



Mutual of Oman

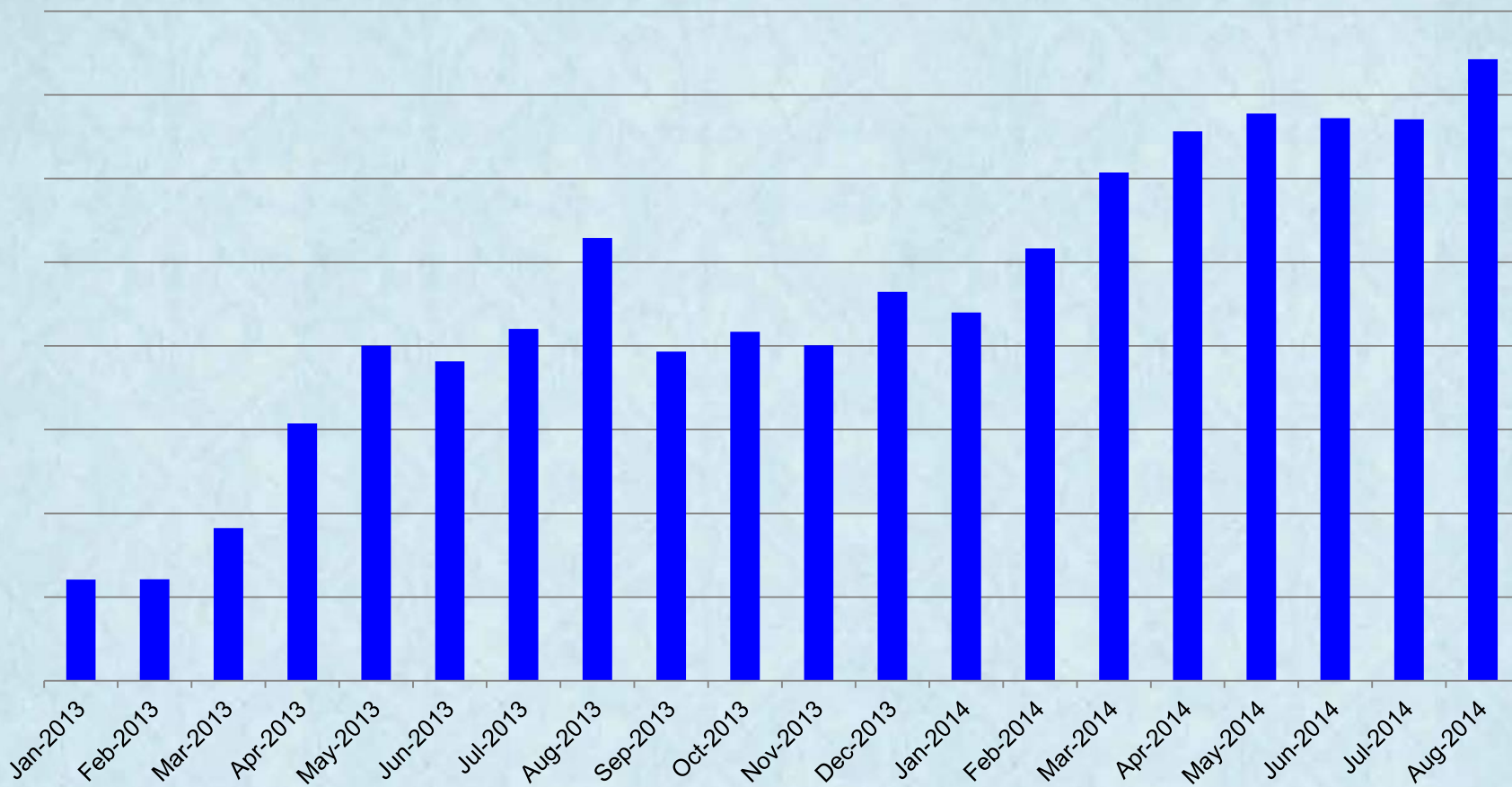
Living Promise Introduction



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Living Promise Sales

Living Promise FE Issue/Placed Premium





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Product Details

Product	Issue Ages	Minimum Face Amount	Maximum Face Amount
Level Benefit	45-85	\$2,000	\$40,000
Graded Benefit	45-80	\$2,000	\$20,000

*Death benefit in the first 2 years will be 110% of premiums paid for deaths due to natural causes

- Application will determine which product can be written

Sample Rates



Male, Age 60, Non-Tobacco, \$10,000

Level Benefit	\$42.76
Level Benefit w/ AD rider	\$45.65
Modified Benefit	\$74.63

Female, Age 60, Non-Tobacco, \$10,000

Level Benefit	\$32.87
Level Benefit w/ AD rider	\$35.76
Modified Benefit	\$53.49

Graded Death Benefit



- Graded Death Benefit: For deaths due to natural causes (any cause other than accidental) during the first two years, the beneficiary will receive 110% of premiums paid.
- After the two years, the full benefit is paid for death due to all causes. Full death benefits will be paid, in all years, if death results from an accidental bodily injury.
- Not available in the following states: AR, MT, NC, WA

Accelerated Death Benefit: *Terminal Illness or Nursing Home Confinement*



Automatically added to all level benefit policies

Allows the owner a one-time election to receive the Accelerated Benefit if the Insured is either:

- (a) diagnosed as having a terminal illness that, with a reasonable degree of certainty, will result in the Insured's death within 12 months or less from the date a physician signs the statement of proof of terminal illness, or
- (b) has been confined to a nursing home for 90 consecutive days or more; and is expected to remain confined to a nursing home for the duration of the Insured's life.

Accelerated Death Benefit:

Terminal Illness or Nursing Home Confinement



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- Automatically added to all level benefit policies
- Examples:
 - Male, NT, Age 60 (at issue), \$10,000 face amount
 - Terminal Illness Benefit = \$9,300
 - Nursing Home Confinement in Year 20 = \$7,900
 - Female, NT, Age 60 (at issue), \$10,000 face amount
 - Terminal Illness Benefit = \$9,300
 - Nursing Home Confinement in Year 20 = \$6,800

TERMINAL ILLNESS BENEFIT

- The *accelerated death benefit* for *terminal illness* will be equal to:
- (a) the death benefit; minus
- (b) 6% of the death benefit; minus
- (c) a charge of \$100; minus
- (d) any loan; minus
- (e) any due but unpaid premiums.
- We will retain 6% of the death benefit as compensation for paying the death benefit on a date prior to the insured's death.



ABR Cont'd - Nursing Home Confinement

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NURSING HOME CONFINEMENT BENEFIT

- The *accelerated death benefit* for *nursing home confinement* will be equal to:
 - (a) the death benefit; multiplied by
 - (b) the applicable *nursing home acceleration factor*, minus
 - (c) a charge of \$100; minus
 - (d) any loans



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Accidental Death Benefit Rider

- This rider provides an additional death benefit equal to the policy's face amount if the death of the insured results from accidental bodily injury and independently of sickness and all other causes.
- Not available on the 'Graded DB' product

Underwriting Guidelines

- If the insured answers “yes” to any questions in Part 1 – they are not eligible for either coverage
- If the insured answers “yes” to any questions in Part 2 – they are eligible ONLY for the Graded Benefit plan
 - If Level Benefit is applied for and client only qualifies for the Graded Benefit , we will issue with an application amendment
- If the insured answers “no” to all questions in Part 1 & 2 – they are eligible for the Level Benefit plan

Application – Part One



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Part One IF THE PROPOSED INSURED ANSWERS "YES" TO ANY QUESTIONS IN PART ONE, THAT PERSON IS NOT ELIGIBLE FOR ANY COVERAGE UNDER THIS APPLICATION.	
<p>1. Is the Proposed Insured currently:</p> <p>(a) bedridden or confined to any hospital, nursing home, long-term care facility or skilled nursing facility; or receiving or been advised to receive care in a nursing home, hospice care, or home health care?</p> <p>(b) requiring assistance with activities of daily living such as taking medications, bathing, dressing, eating, toileting, getting in and out of a chair or bed, or control of bowel or bladder problems?</p> <p>(c) requiring any of the following (other than for fractures, bone or joint surgery, including replacement): wheelchair, electric scooter, or oxygen equipment to assist breathing (excluding use for sleep apnea)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Has the Proposed Insured ever been:</p> <p>(a) diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) Infection (symptomatic or asymptomatic) or been treated for AIDS, ARC, or HIV by a physician or health care provider?</p> <p>(b) diagnosed with, been treated for or advised by a physician or health care provider to receive treatment for Alzheimer's Disease, Dementia, Huntington's Disease, Sickle Cell Anemia, Myelodysplastic Syndrome (MDS), Lou Gehrig's Disease (ALS), Quadriplegia, Paraplegia, Down's Syndrome, mental incapacity, congestive heart failure, Cirrhosis, Metastatic Cancer or recurrent Cancer of the same type?</p> <p>(c) diagnosed with insulin shock, diabetic coma, or had an amputation due to diabetic complications or diagnosed with End Stage Renal Disease or requiring dialysis?</p> <p>(d) advised to receive or have received an organ or bone marrow transplant?</p> <p>(e) diagnosed by a physician or health care provider as having a terminal medical condition that is expected to result in death within the next twelve (12) months?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. In the past 12 months, has the Proposed Insured been:</p> <p>(a) advised by a physician to have a surgical operation, diagnostic testing other than for routine screening purposes or for those related to HIV/AIDS, treatment, hospitalization, or other procedure which has not been done or for which results are not known?</p> <p>(b) diagnosed by a physician or health care provider as having heart disease or heart surgery of any kind? . .</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. In the past 2 years, has the Proposed Insured been diagnosed with, been treated for or advised by a physician or health care provider to receive treatment for any form of cancer (except basal or squamous cell skin cancer)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Application – Part Two



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Part Two IF THE PROPOSED INSURED ANSWERS "YES" TO ANY QUESTION IN PART TWO, THAT PERSON IS ELIGIBLE ONLY FOR THE GRADED BENEFIT PRODUCT.	
<p>5. Has the Proposed Insured ever (a) received care or treatment for, or (b) been advised by a physician or health care provider to seek treatment for:</p> <p>(a) Diabetes before age 50 or diabetes at any age with complications of Retinopathy (eye), Nephropathy (kidney), Neuropathy (nerve) or Peripheral Vascular Disease (PVD or PAD)?</p> <p>(b) Hepatitis C?</p> <p>(c) Chronic Lung Disease, including Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Emphysema, or Sarcoidosis?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. In the past 4 years, has the Proposed Insured: (a) received care or treatment for, or (b) been advised by a physician or health care provider to seek treatment for:</p> <p>(a) Cancer, Leukemia, Melanoma or any other internal cancer (except basal or squamous cell skin cancer)? ...</p> <p>(b) Chronic Kidney Disease, Systemic Lupus or Scleroderma?</p> <p>(c) Bipolar Depression, Schizophrenia, Parkinson's Disease or Multiple Sclerosis?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. In the past 2 years, has the Proposed Insured: (a) received care or treatment for, or (b) been advised by a physician or health care provider to seek treatment for:</p> <p>(a) Coronary Artery Disease, Heart Attack, Coronary Artery Bypass Surgery, Angioplasty, Cardiomyopathy, irregular heart rhythm, or Valvular Heart Disease with surgical repair or replacement?</p> <p>(b) Stroke or Transient Ischemic Attack (TIA)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. In the past 2 years, has the Proposed Insured:</p> <p>(a) been convicted of or currently awaiting trial for a felony?</p> <p>(b) been treated for or advised to have treatment for alcohol or drug abuse or convicted more than once of reckless driving or driving under the influence of drugs or alcohol?</p> <p>(c) used unlawful drugs in any form or abused or misused prescription drugs?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. In the past 2 years, has the Proposed Insured been hospitalized by a physician or health care provider for any mental or nervous disorder?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. In the past 12 months, has the Proposed Insured consulted a physician for chronic cough, <u>unexplained</u> weight loss greater than 10 pounds, fatigue or unexplained gastrointestinal bleeding?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Optional Comments



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OPTIONAL COMMENTS (Not Required) - Provide any additional information available.	
Question Number	Details to Underwriting Questions (Diagnosis, Dates, Durations, Medications, Dosages)

- Reduces Phone Interviews
- Reduces delays

Application – Plan Information



PLAN INFORMATION	
Plan: <input checked="" type="checkbox"/> Level Benefit Product <input type="checkbox"/> Graded Benefit Product Amount Applied For \$ <input type="text"/>	Rider: (Only if selecting Level Benefit Product) <input type="checkbox"/> Accidental Death Rider
Payment Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (Automated Bank Account Withdrawal) Modal Premium \$ <input type="text"/> Collected Premium \$ <input type="text"/>	

- Level Death Benefit
 - Automatically has the Accelerated DB Rider
 - Can elect to add the Accidental Death Benefit Rider
- Graded Death Benefit
 - Accelerated Death Benefit Rider is not available
 - Accidental Death Benefit Rider is not available

Producer

- Questions on the app
- Build Chart

MoO Home Office

- M.I.B.
- Pharmaceutical Report
- Random Phone Interviews



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Underwriting Build Chart

Height	Minimum Weight	Level Benefit Maximum Weight	Graded Benefit Maximum Weight
4 Feet			
8"	74	197	221
9"	77	202	225
10"	79	208	231
11"	82	214	237
5 Feet	85	220	244
1"	88	226	250
2"	91	232	257
3"	94	238	264
4"	97	245	270
5"	100	251	277
6"	103	258	285
7"	106	265	293
8"	109	274	300
9"	112	282	309
10"	115	289	316
11"	119	298	325
6 Feet	122	305	333
1"	126	313	340
2"	129	321	349
3"	133	329	358
4"	136	338	367
5"	140	347	376
6"	143	358	385
7"	147	367	394
8"	151	376	405
9"	154	385	415
10"	158	395	427




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Online Rate Calculator

- Winflex is currently available to download
 - Product Type = Whole Life
 - Product Name = Final Expense/Living Promise
- Online calc tool is also available!
 - www.mutualofomaha.com/broker-quote

Online Rate Calculator



MUTUAL of OMAHA  Tracey [Sign out](#)

Living Promise Whole Life Insurance

Calculate **Premium** Face Amount

State: Plan Type:

Gender: Male Female Tobacco Use: Yes No

Age Last Birthday: yrs

Face Amount:

Premium Options

With AD Rider	Without AD Rider	
\$60.18	\$55.11	Monthly
\$185.96	\$170.28	Quarterly
\$351.62	\$321.98	Semi-Annually
\$676.20	\$619.20	Annually

Accidental Death Benefit Rider
This rider provides an additional death benefit equal to the policy's face amount if the death of the insured results from accidental bodily injury and independently of sickness and all other causes.
Additional premium required.
ICG12L082R

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Whole Life Insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha is licensed in all states except NY. Product base plans, provisions, features and riders may not be available in all states and may vary by state.

Electronic Application



E-apps Currently Available For:

- Living Promise
- Term Life Express
- Children's Whole Life
- Accidental Death



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AML Training

- 'Living Promise' is a Whole Life product
- Whole Life products require AML training
- LIMRA.com



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Underwriting Contacts

Underwriting Support Center:

- 1 (800) 775-7896

Case Status:

- Statuslines@mutualofomaha.com
- Website pending reports (Producer website)

Contact Any Individual By Calling 'Sales Support':

- 1 (800) 693-6083

Sales Support



(800) 693-6083

- Product questions
- Proposal software quotes
- Order marketing materials
- Sales Professional Access help
- Gateway to any department in the company

Sales Contacts



Brent Bench

Life Sales Director

(402) 968-4379 cell

brent.bench@mutualofomaha.com

Dylan Cummings

Account Executive

(402) 351-3538

dylan.cummings@mutualofomaha.com



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Thank You!