



Disability Income ChoiceSM

DI Essentials



PRODUCT GUIDE



PRODUCT GUIDELINES

Monthly Benefit:

60 percent of Income up to \$5,000

Premium Structure

Initial premium will be based on issue age, tobacco status, gender, occupation, benefit period, elimination period, monthly benefit amount and any optional coverage selected. Before age 67, premiums may be changed, but only if the same change is made to all policies in the same class. After age 67, premiums will increase annually until policy terminates, and may also be changed on a class basis. In no event will premiums increase during the first 12 months.

Renewability

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

Survivor Benefit

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

Waiver of Premium

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

Rehabilitation Benefit

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

OCCUPATIONAL UNDERWRITING

For a complete list of occupations please see details found in the full Product and Underwriting Guide M25981

General Description of Occupational Classes

Class 6A Contains only the most stable executive and professional occupations where work is performed in an office setting with no environmental hazards, no direct supervision of persons with manual responsibilities and minimal travel. Sample occupations include: CPA's, Engineers, Architects, Actuaries and Attorneys.

Class 5A Contains executive and professional occupations where work is performed in an office setting with no environmental hazards, no direct supervision of persons with manual responsibilities and minimal travel. Sample occupations include: Computer programmers, Paralegals or Real Estate Agents, Financial Advisors or Office workers that make at least \$75,000 annually.

Class 4A Contains other executive and professional occupations where most work is performed in an office or clinical setting with minimal environmental hazards and limited direct supervision of persons with manual responsibilities. Sample occupations include: Nurse Practitioner, Therapists, Office workers less than \$50,000, Construction Foremen, Auditors.

Class 3A Contains a variety of managerial, professional, and technical occupations including many health care occupations. The majority of work is performed in a setting with minimal environmental hazards. Sample occupations include: Teachers, Nurses, Dentists, Electricians.

Class 2A Contains occupations that require more movement and travel or more manual dexterity or light physical effort. Some environmental hazards may be present in the work setting. Sample occupations include: Carpenters, Painters, Farmers, Delivery Drivers.

Class 1A Contains occupations with a greater emphasis on moderate to heavy physical labor and more direct exposure to workplace hazards. Sample occupations include: Truck drivers, Barbers, General Laborers, Police officers, Mechanics.

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

Class N Contains occupations that are uninsurable due to excessive exposure to workplace hazards and relatively poor earned income or job stability. Sample occupations include: Professional Athletes, Roofers, Bartenders, Flight attendants, Window cleaners.

Multiple Occupations

In the event an applicant has more than one occupation, the occupational classification will be based on the occupation involving the greatest level of environmental hazards. Income from the part-time or seasonal occupations will generally not be considered when determining benefit eligibility.

FINANCIAL UNDERWRITING GUIDELINES

DEFINITIONS

Salary

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

Earned Income

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

Unearned Income

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

Overtime Income

Overtime income is defined as income received for working in excess of a 40-hour workweek. Overtime income should not be included when calculating monthly benefit amount eligibility.

Bankruptcy

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

Income Qualification

The monthly benefit amount available will be based upon 60 percent of your income up to a maximum of \$5,000 per month. For the Long-Term Disability product, the Social Insurance Supplement rider will be automatically included which will provide 30 percent up to \$1,800 a month as a part of the total maximum.

State Disability Insurance (SDI)

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

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



SHORT-TERM DISABILITY

Benefit Period:
12 months or 24 months

Elimination Period:
30 days or 90 days

Total Disability Benefits

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

Partial Disability Benefit

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

LONG-TERM DISABILITY

Benefit Period:
5 years or To-Age-67

Elimination Period: 90 days

Total Disability Benefits

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

After the first 24 months following the elimination period, if the maximum benefit period has not been met, we will continue to pay a monthly benefit as long as they are unable to perform the material and substantial duties of any occupation for which they are reasonably suited because of education, training or experience.

Proportionate Disability Benefit

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

Built-in Social Insurance Supplement Rider (SIS)

This rider is automatically included and offers disability income insurance at more affordable premiums than base coverage since disability benefits payable under this rider are offset dollar-for-dollar by other forms of Social Insurance. This allows you to purchase more insurance than you could by just offering base benefits alone. The amount of SIS benefit will be 30 percent up to \$1,800 a month.

Note: In NY and NJ, once Social Insurance begins to pay, we no longer will pay benefits under this rider for the loss being claimed.

GENERAL UNDERWRITING GUIDELINES

This section is designed to provide you with basic information regarding our eligibility and employment requirements and medical guidelines. For additional information, please refer to the comprehensive Product and Underwriting Guide M25981. In addition, you can talk directly to the underwriting staff. Contact your DI underwriting team for underwriting questions or pending case status at 1-800-715-4376.

Eligibility:

- Issue Ages between 18-61
- W-2 Employees working at least 30 hours per week
- Minimum annual income of \$15,000
- U.S. citizen
- No Existing Group LTD
- No government or Railroad employees or those in uninsurable occupations (reference DI Product and Underwriting Guide M25981 for details)

Total Monthly Benefit Amount	Short-Term Disability	5-Year Benefit Period	Age 67 Benefit Period
\$300-\$3,000	Express Underwriting ¹	Interview	Interview
\$3,100-\$5,000	Interview	Interview	Interview, Physical Data, Blood and Urine

¹Underwriting decisions within 48 hours of initial underwriting review provided the following conditions are met:

- Applicant is in occupation class 6A, 5A, 4A, 3A, or 2A
- For Accident and Sickness coverage: Applicant is nontobacco, age 45 or younger, and medically standard
- No adverse information from the Medical Information Bureau
- All application questions have been clearly and completely answered and required forms and financial documents have been submitted with the application

Possible Underwriting Outcomes

- Standard
- **7, 8, 9** indicates that dependent upon the policy provisions a rateup will be used
- **L** – Requires an additional 25 percent of Standard Premium. Plus a BL (Benefit Limitation) for condition(s) shown, with benefits payable for a loss beginning at least 12 months after the Policy Date. Can offer up to the Maximum Benefit Periods and amounts
- **M** – Requires an additional 50 percent of Standard Premium. Plus a BL (Benefit Limitation) for

condition(s) with benefits payable for a loss beginning at least 12 month after the Policy Date. Can offer up to the Maximum Benefit Periods and amounts

- **N** – Requires an additional 75 percent of Standard Premium. Plus a BL (Benefit Limitation) for condition(s) shown, with benefits payable for a loss beginning at least 12 months after the Policy Date. Can offer up to the Maximum Benefit Periods with a \$5,000 Monthly Benefit Limit
- **(7, 8, 9) #** requires an elimination endorsement (temporary or permanent) **and** a rateup will apply to the named condition. Certain medical conditions can be referred to by different phrases and terms. In these situations, an elimination endorsement and rateup may be necessary to eliminate confusion as to the diagnosis and to cover associated conditions
- **“#”** (Elimination) indicates that standard premiums apply, however, no benefits are provided for the condition shown with an# elimination on the policy.
- **“BL”** (Benefit Limitation) refers to health conditions that require one or more of the following: an additional premium, a possible 12-month waiting period, and/or limitation of coverage
- **Reject** – No coverage available

Pre-Existing Medical Conditions

Applicants who are acutely ill, currently disabled, have surgery pending, or are recuperating from an illness or injury are generally not eligible for coverage. The underwriter will evaluate applicants with residual illnesses or injuries. Applicants with controlled, chronic conditions with appropriate medical management may be eligible for coverage. Below is a list of some of the conditions that will result in automatic rejection of an application for disability income coverage.

- AIDS/HIV/AIDS Related Complex (ARC)
- Alcohol or Drug Abuse/Dependence – treatment within the past 5 years
- Bipolar or Manic Depression
- Cardiomyopathy
- Chronic Fatigue Syndrome
- Connective Tissue Disorders – Scleroderma and Polymyositis
- Coronary Artery Bypass or Angioplasty
- Coronary Artery Disease – ACC after 6 months
- Diabetes – Type I, insulin-dependent, or juvenile
- Gastric By-pass
- Hepatitis – Present and/or chronic
- Multiple Sclerosis
- Muscular Dystrophy
- Myocardial Infarction/Heart Attack
- Narcolepsy

- Parkinson's Disease
- Pending evaluation or Unconfirmed diagnosis
- Polycystic Kidney Disease
- Pregnancy
- Rheumatoid Arthritis

Blood Profile, Urinalysis and HIV Consent

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

Client Interview (PHI)

A client interview will be required for certain benefit amount/benefit period combinations. They may also be

ordered at the underwriter's discretion. The interview should be completed at the time of the application or shortly thereafter. Please call **1-800-775-3000** and follow the prompts to complete a disability interview. The interviews are recorded and generally take only 10 to 20 minutes, depending on the applicant's health history. Clients should be prepared to provide physician and medication information.

Attending Physician's Statements (APS)

In some cases depending on the results of the initial underwriting process, an APS may be required. The home office will initiate the request by contacting the doctor's office or medical facility in advance to confirm the availability of the medical records, cost and requirements for release.

Build Chart

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

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

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

BUSINESS SUBMISSION PROCESS

Application Submission

Applications should be submitted to the following address or fax number:

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

Application Processing

Incomplete Applications

If we are unable to complete our underwriting requirements with 45 days of the application date, we must close the file as incomplete and return premiums paid. A letter of explanation is sent to the agent and the applicant to inform them that insurance is not in force as a result of an incomplete application.

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

Time Service

Our goal is to make underwriting decisions on the majority of applications within 15 days. Express Underwriting should be complete in 48 hours.

Applications Issued Other Than Applied For

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

Declined Applications

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

Premium Processing

Initial Premiums

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

Mutual of Omaha does not accept individually billed monthly business. If an application is submitted on a quarterly, semiannual or annual basis without money

or without the full first premium, the application is underwritten and, when the policy is issued, premium is to be paid within 30 days.

When the full premium on C.O.D. cases, or the balance of the premium on a partial pay case, is not received in the home office within 30 days from the date of issue, the policy is void and the applicant is notified by letter.

Policy Issue and Delivery

Delivering the Policy

Delivering the policy in person is important to building relationships with your clients. It also ensures that they receive their policies in a prompt and reliable manner. We ask all of our agents to deliver policies in person. If any change in health occurs after the application date, communicate this information to Underwriting immediately.

You must not deliver a policy when a change in health has occurred. Please contact Underwriting for further instructions.

Policies Issued as Other Than Applied For

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

Delivering a Policy Issued Other Than Applied For

- The requested form must be signed and the first full premium paid for the policy to become effective
- Any exclusion riders or benefit-limitation riders will be shown on the policy schedule
- Witness and secure the signature of the applicant
- Delivery and acceptance of the conditionally issued policies should be completed promptly. Contact Underwriting if special circumstances require an extension of delivery time
- The policy will be rescinded if the signed amendment rider is not received in the home office within 30 days
- Any rescissions will be explained by letter to the applicant and any premiums paid refunded. A copy of this letter will be sent to you. The policy and unsigned forms should be returned to the home office