia, planned, not completed .....	D
<b>Syncope</b> .....	see Dizziness
<b>Systemic Lupus</b> .....	D
<b>Temporal Arteritis</b> , after 12 months, fully recovered .....	S-IC
<b>TENS Unit</b>	
Past use .....	IC
Current use .....	D
<b>Thalassemia</b>	
Minor .....	S
Major .....	D
<b>Thrombocythemia</b> .....	D
<b>Thrombocytopenia</b> platelet count >50,000 .....	Class I 3 years
<b>Thrombocytosis</b> .....	D
<b>Torticollis</b> resolved with Botox, after 6 months .....	S
<b>Tourette's Syndrome</b> fully functional, no limitations .....	IC
Any functional limitations .....	D
<b>Transient Global Amnesia</b> .....	see TIA

## Medical Impairments (continued)

<b>Transient Ischemic Attack (TIA)</b> single episode, fully recovered after 1 year .....	Class I
Two or more .....	D
In combination with any of the following:	
Atrial Fibrillation. ....	D
Unoperated carotid stenosis. ....	D
Heart valve disorder .....	D
Previous stroke .....	D
Diabetes .....	D
Average BP reading >159/89 .....	D
Residual weakness or functional loss. ....	D
Tobacco use within the past 12 months .....	D
Occurred while adequately anticoagulated. ....	D
Other peripheral vascular disease .....	D
<b>Transverse Myelitis</b> .....	D
<b>Tremor</b> fully evaluated, benign familial, no limitations .....	S
Not fully evaluated, with limitations, or gait disturbance .....	D
<b>Trigeminal Neuralgia</b>	
After 12 months managed with antispasmodics or anticonvulsants, no limitations .....	S
6 months after surgery, resolved .....	S
Poorly controlled or disabling .....	D
<b>Tuberculosis</b> after 12 months, treated, fully recovered, normal PFT's .....	S
Present or with lung damage or other organ involvement .....	D
<b>Ulcerative Colitis</b> .....	see Crohn's
<b>Underweight</b> .....	D
<b>Valvular Heart Disease</b> .....	see Heart Valve Disorder
<b>Ventriculoperitoneal Shunt</b> .....	D
<b>Vertigo</b> .....	see Dizziness
<b>Von Willebrand's Disease</b> .....	D
<b>Walker Use</b> .....	D
<b>Weakness</b> .....	D
<b>Wegener's Granulomatosis</b> .....	D
<b>Weight Loss</b> , unexplained, or not fully evaluated .....	D
<b>Wheelchair Use</b> .....	D
<b>Wolff-Parkinson-White Syndrome</b> , after 6 months, ablated, not present. ....	S
Uncontrolled .....	D

# State Differences Matrix

MUTUAL OF OMAHA INSURANCE COMPANY



Mutual Care Plus <sup>®</sup> State Special Matrix	
STATE	STATE DIFFERENCES
1. ALABAMA	▪ <i>National rules</i>
2. ALASKA	▪ <i>National rules</i>
3. ARIZONA	▪ Spouse Shared Care Benefit cannot reduce benefits under the spouse's policy below 24 months (instead of national's 12 months)
4. GEORGIA	▪ <i>National rules</i>
5. ILLINOIS	▪ <i>No rate guarantee available.</i>
6. IOWA	▪ <i>National rules</i>
7. LOUISIANA	▪ <i>National rules</i>
8. MAINE	▪ <i>National rules</i>
9. MICHIGAN	▪ <i>National rules</i>
10. MINNESOTA	▪ <i>National rules</i>
11. MISSISSIPPI	▪ <i>National rules</i>
12. NEBRASKA	▪ <i>National rules</i>
13. NEW HAMPSHIRE	▪ <i>National rules</i>
14. NORTH CAROLINA	▪ <i>National rules</i>
15. NORTH DAKOTA	▪ <i>National rules</i>
16. OKLAHOMA	▪ <i>National rules</i>
17. SOUTH CAROLINA	▪ <i>National rules</i>
18. SOUTH DAKOTA	▪ Minimum NH Monthly Benefit is \$3,000.00 ▪ No 180-day or 365-day Elimination Periods.
19. UTAH	▪ <i>National rules</i>
20. WEST VIRGINIA	▪ <i>National rules</i>
21. WISCONSIN	▪ <i>No Rate guarantee available</i> ▪ <i>No Simple Inflation available</i> ▪ Minimum Nursing Home Monthly Benefit is \$1,800 (\$60/day X 30 days) - \$2,000 is used on the application.
22. WYOMING	▪ <i>National rules</i>

M26945

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4/09





Long-Term Care Insurance underwritten by:

**MUTUAL OF OMAHA INSURANCE COMPANY**

Mutual of Omaha Plaza

Omaha, NE 68175

*mutualofomaha.com*

MUTUAL of OMAHA'S  
**WILD KINGDOM**  
on Animal Planet

