

MUTUAL OF OMAHA INSURANCE COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600

DISABILITY INCOME CHOICE PORTFOLIO QUICK REFERENCE



	Short-Term Accident Only (Off-The-Job)	Short-Term Accident and Sickness (Off-The-Job)	Long-Term Accident and Sickness	Business Operating Expense (BOE)
Target Market	Individuals 25-55 Yrs Old			Small Business Owners
	Blue/Gray Collar, Self-Employed	Blue/Gray Collar, Self-Employed	White Collar, Executive, Professional	Self-Employed, White Collar, Professional
	Household Incomes \$15,000-50,000	Household Incomes \$25,000-75,000	Household Incomes \$50,000+	\$36,000+
Elimination Period (Accident and Sickness)	14, 30, 60, 90 Days		60, 90, 180, 365 Days	30, 60, 90, 180, 365 Days
Benefit Periods	3, 6, 12, 24 Months		2, 5, 10 Yrs, To Age 67	12, 18 Months
Issue Ages	18-61			20-59
Premium Structure	Level Until Age 67, Unisex, Age-banded	Level Until Age 67, Then Annually Increased, Sex-Distinct		Level Until Age 59, Sex- Distinct, Age-banded
Renewability	Guaranteed Renewable To Age 67	Guaranteed Renewable To Age 67, Then Conditionally Renewable To Age 75		Guaranteed Renewable To Age 65
Maximum Base Benefit (May Vary by Occupation Class)	\$5,000	\$5,000	\$10,000 (\$12,000 with SIS rider)	\$15,000
Own Occupation Period	2 Years		2 Years, or For Duration of Benefit Period via Rider	
Base Plan Benefits	Total Disability, Partial Disability, Survivor Benefit, Recurrent Disability, Presumptive Total Disability, Waiver of Premium	Total Disability, Partial Disability (Short-Term only), Proportionate Disability (Long-Term only), Survivor Benefit, Terminal Illness Benefit, Recurrent Disability, Presumptive Total Disability, Waiver of Premium, Transplant Donor Benefit, Rehabilitation Benefit		Total Disability, Recurrent Disability, Waiver of Premium
Optional Benefits	Accident Hospital Confinement	Hospital Confinement, Return of Premium, Critical Illness	Social Insurance Supplement, Future Insurability Option, Extended Own Occupation, Extended Proportionate Disability, COLA, Hospital Confinement, Return of Premium, Critical Illness	

MEDICAL UNDERWRITING

Base Monthly Benefit Amount	Short-Term Accident Only	Short-Term Accident and Sickness	Long-Term Plan 2-Year and 5-Year Benefit Period	Long-Term Plan 10-Year and To Age 67 Benefit Period	Business Operating Expense
\$300-\$3,000	Express Underwriting ¹	Express Underwriting ¹	Interview	Interview, Oral Fluid Test	Express Underwriting ¹
\$3,100-\$5,000		Interview	Interview, Oral Fluid Test	Interview, Physical Data, Blood and Urine	Interview
\$5,100-\$8,000			Interview, Physical Data, Blood and Urine	Interview, Long Form Paramed, Blood and Urine	Interview, Physical Data, Blood and Urine
\$8,100 and Above			Interview, Long Form Paramed, Blood and Urine, EKG ²	Interview, Long Form Paramed, Blood and Urine, EKG ²	Interview, Long Form Paramed, Blood and Urine, EKG ²

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

- Applicant is in occupation class 6A, 5A, 4A, 3A, or 2A
- For Accident Only coverage: Applicant is age 55 or younger and medically standard
- For Accident and Sickness coverage: Applicant is nontobacco, age 45 or younger and medically standard
- No adverse information from the Medical Information Bureau
- All application questions have been clearly and completely answered and required forms and financial documents have been submitted with the application

²Age 45 and over only