



# ***Term Life Express***

## ***- TLE -***

# TLE Portfolio



TLE - 15/15

TLE - 20/5

TLE - 20/20

TLE - 20/20 ROP

TLE - 30/5

TLE - 30/30

TLE - 30/30 ROP

# Simplified Application



- 'Knock out' application
  - **Allows the producer to know if the prospect qualifies**
- Only **'10'** health underwriting questions
- Issue in under **3** days on clean apps.

# Simplified Underwriting



Risk Classes: Standard or Standard Non-Tobacco  
Simplified Underwriting up to **\$400,000!**

## **\$50,000 - \$250,000**

- Build Chart (very liberal)
- M.I.B report (Medical Information Bureau)
- Pharmaceutical Report
- Random phone interview

Ages 61 - 65 require a mandatory phone interview.

## **\$250,001 - \$400,000**

- Same as above, plus:
- Mandatory phone interview
- Oral swab test

Ages 61 - 65 require a mandatory APS & phone interview.



# Underwriting (Questions 3 – 7)



<p><b>3. Has the Proposed Insured currently or within the past 12 months:</b></p> <p>(a) required the assistance of another person or a device of any kind for bathing, dressing, eating, toileting, getting in and out of a chair or bed, or the management of bowel or bladder problems? .....</p> <p>(b) received, or been advised to have, any of the following types of care: nursing home, assisted living facility, adult day care facility, home health care services or is the Proposed Insured currently confined to any hospital or other medical facility? .....</p> <p>(c) used any of the following: walker, wheelchair, electric scooter, oxygen, or catheter? .....</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><b>4. In the past 12 months, has the Proposed Insured:</b></p> <p>(a) been advised by a member of the medical profession to have a surgical operation, diagnostic testing other than for routine screening purposes, treatment, or other procedure which has not been done? .....</p> <p>(b) experienced chronic cough, unexplained weight loss greater than 10 pounds (other than due to diet or exercise), fatigue or unexplained gastrointestinal bleeding? .....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>5. In the next 2 years, will the Proposed Insured engage in any motor sports racing, boat racing, parachuting/skydiving, hang gliding, base jumping, rock or mountain climbing? .....</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>6. In the past 10 years, has the Proposed Insured:</b></p> <p>(a) used alcohol to a degree that required treatment or been advised to limit or discontinue its use by a member of the medical profession? .....</p> <p>(b) used or been convicted of possession of unlawful drugs or used prescription drugs other than as prescribed in any form? .....</p> <p>(c) been convicted of, incarcerated for, or currently awaiting trial for a felony? .....</p> <p>(d) been hospitalized for high blood pressure or any mental or nervous disorder? .....</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><b>7. In the past 5 years, has the Proposed Insured been convicted of driving under the influence of drugs or alcohol, been convicted of reckless driving, or had four or more moving violations? .....</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

# Underwriting (Questions 8 – 10)



8. Has the Proposed Insured ever had:	Proposed Insured
(a) Diabetes? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Diabetes before age 50 other than Gestational Diabetes?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Diabetes at any age with complications of Retinopathy (eye), Nephropathy (kidney), Neuropathy (nerve) or Peripheral Vascular Disease (PVD or PAD)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. In the past 12 months, has the Proposed Insured applied for or received disability, hospital or medical benefits from any insurance company, government, employer, or other source (other than for maternity, fractures, spinal or back disorders or hip or knee replacement)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. In the past 5 years, has the Proposed Insured consulted with a doctor or been hospitalized or treated by a health care provider for any other health condition (other than for routine physical checkups, eye, employment or FAA examinations)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

If answered "Yes" to questions 8-10, please list details below. If more space is needed, use the Comments section in Part 1.

Person Proposed for Insurance	Medical Impairment, Injury, Illness or Results of Testing or Examinations (If operation was performed, state type)	Month and Year	Duration	Degree of Recovery	Name, Address, ZIP and Telephone Number of Hospital, and/or Attending Physician

# Oral Swab Test



- **Only used for TLE**
- **Needed for face amounts: \$250,001 - \$400,000**
- **Order kits from: 1 (800) 693-6083**
- **Oral swab checks for: Tobacco, Cocaine, HIV**
- **Testing: <http://www.salivatrainning.com/>**



# Telephone Interview Call “In”



- Only used for TLE
- Prospect calls ‘IN’ to our underwriting dept.
- Needed for face amounts: \$250,001 - \$400,000
- Insured is age: 61- 65
- Number to call: (800) 775-3000
- Hours:
  - 8:00 am – 7:00 pm CST; Monday – Thursday
  - 8:00 am – 5:00 pm CST on Friday

# Telephone Interview Call “Out”



- Only used for TLE
- Underwriting Dept. calls ‘OUT’ to prospect
- Random phone interviews:
  - \$50,00 - \$250,000
  - Approximately 1 in 10

# No Cost 'Riders' & 'Provisions'



- **Residential damage waiver of premium rider**  
Waives premiums for six months if:  
Primary residence sustains \$25,000 or more in damage
- **Unemployment waiver of premium provision**  
Waives premiums for six months if:  
The insured becomes unemployed
- **Accelerated death benefit rider**  
Accelerates 92% of the DB if:  
Insureds life expectancy is 24 months or less
- **Common carrier death benefit provision**  
Doubles the DB up to \$250,000 if :  
Insured dies on a common carrier (plane, bus, train, etc)

# Return of Premium Features



## UNITED *of* OMAHA LIFE INSURANCE COMPANY

### Term Life Express 30 - 30-year Premium Guarantee

#### Premium Quote

**Insured:** Mr. Prospect  
**Age:** 35 / Male / Standard Non-Tobacco

**Death Benefit:** \$150,000  
**State of Issue:** NE

<b>Premium</b>	<u>Premium Includes</u>	<b>Face Amount</b>	<u>Annual Premium</u>
	Base Plan Only (includes annual Policy Fee)		\$ 498.00
	Return of Premium Benefit Provision		416.10
	Accelerated Death Benefit Rider		No Cost
	Waiver of Premium for Unemployment Provision		No Cost
	Residential Damage Waiver of Premium Rider		No Cost
	Common Carrier Death Benefit Provision		No Cost
	<b>Total Annual Premium</b>	<b>Monthly Premium</b>	<b>\$ 914.10</b>
	<b>Total Monthly BSP Premium</b>		<b>\$ 81.36</b>

# Return of Premium Features



## Partial Return of Premium Benefit

The Partial Return of Premium Benefit Provision entitles the policyowner to have all or a portion of the premiums, both paid and waived, returned during the first 30 years upon surrender of the policy. The amount returned will depend upon the policy year in which surrender of the policy is requested. Returned premiums include all policy fees and all rider premiums.

Initial Monthly BSP cost:	\$ 37.03
Total cost over 30 years period:	\$ 13,330.80*
Total premium returned in policy year 30:	\$ 29,289.12*

**ROP Cost**

**ROP Amount**

**Rate of Return**

\* Totals reflect any added Rider terminating during the policy's guaranteed period.

The Partial Return of Premium Benefit Provision provides a refund of premiums paid without interest and is not an investment.

In order to receive a cash payment equal to the total premiums returned as shown above, you would need to make continuous monthly deposits of \$37.03 for a period of 30 years in an investment with a rate of return equal to 4.80%.

# Return of Premium Features



## ROP Amount

### Reduced Paid-Up Term Life Insurance

The policyowner may use the amount available under the Partial Return of Premium Benefit Provision to purchase Reduced Paid-Up Term Life Insurance. Under this option, the policy continues without any further premium payments until the Policy Anniversary following the insured's 100<sup>th</sup> birthday when the policy terminates. All Riders and Provisions end as of the effective date of the Reduced Paid-Up Term Life Insurance.

Total premiums returned in policy year 30: \$ 29,289.12

Reduced Paid-Up Term Life Insurance available in policy year 30: \$ 54,891.71

## Reduced Paid Up Amount

# Installment Death Benefits



## UNITED of OMAHA LIFE INSURANCE COMPANY

### Term Life Express 30 - 30-year Premium Guarantee

#### Premium Quote

**Insured:** Mr. Prospect  
**Age:** 35 / Male / Standard Non-Tobacco

**Death Benefit:** \$152,074  
**State of Issue:** NE

<b>Premium</b>	<b>Premium Includes</b>	<b>Face Amount</b>	<b>Annual Premium</b>
	Base Plan Only (includes annual Policy Fee)		\$ 504.06
	Accelerated Death Benefit Rider		No Cost
	Waiver of Premium for Unemployment Provision		No Cost
	Residential Damage Waiver of Premium Rider		No Cost
	Common Carrier Death Benefit Provision		No Cost
	<b>Total Annual Premium</b>	<b>Monthly Premium</b>	<b>\$ 504.06</b>
	<b>Total Monthly BSP Premium</b>		<b>\$ 44.86</b>

# TLE Summary



- Knock out application
- Simplified Underwriting
  - No blood
  - No urine
  - No paramed
- Offers 15 – 20 – 30 Year products
- Offers Return of Premium on 20 – 30 year
- 4 Unique no cost Riders/Provisions



# Sales Support



**Sales Support: 1 (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!