



# Living Promise Final Expense

Living Promise Whole Life Insurance  
*For Final Expenses and More.*



# 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



# Application – Part One

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 <b>ever been</b>:</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



Mutual of Omaha

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 <b>ever</b> (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. <b>In the past 4 years</b>, 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. <b>In the past 2 years</b>, 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. <b>In the past 2 years</b>, 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. <b>In the past 2 years</b>, 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. <b>In the past 12 months</b>, 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

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 INFO

Plan:	<input type="checkbox"/> Level Benefit Product	<input type="checkbox"/> Graded Benefit Product	Amount Applied For \$ _____	
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 \$	_____	Collected Premium \$	_____	

- 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





# Underwriting

## Producer

- Questions on the app
- Build Chart

## MoO Home Office

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



# LP Underwriting Build Chart

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

# 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.

# Accidental Death Benefit Rider

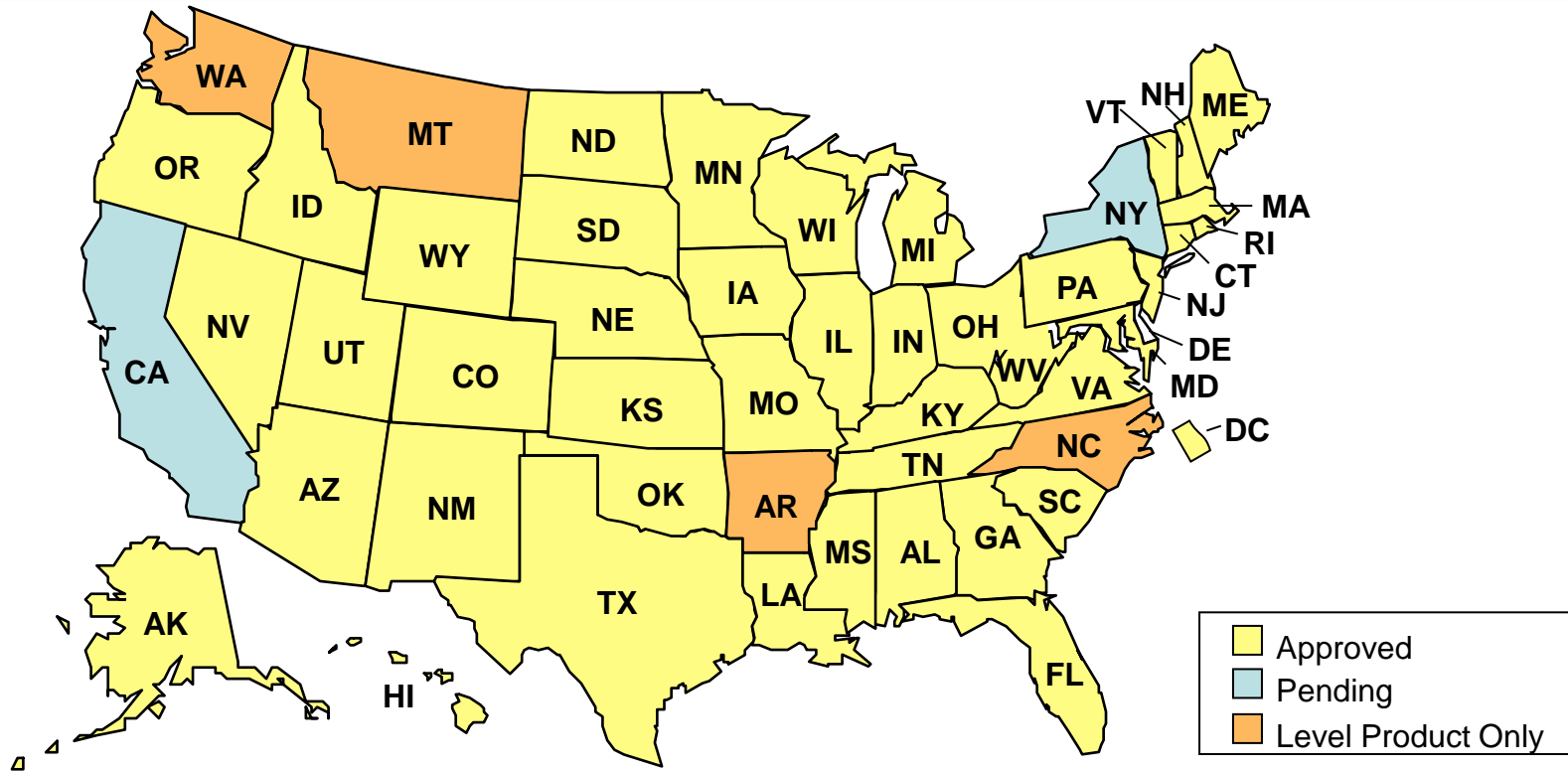


- This rider provides an additional death benefit equal to the policy's face amount if the death of the insured results from accidental bodily injury and independently of sickness and all other causes.
- Not available on the 'Graded DB' product



# State Availability

(As of 02/28/13)





# AML Training

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

# Sales Support



**(800) 693-6083**

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

# Underwriting Contacts



## Underwriting Support Center:

- 1 (800) 775-7896

## Case Status:

- [Statuslines@mutualofomaha.com](mailto:Statuslines@mutualofomaha.com)
- Website pending reports (Producer website)

## Contact Any Individual By Calling 'Sales Support':

- 1 (800) 693-6083



# Sales Contacts



## **Brent Bench**

Life Sales Director

(402) 968-4379 cell

[brent.bench@mutualofomaha.com](mailto:brent.bench@mutualofomaha.com)

## **Dylan Cummings**

Account Executive

(402) 351-3538

[dylan.cummings@mutualofomaha.com](mailto:dylan.cummings@mutualofomaha.com)



# Thank You!