



# > Underwriting Guidelines *Life Insurance*

BROKERAGE

As of April 2018

## **For Term and Permanent Products**

*Ask your underwriter about the  
Fit underwriting credit program!*

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Not for use with the general public.

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# Table of Contents

Life Underwriting .....	3
Underwriting Teams .....	3
Underwriting Strengths.....	4
Fully Underwritten Applications .....	5
Simplified Applications .....	6
Whole Life Application .....	7
Conditional Receipt .....	7-8
Temporary Life Insurance Agreement (TIA) .....	8-9
Maximum Autobind and Retention Limits .....	9
Testing of Proposed Insured.....	10
Approved Paramedical Companies.....	10
Attending Physicians' Statements and Guidelines .....	11
Inspection Reports .....	12
Motor Vehicle Records.....	12
Financial Underwriting.....	13-14
Fully Underwritten Guidelines for Juvenile Life Insurance .....	15
Underwriting – Fully Underwritten products.....	16-17
Underwriting Criteria.....	18-20
Build Chart – Fully Underwritten.....	22-23
Underwriting – Express.....	24-25
Build Chart – Express and Disability Chart.....	26-27
Express Impairments TLE, GULE.....	28
Whole Life Underwriting Criteria.....	29
Impairments.....	30-39
Occupations and Avocations .....	40-42
Foreign National and Immigrant Residency Policy.....	43
Fit Guidelines .....	44
Non-Smoker/Non-Nicotine Qualifications.....	45
Statement of Policyowner Intent.....	45-47
Premium Funding Acknowledgment.....	45-47
Power of Attorney (POA).....	45-47
Term Conversion Guidelines.....	48-49

## Life Underwriting

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Mutual of Omaha appreciates your business and is committed to providing you with the tools that improve the underwriting process. You will find that in this easy to use reference guide, we have included valuable information including our requirements grid, build chart, paramed vendors and much more.

## Underwriting Teams

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Here at Mutual of Omaha, we have a very experienced and knowledgeable underwriting team. We review each case carefully to give your clients the best offer and look to see if any of our Fit underwriting credits apply. We also offer trial and quick quotes processes to give you an idea of our position on certain cases. Our team is here to help you place business. Give us a call directly with any questions you may have at 1-800-775-7896 or contact your underwriting team.

# Underwriting Strengths

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## Medical

### *Tobacco*

- Occasional cigar users (two per month or less) can qualify for Preferred Plus, Preferred & Standard Plus nontobacco rates if there is a negative urinalysis test
- Clients who occasionally use marijuana may qualify for standard nonsmoker rates
- Preferred tobacco class available

### *Family History*

- Family history qualifications do not apply if the proposed insured is 60 or older for Preferred Plus, Preferred & Standard Plus classes
- Family history qualifications do not apply to gender specific cancers for opposite sex persons
- Family history qualifications apply only to deaths rather than disease
- Family history of deaths due to diabetes can qualify for Preferred Plus, Preferred and Standard Plus

### *Health Conditions*

- Mild Asthma clients may be eligible for Preferred
- Mild Sleep Apnea may be eligible for Preferred with verified c-PAP usage
- Treatment for cholesterol or hypertension does not exclude a proposed insured from our Preferred Plus, Preferred or Standard Plus classes
- Unisex build charts
- Max Cholesterol level for Preferred classes is 300, ratios as follows:
  - Preferred Plus  $\leq 5.0$
  - Preferred NT  $\leq 6.0$
  - Standard Plus  $\leq 7.5$
- Paramed exams only through \$10 million up to age 65

## Non Medical

- Commercial pilots for regularly scheduled passenger airlines can qualify for all Preferred classes and private pilots can qualify for Preferred Plus, Preferred or Standard Plus classes with Aviation Exclusion Rider (AER)
- Certain private pilots may qualify for Preferred and Standard Plus risk classes: Ages 30-70, minimum 1,000 total hours of piloting experience and flying between 50-250 hours annually, IFR/ATP rating, no FAA violations within the past 5 years and must be a Standard aviation risk
- All Preferred classes may be available for occasional scuba diving if proposed insured is certified and dives less than 100 feet
- Age Last Birthday Advantage

Fit underwriting credit program – up to 2 table credits possible through age 75 and face amounts through \$5,000,000

# Completing Fully Underwritten Applications

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One base policy per application.

- Select the product name on the application and write in the amount of insurance applied for
- Select risk/rate class applied for
- Children's Rider Supplement Application – complete if applying for the Children's Rider
- Juvenile Life Insurance Supplemental Application – complete if Proposed Insured or Other Proposed Insured is age 15 days-17 years
- Complete the Monthly Bank Withdrawal form if applicable
- Attach cover letter or additional information, as needed
- All changes should be initialed by the Applicant/Owner
- Always submit the Producer Statement and always provide client with MIB Group Inc. Pre-Notice, Notice of Information Practices, Investigative Consumer Reports Notice, Summary of Rights, and Life Insurance Buyers Guide
- Always obtain signed MIB and HIPAA authorizations
- If face amount is \$100,000 and above – you will need a signed HIV consent form
- You will need a signed Accelerated Death Benefit Disclosure Form
- If face amount is \$1,000,000 and above, and the Proposed Insured is age 65 or over – you will need
  - (a) signed Statement of Policyowner Intent and,
  - (b) signed Premium Funding and Acknowledgement form
- DO NOT collect a check or electronic transaction authorization for initial premium if any of the 6 TIA questions are answered “yes.” DO NOT complete the TIA if initial payment won't be collected until issue
- **Have client sign state replacement forms (if applicable) and provide a copy to the client**
- If a Financial Institution would receive compensation for a sale, the Financial Institution Consumer Disclosure must be signed by the client
- If face amount is over \$5,000,000, an IRS 4506T-EZ form will need to be filled out and signed by the client

For additional information, please refer to the appropriate Application Submission Checklist.

The product and application used should be the one approved for the state where the application is being signed.

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

## Completing Simplified Applications

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One base policy per application.

- Select the product name and write in the amount of the insurance applied for
- If applying for any rider offering Disability Benefits, complete the supplemental application
- If applying for the Children's Rider, complete the Supplemental application
- Complete the Monthly Bank Withdrawal form if applicable
- Attach cover letter or additional information, as needed
- All changes should be initialed by the Applicant/Owner
- Always submit the Producer Statement and always provide client with MIB Group Inc. Pre-Notice, Notice of Information Practices, and Life Insurance Buyers Guide
- Submit a signed Accelerated Death Benefit Form
- Complete Conditional Receipt Form. **If a check or electronic transaction authorization for the initial premium was not collected** at the time of application, do not complete this form
- **Have client sign state replacement forms (if applicable) and provide a copy to the client**
- If a Financial Institution would receive compensation for a sale, the Financial Institution Consumer Disclosure must be signed by the client

For additional information, please refer to the appropriate Application Submission Checklist.

## Completing the Living Promise Application

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

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

## Completing Children's Whole Life Applications

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- Multiple children can be written on one application
- Each child will be issued a separate policy
- Grandparents can sign application without parent signature
- Attach cover letter or additional information, as needed
- No conditional receipt is required
- **Have client sign state replacement forms (if applicable) and provide a copy to the client**

## Producer Report

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This report will need to be completed and sent in with each application.

The product and application used should be the one approved for the state where the application is being signed.

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

This section not applicable for CWL.

## Conditional Receipt

(Applies to United Express Products)

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- A check or electronic transaction authorization for the full initial modal premium must be submitted with the application  
(**Note:** initial draft via the client's bank account is available only for monthly mode)

### **No Conditional Coverage is provided:**

If a completed Conditional Receipt is not submitted with the application.

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

- (1) The amount received via check, credit card, or Bank Service Plan (BSP) with the application is sufficient to pay: (a) the first premium of a fixed premium plan at the mode applied for; or (b) the first planned periodic premium on a flexible premium plan; and
- (2) All required medical examinations must be completed within 60 days from the date of the application; and
- (3) Each person proposed for insurance is, as of the application date, eligible for the exact policy applied for, according to our underwriting standards of United of Omaha then in effect, without modification of the plan, premium rate, benefits, class and amounts of coverage applied for; and

- (4) To the best knowledge and belief of those signing the application, all the statements and answers in the application are true and complete when made; and
- (5) All parts of the application, and if required, exams, supplements to the application, questionnaires and amendments to the application, are completed and received by the home office.

The amount of conditional insurance coverage provided under this Receipt, if any, shall not exceed \$100,000\* and shall also not exceed the death benefit applied for. If the application is not approved and accepted within 60 days of the Effective Date of this Receipt, conditional insurance coverage will cease. In that case, our liability will be limited to the return of the premium paid. We have the right to terminate conditional insurance coverage at any time prior to the expiration of 60 days of the Effective Date of this Receipt by mailing a refund of the premium paid.

\*\$40,000 for Living Promise

(This Section does not apply to CWL)

## Temporary Life Insurance Agreement (TIA)

(Applies to United Term & UL Fully Underwritten Products)

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### TIA Eligibility Requirements:

- A check, credit card, or Bank Service Plan (BSP) authorization for the full initial modal premium must be submitted with the application  
(**Note:** initial draft via the client's bank account is available only for monthly premium mode)
- All 6 TIA eligibility questions must be answered "no." If an eligibility question is answered "yes," do not collect a check from the client. The TIA does not need to be submitted, but the electronic transaction authorization may still be submitted
- Maximum Face Amount eligible for coverage is \$1,000,000. TIA's are not allowed on any face amount over \$1,000,000\*

\*Maximum Benefit Amount is \$1,000,000

### No Temporary Insurance is provided:

- If a completed TIA is not submitted with the application
- If a TIA eligibility question is answered "yes"

Temporary life insurance and any coverage provided hereunder will **END** on the earliest of the following dates:

- (1) 90 days from the date of this Agreement; or
- (2) the date we deliver the policy applied for to the applicant/owner and all delivery requirements have been completed; or
- (3) the date we mail you a letter notifying you that we: (a) are unable to approve the requested coverage at a standard risk class; or (b) have declined to issue you a policy; or (c) will not provide temporary insurance coverage; or
- (4) the date the applicant/owner withdraws the application for insurance.



– If the policy applied for is either

- (a) pursuant to a conversion privilege in (an) existing United life policy(ies), or
- (b) to replace (an) existing United life policy(ies) with another United life policy, then in the event of the death of the Proposed Insured before the termination of this Agreement, United will pay only the greater of:
  - (1) the benefits due under the terms of the existing policy(ies) which is/ are being converted or replaced, or
  - (2) the benefits due under the terms of this Agreement. The Applicant acknowledges and agrees that benefits shall not be payable under both, C.(1) and C.(2) above.

The temporary life insurance provided by this Agreement is subject to the provisions of the policy form applied for; however, no benefits will be paid for:

- (1) disability; or
- (2) death from suicide while sane or insane (in Missouri, only if suicide was intended at the time of this application and we can prove it was intended); or
- (3) the same loss under both this Agreement and any life policy issued from the application.

## Maximum Autobind and Retention Limits

Ratings & Flat Extras		Ages 0-80	Ages 81-85
Standard through Table 6 and Flat Extras through \$15/Thousand	Maximum Autobind	\$50,000,000	\$5,000,000 Standard Only
	Retention	\$5,000,000	\$500,000
Table 7+ and Flat Extras over \$15/Thousand	Maximum Autobind	\$25,000,000	Fac Only
	Retention	\$2,500,000	N/A

## Jumbo Limits

Up to Age	Total Amounts In Force and Applied For Including Any Replacements
80	\$65,000,000
81-85	\$25,000,000

# Testing of Proposed Insured

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## Telephone Interview

Your client may be contacted for a confidential telephone interview to complete the application process. This call should last approximately 30 minutes. It is important to note that the telephone dialogue between your client and the phone representative will be tape recorded and relied upon as part of our risk analysis. As a result, it's important that your client be prepared to answer questions as accurately as possible.

## Paramedical Appointment

A paramedical exam may be required depending on the face amount applied for and the age of your client. There is no cost to the client for this examination and it can take place in their home or place of employment. The Exam includes:

- Height and Weight
- Blood Pressure and Pulse
- Urine and blood samples may also be needed
- Depending on the client's age and amount of life insurance applied for, an electrocardiogram (EKG), as well as a Senior Assessment evaluation, may be required.

## Prior to the Paramedical Appointment have your Client:

- Get a good night's sleep
- Avoid drinking alcoholic beverages for at least 8 hours
- Do not smoke or drink coffee for a least 1 hour before the appointment
- Drink a glass of water 2 hours prior
- Try not to eat any food 2 hours prior. If at all possible, fast for 12 hours
- Advise the paramedic of any medication(s) being taken
- Skip heavy exercise on the day of exam
- Wear comfortable, loose fitting clothes

## Approved Paramedical Companies

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American Para Professionals (APPS)

1-800-635-1677

ExamOne

1-877-933-9261

Examination Mgmt. Services, Inc. (EMSI)

1-800-872-3674

## Attending Physician's Statement

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The Attending Physician's Statement (APS) is a vital source of information on which to base underwriting decisions. You have the option to order APS's for your clients, we just ask that you notify us the APS has been ordered when you submit the application. If an APS has not been ordered, an underwriter will order the APS for you. If you do not notify us with the application that you have ordered the APS and we order a duplicate order, we will not reimburse you the cost. In addition, if Mutual of Omaha has ordered the APS, please do not send a duplicate request to the doctor or hospital as it will delay the process.

If you choose to order the APS on your client instead of Mutual of Omaha, we will reimburse you the usual and customary cost of the APS provided we have received the application to correspond with the APS order. If you order the APS and have submitted the application to multiple carriers, we ask that you only send in for reimbursement if you place the case with Mutual of Omaha.

## APS Guidelines

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1. An APS should be ordered for cause in all cases with significant medical history such as Cancer, CAD, Diabetes, other potentially rateable or uninsurable impairments or major medical testing as outlined below. The APS Age and Amount criteria is shown in our Underwriting Requirements chart on pages 22-23.
2. The following exceptions can generally be made to the age and amount criteria if an exam was done as part of a:
  - (a) Work Physical
  - (b) Routine GYN Exam
  - (c) Aviation Exam
  - (d) DOT Exam, etc.
  - (e) Eye Exam
3. If an APS is not available on someone over age 65, the application file will be reviewed on a case by case basis and coverage may be limited or unavailable.
4. An APS may not be needed for a health history of treated hypertension or treated cholesterol if the insured:
  - Qualifies for a Preferred Plus through Standard risk class
  - Is age 65 and under
  - Has a face amount \$2,000,000 or less
  - The amount in force and applied for does not exceed \$2,000,000

Some of the more common impairments that always require an APS are listed below:

Abnormal heart rhythm  
Alcohol or Drug treatment history  
Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's Disease)  
Bipolar, schizophrenia, major depression  
Cardiomyopathy  
Cerebral Palsy  
Congestive heart failure (CHF)  
Crohn's disease/Ulcerative Colitis  
Coronary disease including heart attack or heart surgery  
COPD including Chronic Bronchitis or Emphysema  
Cystic Fibrosis  
Cancer  
Collagen Vascular disease including Lupus  
Diabetes  
Heart valve disease or surgery  
Hepatitis B or C  
Hodgkin's or Non Hodgkin's Lymphoma  
Liver disease including Cirrhosis  
Mental Incapacity  
Neurological disorders including Muscular Dystrophy, Multiple Sclerosis and Parkinson's disease  
Paralysis  
Organ transplants  
Peripheral vascular disease (PVD or PAD)  
Polycystic kidney disease  
Renal Insufficiency/failure  
Rheumatoid disorders including rheumatoid arthritis  
Seizure disorders  
Sleep Apnea  
Stroke or mini stroke (TIA)  
Suicide attempt

**Note: This is a guide and not an all-inclusive list. The specifics of an individual case may warrant an APS to determine the appropriate risk classification.**

## Inspection Reports

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Inspection reports are required for face amounts of \$5,000,001 and above for ages 18 and above.

## Motor Vehicle Records

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Motor vehicle records are required as shown below:

Ages	Face Amounts
18-45	\$100,000 and over
46-70	\$1,000,001 and over
71 and Over	\$500,000 and over

# Financial Underwriting Guidelines

## Income Replacement

Ages	\$25,000 or higher annual earned income
20 to 40	25X
41 to 50	20X
51 to 55	15X
56 to 65	10X
66 up	7X*

Larger amounts may be considered on an individual case basis for special needs situations with supporting documentation of financial need. A spouse working full or part time to supplement their household income can qualify for a similar amount as a non-working spouse depending on the circumstances.

\*Income replacement is generally not considered for those over age 66 unless an individual is actively at work.

## Estate Conservation

The personal net worth of an individual or family is used as the basis for a calculation of an approximate estate tax liability and related expenses. Generally the net worth can be expected to increase over a period of years, so it is common practice to project that growth over a period of years at a selected rate of interest. A growth rate of 6 percent is most commonly recommended although different rates can occasionally be used if appropriate. At older ages or impaired risks, a lower rate is usually used. The appropriate amount of coverage is typically 50 percent of the projected estate.

Ages	Years
Up to 55	20
56-70	15
71 Up	Up to 50% of the Estate Value*

**\*Standard or better risk classes. Requests in excess of 50 percent will be considered individually on a case by case basis in view of changes in the tax code 1-1-18.**

## Non-Working Spouse

Will generally consider for an amount equal to the amount in force and applied for on the breadwinner depending on the circumstances of the case up to a maximum of \$1,000,000 unless there is also an estate tax need. Additional insurance can be considered with cover memo or other documentation outlining any special needs.

## Business Insurance

A business insurance questionnaire (BIQ) should be submitted on all business cases, and a well constructed cover letter explaining the purpose of coverage and how the face amount was determined is very helpful. Copies of company financial statements and buy/sell agreements may be necessary to help value a business to determine the appropriate amounts of coverage on each owner for business continuation cases.

## **Key Person**

Generally 5-10X earned income plus bonuses if paid regularly as part of a company bonus plan. If key person has an ownership interest in the company, the appropriate percentage of company net income can be added to his income. Some states have specific requirements to qualify as a key person.

## **Creditor Insurance**

Generally up to a maximum of 75 percent of a secured loan unless agreement has a loan provision calling the loan due upon the death of owner/key person.

## **Buy/Sell**

Coverage should usually be applied for or in force on all major active partners. A business insurance questionnaire should be fully completed in all cases unless a detailed cover letter and company financial statements are submitted with the application. Each partner's ownership percentage should be included and coverage should be proportional to the ownership interest.

Company financial statements and copies of a buy/sell agreement are sometimes necessary to help establish a reasonable market valuation for the company and may be ordered at the underwriter's discretion.

## **Charitable Giving**

Life insurance is purchased in favor of a charity or an institution to replace the potential value of future contributions by the donor or purely as a gift. Most situations are reasonable and financially acceptable, but the insurable risk of loss to the institution should be closely related to the potential loss suffered by the charity and the donor's personal insurance needs should be already taken care of.

In order to establish insurable interest the underwriter will request evidence of a past and present affiliation with the institution showing an established pattern of giving or a pledge of future donations which may be outlined in a letter of agreement between the donor and the charity. Our preference is that the insured is the owner of the contract unless it's a part of a tax advantaged planning situation and face amounts should normally be limited to around 10 times the annual contribution.

If the policy is to be owned by the foundation or charity, letter of agreement between the institution and the applicant must be provided outlining the terms of the arrangement and the tax status of the charity or foundation. We will not participate in any arrangements where the source of the premium is a third party with no real ties to the insured or owner.

# Fully Underwritten Guidelines for Juvenile Life Insurance

(Not available in Washington)

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For life insurance purposes, applicants are considered to be juveniles between the ages of 15 days and 17 years old.

## Life Insurance Face Amounts

- Generally, the maximum Face Amount is \$100,000. The Face Amount should not exceed 50 percent of the coverage carried on the parent with the least amount of life insurance in-force. Any amount exceeding 50 percent of the lesser insured parent must include a cover letter with an explanation of the need for Underwriting consideration of the higher amount.

## Ownership/Beneficiary

- Owner and Beneficiary must be parent or grandparent. Other relatives and friends are considered to have no insurable interest. If a grandparent applies as owner and the child does not reside in the same household as the grandparent, a parent must sign the application on the “signature of parent” line authorizing the purchase and attesting to answers to the application questions.
- A legal guardian can be considered as owner and/or beneficiary. Details should be provided in a cover letter along with copies of guardianship documentation.

## Household life insurance coverage

- All children should be equally insured, include a cover memo advising coverage amount on all family members
- The parent(s) must be insured

## Risk class

- The Proposed Insured must be a Standard Risk (No Impaired Risk)

## Face amounts greater than \$100,000

While we do not normally offer coverage over \$100,000 to juveniles, we will consider if the following criteria are met in addition to the above guidelines:

- APS is required in ALL cases
- A Cover Letter explaining the rationale of the need for \$100,000 or higher face amounts
- Maximum Face Amount \$250,000

# Initial Underwriting Requirements – Fully Underwritten

Age:	Amount Being Underwritten: Effective 4-1-18				
	\$25,000- \$99,999	\$100,000- \$249,999	\$250,000- \$499,999	\$500,000- \$750,000	
<b>Under 18</b>	Nonmedical	Nonmedical*	N/A	N/A	
<b>18-30</b>	Nonmedical Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	
<b>31-35</b>	Nonmedical Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	
<b>36-45</b>	Nonmedical Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	
<b>46-55</b>	Nonmedical Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	
<b>56-60</b>	Nonmedical Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	
<b>61-65</b>	Nonmedical Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS BNP Rx	
<b>66-70</b>	Nonmedical APS Rx	Paramed Blood & HOS APS Rx	Paramed Blood & HOS BNP APS Rx	Paramed & SA Blood & HOS BNP APS Rx	
<b>71 and Over</b>	Nonmedical APS Rx	Paramed Blood & HOS APS Rx	Paramed Blood & HOS BNP APS PHI Rx	Paramed & SA Blood & HOS BNP APS PHI MVR Rx	

**Key:**  
**APS** Attending Physician's Statement  
**Blood & HOS** Blood & Urine collection  
**BNP** NT-Pro BNP (Part of the blood profile)  
**EIR** Electronic Inspection Report (Ordered by H.O.)  
**EKG** Electrocardiogram  
**IR** Inspection Report  
**MD Exam** Blood & HOS w/M.D. Exam (Specializing in Internal Medicine)  
**MVR** Motor Vehicle Report (Ordered by H.O.)

**Nonmedical** A Fully Completed Application  
**Paramed** Long Form Exam (form MLU21727)  
**PHI** Personal History Interview taken over telephone (Ordered by H.O.)  
**Rx** Pharmaceutical Check  
**SA** Senior Assessment (Completed as a part of a paramedical exam)  
**TEKG** Treadmill Electrocardiogram (may be ordered for cause)  
**TT** Tax Transcripts (4506T-EZ)



	\$750,001- \$1,000,000	\$1,000,001- \$2,000,000	\$2,000,001- \$5,000,000	\$5,000,001- \$10,000,000	Over \$10,000,000
	N/A	N/A	N/A	N/A	N/A
	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS EIR MVR Rx	Paramed Blood & HOS APS IR MVR Rx TT	Paramed Blood & HOS APS IR MVR Rx TT
	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS EIR MVR Rx	Paramed Blood & HOS APS IR MVR Rx TT	Paramed Blood & HOS APS IR MVR Rx TT
	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS EIR MVR Rx	Paramed Blood & HOS APS IR MVR Rx TT	Paramed Blood & HOS EKG APS IR MVR Rx TT
	Paramed Blood & HOS Rx	Paramed Blood & HOS BNP EIR MVR Rx	Paramed Blood & HOS BNP APS (> age 50) EIR MVR Rx	Paramed Blood & HOS EKG APS IR MVR Rx TT	Paramed Blood & HOS EKG APS IR MVR Rx TT
	Paramed Blood & HOS BNP Rx	Paramed Blood & HOS BNP EIR MVR Rx	Paramed Blood & HOS BNP APS EIR MVR Rx	Paramed Blood & HOS EKG APS IR MVR Rx BNP TT	Paramed Blood & HOS EKG APS IR MVR Rx BNP TT
	Paramed Blood & HOS BNP Rx	Paramed Blood & HOS EKG EIR MVR BNP	Paramed Blood & HOS EKG APS EIR MVR Rx BNP	Paramed Blood & HOS EKG APS IR MVR Rx BNP TT	Paramed Blood & HOS EKG APS IR MVR Rx BNP TT
	Paramed & SA Blood & HOS BNP APS Rx	Paramed & SA Blood & HOS EKG APS PHI MVR Rx BNP	Paramed & SA Blood & HOS EKG APS PHI MVR Rx BNP	Paramed & SA Blood & HOS EKG APS IR MVR Rx BNP TT	MD Exam & SA Blood & HOS EKG APS IR MVR Rx BNP TT
	Paramed & SA Blood & HOS BNP APS PHI MVR Rx	Paramed & SA Blood & HOS EKG APS PHI MVR Rx BNP	Paramed & SA Blood & HOS EKG APS PHI MVR Rx BNP	MD Exam & SA Blood & HOS EKG EKG APS IR MVR Rx BNP TT	MD Exam & SA Blood & HOS EKG EKG APS IR MVR Rx BNP TT

**Paramedical Vendors:**

American Para Professional Systems (APPS) – 1-800-635-1677

ExamOne – 1-877-933-9261

Examination Management Services, Inc. (EMSI) – 1-800-872-3674

**UNDERWRITING REQUIREMENTS ARE GOOD FOR UP TO ONE YEAR THROUGH AGE 65 WITH A FULLY COMPLETED APPLICATION PART 2 OR GOOD HEALTH STATEMENT. OVER AGE 65, UNDERWRITING REQUIREMENTS ARE GOOD FOR UP TO SIX MONTHS.**

\*APS required on juveniles over \$100,000

## PREFERRED PLUS Underwriting Criteria

<b>NICOTINE Tobacco</b>	No nicotine x 36 months Occasional cigar, nontobacco available with negative HOS <sup>1</sup>
<b>FAMILY HISTORY</b>	No death of a parent prior to age 60 due to Cancer or Heart Disease (Family history does not apply if age 60 and older, or for gender-specific cancers for opposite sex persons)
<b>BLOOD PRESSURE</b>	Treatment allowed with good control ≤ 140/85
<b>CHOLESTEROL</b> Averaged 3 cholesterols over past 12 months. If available*	Cholesterol ratio ≤ 5.0  Treatment allowed
<b>ALCOHOL &amp; DRUG</b>	Allowed after 15 years
<b>MEDICAL HISTORY</b>	No history of CAD, DM or Cancer (Basal Cell skin cancer and superficial squamous cell allowed)
<b>DRIVING RECORD</b>	No convictions for DWI, DUI or reckless driving within the last five (5) years and otherwise not rateable
<b>AVOCATION<sup>2</sup></b>	No participation in any hazardous occupation, avocation or sport in the last five (5) years
<b>AVIATION<sup>3</sup></b>	No flying as a private pilot or crewmember unless aviation exclusion
<b>CRIMINAL RECORD</b>	No felony convictions in the past 10 years
<b>BUILD</b>	See build chart
<b>PROFILE &amp; HOS</b>	If all preferred plus criteria are met and the laboratory values do not warrant any debits, Preferred Plus is allowed

\*Total cholesterol cannot exceed 300.

<sup>1</sup>An occasional celebratory cigar is no more than 24 cigars per year.

<sup>2</sup>Limited scuba diving as a part of vacation or other occasional occurrence is acceptable if depth of dive does not exceed 100 feet.

<sup>3</sup>Some types of commercial aviation may be acceptable based on manual guidelines.

In addition to the criteria above, there must not be any other significant health problems. Final risk determination will be made by the United of Omaha Life Insurance Company home office underwriter.

## PREFERRED Underwriting Criteria

<b>NICOTINE Tobacco</b>	No nicotine x 24 months Occasional cigar, nontobacco available with negative HOS <sup>1</sup> (Note: Preferred Tobacco is an available class)
<b>FAMILY HISTORY</b>	No death of a parent prior to age 60 due to Cancer or Heart Disease With good risk factors and negative cardiac work up appropriate for age group, one cardiac death allowed (Family history does not apply if age 60 and older, or for gender-specific cancers for opposite sex persons)
<b>BLOOD PRESSURE</b>	Treatment allowed with good control ≤ 145/90
<b>CHOLESTEROL</b> Averaged 3 cholesterols over past 12 months. If available*	Cholesterol ratio ≤ 6.0 Treatment allowed
<b>ALCOHOL &amp; DRUG</b>	Allowed after 10 years
<b>MEDICAL HISTORY</b>	No history of CAD, DM or Cancer (Basal Cell skin cancer and superficial squamous cell allowed)
<b>DRIVING RECORD</b>	No convictions for DWI, DUI or reckless driving within the last five (5) years and otherwise not rateable
<b>AVOCATION<sup>2</sup></b>	No hazardous activities within the past 2 years
<b>AVIATION<sup>3,4</sup></b>	No flying as a private pilot or crewmember unless aviation exclusion
<b>CRIMINAL RECORD</b>	No felony convictions in the past 10 years
<b>BUILD</b>	See build chart
<b>PROFILE &amp; HOS</b>	If all preferred criteria are met and the laboratory values do not warrant any debits, Preferred is allowed

\*Total cholesterol cannot exceed 300.

<sup>1</sup>An occasional celebratory cigar is no more than 24 cigars per year.

<sup>2</sup>Limited scuba diving as a part of vacation or other occasional occurrence is acceptable if depth of dive does not exceed 100 feet.

<sup>3</sup>Some types of commercial aviation may be acceptable based on manual guidelines.

<sup>4</sup>Certain private pilots may qualify for Preferred and Standard Plus risk classes: Ages 30-70, minimum 1,000 total hours of piloting experience and flying between 50-250 hour annually, IFR/ATP rating, no FAA violations within the past 5 years and must be a Standard aviation risk.

In addition to the criteria above, there must not be any other significant health problems. Final risk determination will be made by the United of Omaha Life Insurance Company home office underwriter.

## STANDARD PLUS Underwriting Criteria

<b>NICOTINE Tobacco</b>	No nicotine x 12 months Occasional cigar, nontobacco available with negative HOS <sup>1</sup>
<b>FAMILY HISTORY</b>	One death of a parent prior to age 60 due to Heart Disease (Family history does not apply if age 60 and older, or for gender-specific cancers for opposite sex persons)
<b>BLOOD PRESSURE</b>	Treatment allowed with good control ≤ 150/90
<b>CHOLESTEROL</b> Averaged 3 cholesterols over past 12 months. If available*	Cholesterol ratio ≤ 7.0  Treatment allowed
<b>ALCOHOL &amp; DRUG</b>	Allowed after 5 years
<b>MEDICAL HISTORY</b>	No history of CAD, DM or Cancer (Basal Cell skin cancer and superficial squamous cell allowed)
<b>DRIVING RECORD</b>	No convictions for DWI, DUI or reckless driving within the last five (5) years and otherwise not rateable
<b>AVOCATION<sup>2</sup></b>	Flat extras are allowed
<b>AVIATION<sup>3,4</sup></b>	No flying as a private pilot or crewmember unless aviation exclusion (IFR private pilots allowed if standard)
<b>CRIMINAL RECORD</b>	No felony convictions in the past 10 years
<b>BUILD</b>	See build chart
<b>PROFILE &amp; HOS</b>	If all Standard Plus criteria are met and the laboratory values do not warrant any debits, Standard Plus is allowed

\*Total cholesterol cannot exceed 300.

<sup>1</sup>An occasional celebratory cigar is no more than 24 cigars per year.

<sup>2</sup>Limited scuba diving as a part of vacation or other occasional occurrence is acceptable if depth of dive does not exceed 100 feet.

<sup>3</sup>Some types of commercial aviation may be acceptable based on manual guidelines.

<sup>4</sup>Certain private pilots may qualify for Preferred and Standard Plus risk classes: Ages 30-70, minimum 1,000 total hours of piloting experience and flying between 50-250 hour annually, IFR/ATP rating, no FAA violations within the past 5 years and must be a Standard aviation risk.

In addition to the criteria above, there must not be any other significant health problems. Final risk determination will be made by the United of Omaha Life Insurance Company home office underwriter.



# Build Chart – Fully Underwritten

					Table 1	Table2	
	Preferred Plus	Preferred	Standard Plus	Standard	+25	+50	
<b>Height</b>							
4 Feet							
8"	125	144	153	158	170	184	
9"	131	150	160	165	176	189	
10"	135	155	165	170	182	194	
11"	141	160	170	176	187	199	
5 Feet	146	166	177	184	193	205	
1"	152	173	185	191	199	211	
2"	158	179	190	197	205	215	
3"	164	184	195	203	213	220	
4"	169	189	200	209	221	225	
5"	174	194	205	215	226	231	
6"	180	200	210	222	232	239	
7"	185	205	215	228	239	245	
8"	189	209	220	235	246	251	
9"	195	215	225	242	254	258	
10"	200	221	232	250	262	266	
11"	206	227	237	258	269	274	
6 Feet	211	232	244	265	275	281	
1"	217	239	252	271	282	289	
2"	222	244	257	279	289	296	
3"	228	250	262	285	296	303	
4"	233	255	268	292	301	311	
5"	239	261	274	298	307	319	
6"	246	268	280	307	313	328	
7"	252	274	286	313	320	336	
8"	258	280	294	320	327	345	
9"	264	287	302	326	335	352	
10"	270	294	310	334	343	359	

	Table 3	Table 4	Table 5	Table 6	Table 8	Table 10	Table 12
	+75	+100	+125	+150	+200	+250	+300
Weight							
	190	197	204	212	221	230	240
	195	202	209	216	225	234	244
	201	208	214	222	231	240	249
	207	214	220	228	237	245	254
	213	220	226	235	244	253	262
	218	226	233	242	250	259	269
	223	232	239	248	257	266	277
	228	238	246	255	264	275	284
	235	245	252	261	270	281	292
	242	251	259	268	277	286	299
	248	258	268	276	285	293	308
	254	265	275	284	293	303	316
	262	274	283	291	300	312	324
	270	282	291	299	309	319	331
	278	289	300	307	316	327	340
	287	298	307	315	325	339	349
	292	305	315	322	333	348	356
	300	313	322	330	340	355	365
	308	321	331	339	349	366	374
	317	329	339	348	358	376	383
	325	338	348	357	367	385	394
	334	347	357	366	376	393	402
	345	358	366	375	385	405	413
	354	367	375	384	394	413	422
	363	376	385	395	405	422	431
	372	385	395	406	415	435	444
	382	395	407	418	427	444	462

# Underwriting Requirements – Express Only

Term Life Express (TLE) GUL Express (GULE)	
Issue Ages 18-50	Issue Ages 51-65
TLE – \$25,000-\$300,000 GULE – \$25,000-\$300,000	TLE – \$25,000-\$250,000 GULE – \$25,000-\$250,000
Simplified Underwriting Build Chart MIB Pharmaceutical Check MVR (Mandatory Ages 18-35) MVR (As Needed Ages 36-50) Random Phone Interview Mandatory Phone Interview for \$250,001+	Simplified Underwriting Build Chart MIB Pharmaceutical Check MVR (As Needed) Random Phone Interview Mandatory Phone Interview for Ages 61-65

\*May vary by state

**If an individual has a previous offer from United of Omaha Life Insurance Company with a risk class greater than Table 4 or has been declined, they will not qualify for Express products.**

<b>NOTE:</b>	1. Random interviews will be conducted for quality control
	2. Medical questionnaires and/or an occasional APS may be requested at the underwriter’s discretion to clarify information developed from other sources



Living Promise Level Benefit Plan	Living Promise Graded Benefit Plan
Issue Ages 45-85*	Issue Ages 45-80*
\$2,000-\$40,000*	\$2,000-\$20,000*
<p style="text-align: center;">Simplified Underwriting Build Chart MIB Pharmaceutical Check Random Phone Interview</p>	

## Express Life and DI Rider Build Chart (Male & Female)

Height	TLE, GUL Express, Living Promise Minimum Weight	TLE, GUL Express Maximum Weight	DI Rider Maximum Weight
<b>4 Feet</b>			
8"	74	197	170
9"	77	202	176
10"	79	208	182
11"	82	214	187
<b>5 Feet</b>	85	220	193
1"	88	226	199
2"	91	232	205
3"	94	238	213
4"	97	245	221
5"	100	251	226
6"	103	258	232
7"	106	265	239
8"	109	274	246
9"	112	282	254
10"	115	289	262
11"	119	298	269
<b>6 Feet</b>	122	305	275
1"	126	313	282
2"	129	321	289
3"	133	329	296
4"	136	338	301
5"	140	347	307
6"	143	358	313
7"	147	367	320
8"	151	376	327
9"	154	385	335
10"	158	395	343

	<b>Table 2 Maximum Weight (Multiple Impairments)</b>	<b>Living Promise Level Benefit Maximum Weight</b>	<b>Living Promise Graded Benefit Maximum Weight</b>
	184	204	221
	189	209	225
	194	214	231
	199	220	237
	205	226	244
	211	233	250
	215	239	257
	220	246	264
	225	252	270
	231	259	277
	239	268	285
	245	275	293
	251	283	300
	258	291	309
	266	300	316
	274	307	325
	281	315	333
	289	322	340
	296	331	349
	303	339	358
	311	348	367
	319	357	376
	328	366	385
	336	375	394
	345	385	405
	352	395	415
	359	407	427

## Express Impairments TLE, GULE

Multiple Impairments resulting in a rating greater than Table 4 will be declined for our Express products. Below are some examples of multiple impairments that would result in a decline.

Multiple Impairments	Offer
<b>Diabetes Examples</b>	
Diabetes > age 50 with Table 2 or higher build	Decline
Diabetes > age 50 with tobacco risk	Decline
Diabetes > age 50 with Peripheral Vascular Disease (PVD)	Decline
Diabetes with any complications	Decline
<b>Table 2 Build Chart Examples Refer to pages 24 &amp; 25 for the Table 2 Build Chart</b>	
Table 2 or higher build with rateable hypertension	Decline
Table 2 or higher build with asthma and tobacco risk	Decline
Table 2 or higher build with Peripheral Vascular Disease (PVD)	Decline

**Note: This is not a complete list. Please refer to pages 36-47 for additional impairments.**

The following single impairments are automatic declines.

<b>Automatic Declined Impairments</b>	
Diabetes diagnosed < age 50	Decline
Amputation caused by disease	Decline
Chronic or Alcohol related Pancreatitis	Decline
Chronic Severe Asthma	Decline
Hodgkin's Disease	Decline
Moderate/Severe rheumatoid arthritis treated with medications such as Humira, Enbrel, Methotrexate or Xelanz	Decline
Muscular Dystrophy	Decline
Sickle Cell Anemia	Decline

**Note: This is not a complete list. Please refer to pages 30-39 for additional impairments. Please refer to page 40 for the list of declinable occupations. This may not be an all inclusive list.**

We reserve the right to decline certain hazardous occupations for both life and the DI rider.

# WHOLE LIFE Underwriting Criteria

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## Living Promise Whole Life

- Build Chart
- MIB
- Pharmaceutical
- Random phone interview

## Children's Whole Life

- Simplified Underwriting
- Health Questions on application

(Subject to combined maximum amount of \$50,000 of Children's Whole life coverage)

**Note:** If an individual has a previous offer from United of Omaha Life Insurance Company with a risk class greater than Table 4 or has been declined, they will not qualify for Children's Whole Life plans.

# Impairments

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## A

<b>Acromegaly</b> .....	Table 4 – 8
<b>Addison’s Disease</b> .....	Standard – Table 3
<b>ADHD/ADD</b> .....	Standard – Table 2
<b>Alcohol</b>	
Current excessive use .....	Decline
Alcoholism treatment, no current use, postponed 2 years .....	Standard – Table 8
<b>Alzheimer’s Disease</b> .....	Decline
<b>Anemia</b>	
Aplastic Anemia .....	Standard – Decline
Sickle Cell .....	Decline
Sickle Cell Trait .....	Standard
<b>Aortic Aneurysm</b>	
Unoperated .....	Table 6 to Decline
Surgery, stable 6 months .....	Table 2 – 6
<b>Angina Pectoris</b>	
Angina .....	Table 2 – 8
Unstable Angina, under age 40 .....	Decline
Stable Angina, over age 40 (dependent on age and cath. report) .....	Table 4 – 8
<b>Angioedema</b> .....	Standard – Table 2
<b>Ankylosing Spondylitis</b> .....	Standard – Table 4
<b>Anorexia Nervosa</b>	
Current .....	Decline
Full recovery, stable > 4 years .....	Standard – Table 2
<b>Anxiety Disorders</b>	
Mild or well-controlled .....	Standard
Others .....	Standard – Table 4
<b>Aortic Murmurs/Insufficiency</b> .....	Standard – Table 8
<b>Arrhythmias</b>	
Atrial Fibrillation .....	Standard – Decline
Atrial Flutter .....	Standard – Decline
Infrequent PVC(s) .....	Standard
Multiple PVC(s) .....	Standard – Table 8
<b>Arteriosclerosis Obliterans</b> .....	Table 4 – Decline
<b>Arteriovenous (AV) Malformations</b>	
Cerebral unoperated .....	Decline
Surgery, stable 6 months .....	Table 4 – 8
<b>Arthritis</b>	
Osteoarthritis .....	Standard

**Fit program may apply.**

**These are general ranges for best case scenarios and final offers are dependent upon the merits of the case.**

**For producer use only.**

**Not for use with the general public.**

**Asbestosis**

Mild degree of respiratory impairment ..... Standard – Table 4  
Severe impairment..... Decline

**Ascites** ..... Decline

**Asthma**

Mild intermittent ..... Standard  
Persistent, depends on severity..... able 2 – Decline

**Atrial Fibrillation** ..... Standard – Decline

**Atrial Flutter**..... Standard – Decline

**Atrial Septal Defect**

No surgery ..... Standard – Decline  
No residuals 6 months after surgery ..... Standard

**Atrioventricular Block**

1st degree – 2nd degree ..... Standard – Table 2  
3rd degree – complete ..... Table 2 – Decline

**B**

**Bacterial Endocarditis**

Normal heart & valves, recovered after 1 year ..... Table 2 – 4

**Barlow’s Syndrome**..... Standard – Table 3

**Basal Cell Carcinoma**

Maximum 4 excisions, complete resolution ..... Standard

**Bells Palsy**

Recovered ..... Standard

**Benign Prostatic Hypertrophy**

Normal PSA levels & urinalysis ..... Standard

**Berger’s Disease (IgA Nephropathy)** ..... Table 2 – 8

**Bicuspid Aortic Valve** ..... Standard – Table 8

**Bigeminy**..... Standard – Table 8

**Bi-Polar Disorder**

Stable..... Table 2 – 8

**Blood Pressure**

Controlled with medication ..... Standard

**Bright’s Disease**

Acute full recovery..... Standard – Table 2

Chronic good renal function..... Standard – Table 8

Chronic poor renal function ..... Decline

**Bronchiectasis**

Mild – moderate, no surgery ..... Standard – Table 6

Severe – extreme, no surgery..... Table 8 – Decline

**Bronchitis**

Chronic mild – moderate..... Standard – Table 3

Severe ..... Table 4 – Decline

**Buerger’s Disease**

Nonsmoker, no surgery or other impairments..... Standard – Table 4

**Fit program may apply.**

# Impairments, continued

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## Bundle Branch Blocks (EKG)

Hemiblock .....	Standard
Right .....	Standard – Table 4
Left, more than 1 year from onset .....	Table 4

## C

### Cancer

Most malignancies, postponed 2 – 5 years .....	Indiv. Consideration
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**Chronic Heart Failure** .....

Decline

**Cardiac Pacemaker (Artificial)** .....

Standard – Decline

**Cardiomyopathy** .....

Table 4 – Decline

### Carotid Bruits

Asymptomatic & no other related history .....	Standard – Table 2
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### Celiac Disease

Controlled with diet .....	Standard – Table 4
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### Cerebral Embolism/Thrombosis

Single episode, no complications, stable 1 year .....	Table 2 – Table 8
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Multiple episodes .....	Decline
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### Cerebral Palsy

Mild – moderate .....	Standard – Table 3
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Severe .....	Decline
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### Cerebrovascular Accident

Single episode, no complications, stable 1 year .....	Standard – Table 8
---	--------------------

Multiple episodes .....	Decline
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**Charcot Marie – Tooth Disease** .....

Standard – Decline

### Chest Pain

Non-cardiac .....	Standard
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Cardiac .....	Indiv. Consideration
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### Cholangitis, Cholecystitis, Cholelithiasis

Recovered .....	Standard
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**Christmas Disease (Factor IX Deficiency)** .....

Table 2 – 8

**Chronic Obstructive Pulmonary Disease (COPD)** .....

Standard – Table 8

### Cirrhosis

Confirmed diagnosis .....	Decline
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### Cocaine

No current use, postponed 3 years then .....	Standard to Table 8
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### Colitis (Ulcerative)

Controlled with medication .....	Table 2 – 8
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### Colon Polyps

Benign .....	Standard
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Malignant .....	Indiv. Consideration
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**Congestive Heart Failure (Chronic)** .....

Decline

Fit program may apply.



<b>Convulsions</b> .....	Table 2 – 8
<b>Cor Pulmonale</b>	
Chronic .....	Decline
<b>Costochondritis</b> .....	Standard
<b>Crohn’s Disease</b> .....	Standard – Table 8
<b>Cushing’s Syndrome</b>	
Controlled with medication .....	Standard – Table 4
<b>Cystic Fibrosis</b> .....	Decline
<b>Cystitis</b>	
Recovered .....	Standard
<b>D</b>	
<b>Dementia</b> .....	Decline
<b>Depression</b>	
Controlled with medication .....	Standard – Table 3
<b>Diabetes</b>	
Type I, over age 20 .....	Table 2 – 8
Type II, over age 20 .....	Standard – Table 8
<b>Dialysis</b>	
Renal failure .....	Decline
<b>Diverticulitis/Diverticulosis</b> .....	Standard – Table 3
<b>Down’s Syndrome</b> .....	Decline
<b>Drug Addiction</b>	
Postponed 3 years then .....	Standard – Table 8
<b>Duodenal Ulcer</b>	
No Bleeding .....	Standard
<b>E</b>	
<b>Eclampsia</b>	
Recovered .....	Standard
<b>Emphysema</b> .....	Standard – Table 8
<b>Encephalitis</b>	
Recovered .....	Standard
Others .....	Decline
<b>Endocarditis</b>	
Normal heart & valves .....	Table 2
Structurally abnormal heart .....	Table 2 – Decline
<b>Epilepsy</b> .....	Table 2 – 8
<b>Erythema Nodosum</b>	
Recovered .....	Standard
<b>F</b>	
<b>Fibrocystic Breast Disease</b>	
Benign .....	Standard

**Fit program may apply.**

# Impairments, continued

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## G

### Gastric Bypass

PP 1 year, then rated.....Table 2 – 4

**Gastritis**.....Standard

### Gestational Diabetes

Currently pregnant.....Postpone

History of.....Standard – Table 2

**Gilbert’s Syndrome**.....Standard

### Glomerulonephritis (Chronic)

Good renal function.....Table 4 – 8

Poor renal function.....Decline

### Goiter/Graves’ Disease

Recovered no complication.....Standard – Table 3

**Guillain – Barré Syndrome**.....Standard – Table 3

## H

**Hashimoto’s Disease** Standard

**Heart Attack**.....(See Myocardial Infarction)

**Heart Failure (Chronic)**.....Decline

**Hemochromatosis**.....Table 2 – Decline

**Hemophilia**.....Table 2 – Decline

**Hepatitis (Chronic)**.....Standard – Decline

**Hereditary Nephritis**.....Decline

**Herpes Simplex**.....Standard

### Hirschsprung’s Disease

Unoperated.....Table 2 – 3

Surgery, full recovery.....Standard

### Histoplasmosis

Treated, full recovery.....Standard – Table 2

**Hodgkins Disease**.....Indiv. Consideration

**Huntington’s Chorea**.....Decline

### Hydrocephalus

Over age 19.....Table 2 – 8

### Hyperlipidemia

Controlled.....Standard

### Hypertension

Controlled.....Standard

### Hyperthyroidism

No complications.....Standard – Table 3

### Hypoglycemia

Functional.....Standard

**Fit program may apply.**

<b>Hypothyroidism</b>	
Controlled with medication.....	Standard
<b>Hysterectomy</b>	
Not due to malignancy.....	Standard
<b>I</b>	
<b>Idiopathic Hypertrophic Sub-Aortic Stenosis (IHSS)</b>	
Under age 40.....	Decline
Over age 40.....	Table 4 – Decline
<b>Ileitis</b> .....	Standard – Table 8
<b>Intermittent Claudication</b> .....	Table 2 – Decline
<b>Irritable Bowel Syndrome</b> .....	Standard
<b>Inflammatory Bowel Disease</b>	
1 year after diagnosis or major attack, over age 20.....	Standard – Table 8
<b>J</b>	
<b>Juvenile Rheumatoid Arthritis</b> .....	Decline
<b>K</b>	
<b>Kaposi’s Sarcoma</b> .....	Decline
<b>Kidney Dialysis</b> .....	Decline
<b>Kidney Stones</b> .....	Standard – Table 4
<b>L</b>	
<b>Left Bundle Branch Block (LBBB)</b>	
1 year after diagnosis.....	Table 4
<b>Left Anterior Hemiblock</b>	
Isolated.....	Standard
<b>Left Posterior Hemiblock</b>	
Isolated.....	Standard
<b>Legionnaire’s Disease</b>	
Recovered.....	Standard
<b>Leukemia</b> .....	Indiv. Consideration
<b>Lupus (Discoid)</b>	
No evidence of Systemic Lupus over 6 months.....	Standard
<b>Lupus (Systemic) Erythematosus</b>	
No symptoms or complications after 1 year, over age 20.....	Standard – Decline
<b>Lymphoma</b> .....	Indiv. Consideration
<b>M</b>	
<b>Mallory-Weiss Syndrome</b>	
Present.....	Decline
<b>Marfan’s Syndrome</b> .....	Table 2 – Decline

# Impairments, continued

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## **Marijuana**

Over age 18 ..... Standard – Decline

## **Megacolon**

Congenital with surgical repair ..... Standard

No surgery or surgery with recurrence..... Table 2

## **Melanoma**

Surgery & confirmed pathology..... Standard – Decline

## **Meniere’s Disease**

Recovered ..... Standard

## **Meningitis**

Recovered & no residuals..... Standard

## **Mental Retardation**

Mild – no complications, over age 8 ..... Standard – Table 2

Severe ..... Decline

**Migraines/Headaches** ..... Standard

## **Mitral Valve Murmurs**

Functional ..... Standard

Otherwise..... Standard – Table 8

## **Mononucleosis**

Recovered ..... Standard

**Multiple Sclerosis (MS)** ..... Table 2 – Decline

**Muscular Dystrophy (MD)** ..... Standard – Decline

## **Myasthenia Gravis**

Mild, 1 year since onset ..... Standard – Table 5

Others..... Decline

## **Myocardial Infarction**

Over age 40 ..... Table 4 – Decline

## **Myocarditis**

Single attack, no complication, 2 years since resolution..... Standard – Table 2

With complications..... Decline

**Myositis** ..... Standard – Decline

# **N**

## **Narcolepsy**

Onset over 6 months ago ..... Standard – Table 4

## **Nephrectomy**

Benign ..... Standard

## **Nephritis**

Acute..... Standard – Table 3

Chronic with good renal function ..... Standard – Table 4

Chronic with poor renal function..... Decline

**Neuritis** ..... Standard – Table 2

**Fit program may apply.**

## O

**Organic Brain Syndrome** ..... Decline

### **Osteomyelitis**

Chronic ..... Standard – Table 4

Osteoporosis ..... Standard

## P

### **Pacemaker (Artificial)**

No other heart disease after 3 months, over age 40..... Table 2 – 4

### **Paget’s Disease (bone)**

Mild not progressive..... Standard

Others..... Decline

### **PTSD (Post Traumatic Stress Disorder)**

Single episode, mild ..... Standard

Others..... Table 2 – 6

**Palpitations** ..... Standard – Table 3

### **Pancreatitis**

Acute, recovered ..... Standard

Chronic ..... Decline

**Paraplegia** ..... Indiv. Consideration

### **Parkinson’s Disease**

Mild..... Table 2 – 4

Marked or severe ..... Table 4 – Decline

### **Patent Ductus Arteriosus**

Unoperated ..... Decline

6 months after surgery, full recovery..... Standard

### **Pericarditis**

Single episode, full recovery..... Standard

### **Peripheral Vascular Disease**

Nonsmoker ..... Standard – Table 4

Smoker ..... Decline

### **Phlebitis**

Single episode, full recovery..... Standard

### **Poliomyelitis**

No residuals..... Standard

With residuals ..... Table 3 – 8

### **Polycystic Kidney Disease**

Normal renal function ..... Table 2 – 8

Abnormal renal function..... Decline

### **Polycythemia**

1 year after diagnosis, controlled..... Table 2 – 4

**Polymyositis** ..... Standard – Decline

### **Polyps**

Excised pathology benign ..... Standard

**Fit program may apply.**

# Impairments, continued

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## Prostatitis

Treated, full recovery ..... Standard

**Proteinuria** ..... Standard – Decline

## Psoriasis

Systemic ..... Standard – Table 2

**Psoriatic Arthritis** ..... (see Rheumatoid Arthritis)

**Pulmonary Embolism, over 6 months** ..... Standard – Table 4

**Pulmonary Hypertension** ..... Decline

## Pulmonary Infarction

6 months after single episode, full recovery ..... Standard – Table 4

## Pyelonephritis

1 year after treatment, full recovery ..... Standard

## Q

### Quadriplegia

Complete ..... Decline

## R

### Regional Enteritis

Symptom free 1 year, over age 20 ..... Standard – Table 6

### Renal Artery Stenosis

No hypertension, over 6 months ..... Standard – Table 3

**Renal Failure** ..... Decline

### Renal Transplant (single)

No complications after 1 year, over age 20 ..... Table 6 – Decline

### Right Bundle Branch Block

Complete ..... Standard – Table 2

### Rheumatoid Arthritis

Not disabled, over age 18 ..... Standard – Table 6

## S

### Sarcoidosis

Confined to lungs or skin, in remission 6 months ..... Standard

Other ..... Decline

### Scleroderma

Localized ..... Standard – Table 2

**Sclerosing Cholangitis** ..... Decline

### Seminoma

Over 8 years since treatment ..... Standard

**Senile Dementia** ..... Decline

**Sickle Cell Anemia** ..... Decline

**Sickle Cell Trait** ..... Standard

Fit program may apply.

## **Sjogren's Syndrome**

No other connective tissue disorders..... Standard

## **Sleep Apnea**

Successfully treated..... Standard – Table 3

## **Spina Bifida**

Minimal deformity..... Standard – Table 4

## **Stroke**

1 year since event..... Table 4 plus flat – Decline

## **Suicide Attempt**

Single attempt, over 1 year..... \$5 extra per thousand

Single attempt, over 5 years..... Standard

Multiple attempts..... Decline

## **Systemic Lupus Erythematosus (SLE)**

1 year since diagnosis, no complications, over age 20..... Table 2 – 8

## **T**

### **Tachycardia**

No other heart disease..... Standard – Table 2

### **Transient Ischemic Attack**

Single event, over 6 months..... Table 2 – 4

Multiple events, over 1 year..... Table 4 – 8

## **U**

### **Ulcerative Colitis**

1 year since diagnosis or major attack, over age 20..... Table 2 – 8

## **V**

### **Varices, Esophagus**

..... Decline

### **Ventricular Septal Defect (VSD)**

Trivial or slight, without surgery..... Standard to Table 4

3 months since surgery..... Standard

With complications..... Decline

## **W**

### **Wolff-Parkinson-White (WPW)**

No complications..... Standard

## **X**

### **Xeroderma Pigmentosum**

..... Usually Decline

**These are general ranges for best case scenarios and final offers  
are dependent upon the merits of the case.**

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**Not for use with the general public.**

**Fit program may apply.**

# Occupations

As you are completing the application, please make sure to list all the occupations on the application. The most hazardous occupation your client has will determine the rate classification. If your client does have a hazardous occupation such as scuba diving or aviation, please make sure you complete and sign the avocation questions and submit it with your application.

<b>Aviation – Paid</b> Passenger or freight flying US or Canadian Airlines <input type="checkbox"/> Scheduled and non scheduled airlines <input type="checkbox"/> Others  Company owned aircraft flying within the US or Canada <input type="checkbox"/> Commercial pilot cert. and IFR	
<b>Building and Construction</b> <input type="checkbox"/> Bridge, structural iron workers, tower workers, roofers	
<b>Electric Power Industry</b> <input type="checkbox"/> Line construction	
<b>Fire Department</b> <input type="checkbox"/> Municipal and volunteer <input type="checkbox"/> Fire and smoke jumpers	
<b>Fishing Industry – Officers and crew not coming ashore daily</b> <input type="checkbox"/> Inshore, harbors, lakes, rivers <input type="checkbox"/> Gulfs, Oceans, seas <input type="checkbox"/> Grand Banks, sealers, whalers, Alaskan crab fisherman	
<b>Law Enforcement</b> <input type="checkbox"/> Armed car guards, bank guards, municipal police, penal guards, border patrol <input type="checkbox"/> Federal Agencies: FBI, DEA, CIA, SWAT, Secret Service, Federal Air Marshal	
<b>Liquor Industry</b> <input type="checkbox"/> Bartenders	
<b>Lumber Industry</b> <input type="checkbox"/> Explosive handlers, boommen, climbers, raftsmen, riggers, rivermen, topmen	
<b>Mining and Quarrying</b> <input type="checkbox"/> Assayers, chemists, detectives, guards, mining engineers, surveyors <input type="checkbox"/> Underground mines – Surface workers <input type="checkbox"/> Underground mines – Underground workers <input type="checkbox"/> Open Pit and Surface mine workers	
<b>Oil and Natural Gas Industry</b> <input type="checkbox"/> On shore drilling and production <input type="radio"/> Site crew, derrick, rig and tank crew <input type="radio"/> Firefighters <input type="checkbox"/> Off shore drilling and production <input type="radio"/> All workers <input type="radio"/> Firefighters	

**Key:** D = Decline    M = Thousand    IC = Individual Consideration



**Note: This is a guide. Actual rates may change subject to specifics of an individual case.**

	Life	ADB	WP
	Std 3.50 per M	D D	D D
	Std – 2.50 per M	D	D
	2.50 per M	2x	Std
	Std	2x	Std
	Std 3.50 per M	2x 3x	Std 2x
	Std Std – 2.50 per M 2.50 per M	Std 2x – 3x 2x	Std Std Std
	Std IC	2x IC	Std IC
	Std – 2.50 per M	Std – 2x	Std
	2.50 per M	2x	Std
	Std Std – 2.50 per M 2.50 – 5.00 per M Std – 2.50 per M	2x 2x 3x Std – 2x	Std Std – 2x Std – 2x Std – 2x
	Std – 2.50 per M 5.00 per M	2x 3x	Std 2x
	2.50 – 5.00 per M 7.50 per M	3x D	2x D

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# Avocations

**Note: This is a guide. Actual rates may change subject to specifics of an individual case.**

Aviation – Private	Life				ADB	WP
Student pilots	3.50 per M				D	D
Qualified pilots	Expected Annual Flying Hours					
Total solo hours	0-200	201-300	301-600	>600		
Age >26						
■ <100	3.50 x5	3.50 per M	5 per M	5 per M	D	D
■ 100-399	Std	2.5 x 2	5 per M	5 per M	D	D*
■ ≥ 400	Std	Std	2.50 per M	5 per M	D	D*
Age ≤ 26						
■ < 100	3.50 x 5	5 per M	5 per M	5 per M	D	D
■ 100-399	2.50 x 5	3.50 per M	5 per M	5 per M	D	D
■ ≥ 400	2.50 x 5	2.50 per M	5 per M	5 per M	D	D
*WP is unavailable if aviation is rated, otherwise STD						
<b>Balloon (hot air)</b>						
■ Tethered	Std				D	D
■ Free Flight	Std – 2.50 per M				D	D
<b>Gliding Sail Planes</b>	Rated as Aviation Private					
Hang-gliding / Paragliding	2.50 – 7.50 per M				D	D
Parachuting	5 to 10 per M dependent on number of jumps / year					
Ultralights (commercially built)						
■ Licensed pilot	Std – 5 per M				D	D
■ Unlicensed	3.50 – 7.50 per M				D	D

Diving	Life	ADB	WP
Snorkel	Std	Std	Std
Scuba (with formal training)			
■ <100 ft	Std	Std	Std
■ >101 ft – 130 ft			
○ < 10 dives annually	3.50 per M	D	D
○ > 10 dives annually	5 per M up	D	D
■ > 130 ft – contact underwriting			
■ Cave diving	2.50 – 5.00 per M	D	D

Climbing/Mountaineering	Life	ADB	WP
Trail climbing, hiking	Std	Std	Std
Rock, Snow / Ice Climbing			
■ Altitude <13,000 ft	2.50 – 3.50 per M	D	D
■ Altitude >13,000 – 23,000	5.00 – 7.50 per M to D	D	D

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# Foreign National and Immigrant Residency Policy

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## Permanent Residents Living Permanently in the United States

An individual with a valid Permanent Resident Card (also referred to as a Green Card or Alien Registration Receipt Card) may be eligible to apply for life insurance coverage. Such permanent resident will only be considered if the individual meets all four requirements listed below:

1. Has in his/her possession his/her valid Permanent Resident Card.
2. Lives in the U.S. for a minimum of 12 continuous months.
3. Has a minimum annual income of \$20,000 from U.S.-based assets or entitlement benefits (i.e., Social Security or pension benefits) or U.S.-based employment. Income from government assistance programs, supplemental security income (SSI) or Social Security disability income (SSDI), cannot be included.
4. Completes the Foreign National and Foreign Travel Questionnaire, L5719\_0107, and submits it with the application.

## Temporary Visa Holders Living in the United States

Individuals who have the following valid temporary work visas may be considered for life insurance coverage. Those who do not hold current valid acceptable visas as listed here will not be eligible for coverage.

- E-1
- E-2 (spouse and children under age 21 can also qualify for an E-2 visa)
- H-1B
- H-4 (for spouse and children under age 21 of H-1B visa holders)
- L-1
- L-2 (for spouse and children under age 21 of L-1 visa holders)

## Residents of Foreign Countries

We will consider residents of foreign countries on a case by case basis. Foreign residents should have substantial financial ties to the U.S. including well documented personal and/or business assets and taxable income or employees of U.S. or multinational companies to be considered.

Business should be written in the U.S., medical records must be obtainable and translated, and premiums paid in U.S. dollars and financially justified. “Offshore” ownership trusts are not acceptable. In addition, the face amount of the policy applied for must be equal to or less than the company’s retention limit.

The producer or sales manager must contact the appropriate Life Underwriting manager to obtain pre-approval prior to submitting an application. If pre-approval is given and an application is submitted, the appropriate manager in Life Underwriting will make the final determination of whether the proposed insured’s visa **or residence** status is acceptable.

# Fit Guidelines

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- Term Life Answers
- AccumUL Plus
- AccumUL Answers
- Income Advantage IUL
- Life Protection Advantage IUL
- GUL

## Here's where the program fits:

- Ages: 18-75
- Minimum face amount: \$100,000
- Maximum face amount: \$5,000,000 (total coverage in force and applied for with United of Omaha Life Insurance Company)
- Nontobacco users
- Base rating *after* normal credits of table 4 or less
- Does not apply to "flat extra" ratings or those with current rateable substance abuse histories, CAD prior to age 50, stroke or rateable cancers or Type 1 diabetes

## Here's where the credit ratings fit in

If your clients have several of the following characteristics, they may qualify for up to *an additional two table credit* from the base rating on both fully underwritten term and permanent insurance.\*\*

**Note:** No more than two lifestyle characteristics can be applied toward credits

### Medical

- Great family history – no deaths of parents or siblings from any disease prior to age 70
- Cholesterol/HDL ratio <5.0
- Alc test <5.7
- Serum albumin >4.2 ages 61-75
- Negative cardiac testing: GXT, non-imaged or imaged (stress echo, perfusion study), echocardiogram, EBCT or angiography within the past two years
- GXT exercise performance >10 METS within the past two years
- Optimal blood pressure control-treated or untreated average of 135/85 or better
- Preferred or better build, ages 18-60, Standard Plus or better build, age 61-75
- BNP <100 ages 61-75
- Normal CBC ages 61-75

### Lifestyle

- Regular preventative medical care and compliant follow-up for treated impairments within the past 12 months
- No Tobacco in past 10 years
- Income >\$100,000, or net worth >\$1,000,000
- Preferred or better driving record

**Three** of the above characteristics equals 1 table credit.

**Five** of the above characteristics equals 2 table credits.

\*\*Best case final assessment available is Standard. (Table 3 (C) can only be reduced to Table 1 (A) rather than Standard.)

## Non-Smoker/Non-Nicotine Qualifications

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In order to qualify for non-nicotine rates, the proposed insured must not have used tobacco or nicotine products in any form (gum, patches, cigar, etc.) within one year prior to the application. We allow up to 24 cigars per year to qualify for nontobacco rates with a negative urinalysis test. The best class for tobacco usage is Preferred Tobacco.

## Statement of Policyowner Intent

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Required for all applications where the proposed insured for life insurance is age 65 and above and the proposed face amount is \$1,000,000 and above.

United of Omaha Life Insurance Company does not issue insurance policies unsupported by an insurable interest, including any policies involved or contemplated to be involved in stranger originated life insurance (STOLI) transactions. **STOLI is the practice or plan to initiate a life insurance policy for the benefit of a third party, who at the time of the policy origination, has no insurable interest in the insured.**

We require that the Statement of Policyowner Intent form be completed on all cases that meet these requirements. If any of the questions on this form are answered “Yes,” provide an explanation in the space provided on the form.

## Premium Funding and Acknowledgement

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We will screen for and reject any stranger originated life insurance (STOLI) policies, or policies using non-recourse premium financing. We will consider policies funded by traditional premium financing programs:

- The loan must be 100% collateralized by personal or business assets of the borrower
- If the life insurance policy is part of the collateral, only the cash surrender value of the policy may be considered
- We must be provided with full details regarding all aspects of the premium financing program
- We reserve the right to refuse to issue the policy, based on our assessment of the premium financing structure.

## Power of Attorney (POA)

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An application signed by a person holding a POA is not an acceptable authorization for us to issue a life insurance policy. The person designated as having the “power” cannot adequately attest to the answers to the questions on the application and the Company would waive its rights to contest a claim based on misrepresentation as that person does not have the knowledge of the applicant’s history. In addition they can’t authorize us to check MIB, order an Rx, MVR or medical records in most cases.

## Reinsurance

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Mutual of Omaha has very good relationships with the reinsurers and will work very hard to place your larger cases. Send us your large cases and we will work with the reinsurer to get your cases placed. However, we do require a signed application and it must be received in our home office before we can assess the case.

## Trials/Inquiries

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### Trial Applications

To participate in the Trial program, your office must have a minimum of \$100,000 in annualized new business premium to qualify.

ANBP	Trials per month
\$100,0001-\$250,000	5
\$250,001-\$500,000	10
\$500,001-\$1,000,000	15
\$1,000,001 and up	Unlimited

**Note:** We will adjust your number of trials as you reach a new level of premium throughout the year

- Face Amounts: \$1,000,000 and above for Universal Life or a minimum premium of \$25,000. \$2,000,000 or above for Term Life or a minimum premium of \$10,000
- Other qualifying criteria:
  - No previous decline within the last 12 months.
  - Maximum age is 85 for UL.
  - For ages over 80 only standard offers will be considered.
  - SPIA and Life requests on the same client will not be considered.
- Information that **must** be included:
  - Applicant name, date of birth, product type and face amount applied for.
  - Brief description of any health issues.
  - Premium tolerance.
  - Rating you are looking for.
- Additional financial information **to expedite processing:**
  - Provide details on other in-force coverage that will be replaced.
  - Identify if this is a 1035 exchange
  - Include competitor offers.

Trial applications should be submitted with all paperwork necessary to receive our best tentative offer. Additional information submitted on trial applications will not be reviewed. If a formal application is submitted additional information will be reviewed at that time.

## Quick Quote Parameters

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Cases outside the following parameters may be submitted as a trial if they meet trial parameters:

- Face Amounts: **Through \$5,000,000**
- Age Limitations: **Through age 75**
- Do not send any attachments
- Limit information to 2 paragraphs (12 to 20 lines of information)

### To expedite quick processing

- **Do not include identifying information** (i.e., name, Social Security number, etc.)
- Use **Preferred Criteria Chart** and Build Chart for potential coverage rate
- Quick Quote is not recommended for clients who experience onset of coronary artery disease in their 30s

# Term Conversion Guidelines

## Products Available for Term Conversions:

- Clients can convert to available permanent life insurance products offered at time of conversion within face amount, issue age, and risk class guidelines for the permanent product. Exceptions are noted below:
- Certain permanent products are not available for term conversions: Children’s Whole Life

## **If a Term policy is eligible for conversion, it will be converted into a new policy at the insured’s current attained age.**

- We are unable to convert term coverage into an existing Universal Life policy

Term Life Answers (Fully Underwritten)	
Product	Minimum Face Amount
GUL/Income Advantage IUL/Life Protection Advantage IUL	\$100,000*
GUL Express	\$25,000
AccumUL Plus/AccumUL Answers	\$25,000
Whole Life Express	\$5,000
Living Promise	\$2,000
Term Life Express (Simplified Issue) Note: Simplified Issue Term products(Term Life Express) cannot be converted into a fully underwritten permanent product.	
Product	Minimum Face Amount
GUL Express	\$25,000
Whole Life Express	\$5,000
Living Promise	\$2,000

\*\$50,000 for ages 66+ on GUL

## Product limitations for substandard policies:

- GUL Express is not available for a substandard Term Conversion. Term conversions with a rate up must be converted to a UL product which allows for a rate up (AccumUL Plus, AccumUL Answers, GUL, Income Advantage IUL, Life Protection Advantage IUL)
- Whole Life Express will be available for a substandard Term Conversion below \$25,000. All substandard Term Conversions into a Whole Life Express will carry the same rate up percentage



## Riders:

- Riders on the conversion policy must have already existed on the Term policy; we cannot add new riders at time of conversion
- The Disability Waiver of Premium rider is not guaranteed convertible. To convert this rider we will require a signed statement from client indicating client is not currently disabled and is currently performing the normal duties of his/her occupation
- Accidental Death Benefit and Children's Riders are guaranteed convertible if the rider is available on the new permanent product
- Other Insured Rider can be converted into a separate permanent policy at insured's current attained age
- Term Life Answers Other Insured Rider guidelines if Primary insured converts base coverage: 1) The Other Insured Rider can be converted into a separate permanent policy if other insured also meets conversion eligibility requirements, or 2) Other Insured Rider can continue as a term policy under a new policy number at original issue age at same rider premium plus policy fee

## Workflow

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All applications and required forms should be submitted to Mutual of Omaha home office in Blair, NE. All applications received and in process of underwriting will be reported on your pending status report found on Sales Professional Access.

## How to Contact Us

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







## **UNITED OF OMAHA LIFE INSURANCE COMPANY**

Home Office: 3300 Mutual of Omaha Plaza

Omaha, NE 68175

[mutualofomaha.com](http://mutualofomaha.com)