



Disability income insurance underwritten by:
MUTUAL OF OMAHA INSURANCE COMPANY

Mutual of Omaha Plaza
 Omaha, NE 68175
 mutualofomaha.com



Hospital Confinement Accident Indemnity Benefits Rider Annual Rates (optional)

Issue Age	Daily Room Benefit			
	\$125	\$250	\$350	\$500
18 – 25	5.06	10.33	14.75	21.47
26	5.12	10.45	14.93	21.73
27	5.19	10.59	15.12	22.01
28	5.27	10.75	15.35	22.35
29	5.36	10.95	15.63	22.75
30	5.48	11.18	15.96	23.23
31	5.61	11.46	16.36	23.81
32	5.78	11.79	16.83	24.50
33	5.97	12.17	17.38	25.31
34	6.19	12.63	18.03	26.25
35	6.43	13.12	18.73	27.27
36	6.68	13.63	19.46	28.33
37	6.96	14.21	20.29	29.54
38	7.28	14.86	21.21	30.89
39	7.64	15.58	22.25	32.39
40	8.03	16.38	23.38	34.05
41	8.46	17.25	24.62	35.85
42	8.92	18.19	25.97	37.81
43	9.41	19.21	27.42	39.92
44	9.95	20.29	28.96	42.17
45	10.55	21.52	30.72	44.73
46	11.23	22.90	32.69	47.60
47	11.94	24.36	34.77	50.63
48	12.70	25.90	36.97	53.83
49	13.49	27.51	39.27	57.18
50	14.31	29.20	41.68	60.69
51	15.17	30.95	44.18	64.33
52	16.06	32.77	46.77	68.11
53	16.98	34.64	49.45	72.00
54	17.93	36.57	52.19	76.00
55	18.83	38.41	54.82	79.83
56	20.47	41.76	59.60	86.79
57	22.25	45.38	64.78	94.32
58	24.17	49.30	70.37	102.46
59	26.24	53.53	76.42	111.27
60	27.31	55.71	79.53	115.79
61	28.36	57.86	82.60	120.25

Calculate Your Premium

Short-Term Accident-Only Disability Income Insurance	Example (Unisex, age 50-54, \$1,500 monthly benefit amount, 30 day elimination period and 6 month benefit period)																										
Base Premium 1. Find the annual rate per \$100 of monthly benefit for your client's occupational class, benefit period, and elimination period. 2. Calculate the monthly benefit amount in \$100s (Example: \$1,500 = 15). 3. Find the modal factor (see below). 4. Multiply steps 1, 2 & 3 to get the base premium.	1. \$6.02 2. \$15.00 3. 0.0875 4. $\$6.02 \times \$15 \times 0.0875 = \$7.90$																										
Hospital Confinement Accident Indemnity Benefits Rider (optional) 1. Find the annual rate for your client's age and daily room benefit. 2. Find the modal factor (see below). 3. Multiply steps 1 & 2 to get the rider premium. 4. Add the base premium and rider to find the total premium.	1. \$38.41 2. 0.0875 3. $\$38.41 \times 0.0875 = \3.36 4. $\$7.90 + \$3.36 = \$11.26$																										
Modal Factors Monthly (BSP): 0.0875 Quarterly: 0.2600 Semiannual: 0.5150 Annual: 1.0000	Payroll Deductible Modes <table border="1"> <thead> <tr> <th>Mode</th> <th>Factor</th> </tr> </thead> <tbody> <tr><td>9-Day</td><td>0.1167</td></tr> <tr><td>10-Day</td><td>0.1050</td></tr> <tr><td>11-Day</td><td>0.0955</td></tr> <tr><td>18-Day</td><td>0.0583</td></tr> <tr><td>19-Day</td><td>0.0553</td></tr> <tr><td>20-Day</td><td>0.0525</td></tr> <tr><td>21-Day</td><td>0.0500</td></tr> <tr><td>22-Day</td><td>0.0477</td></tr> <tr><td>23-Day</td><td>0.0457</td></tr> <tr><td>24-Day</td><td>0.0438</td></tr> <tr><td>25-Day</td><td>0.0420</td></tr> <tr><td>26-Day</td><td>0.0404</td></tr> </tbody> </table>	Mode	Factor	9-Day	0.1167	10-Day	0.1050	11-Day	0.0955	18-Day	0.0583	19-Day	0.0553	20-Day	0.0525	21-Day	0.0500	22-Day	0.0477	23-Day	0.0457	24-Day	0.0438	25-Day	0.0420	26-Day	0.0404
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Disability Income
*Choice Portfolio*SM



SHORT-TERM ACCIDENT-ONLY RATE GUIDE

Rates apply to all states except: CA, FL, MN, NV, SD, VT, WA

SHORT-TERM ACCIDENT-ONLY DISABILITY INCOME INSURANCE

Annual Rates per \$100 Monthly Benefit

3-MONTH BENEFIT PERIOD*					
Occ Class	Issue Age	Elimination Period			
		14 Day	30 Day	60 Day	90 Day
6A	18 – 49	5.42	2.81	2.02	0.85
	50 – 54	5.68	3.37	2.56	1.34
	55 – 61	6.00	3.77	2.94	1.69
5A	18 – 49	6.02	3.12	2.25	0.94
	50 – 54	6.31	3.74	2.84	1.49
	55 – 61	6.66	4.18	3.26	1.87
4A	18 – 49	6.93	3.59	2.58	1.09
	50 – 54	7.26	4.30	3.26	1.71
	55 – 61	7.66	4.81	3.75	2.15
3A	18 – 49	9.04	4.68	3.38	1.42
	50 – 54	9.47	5.62	4.26	2.23
	55 – 61	10.00	6.28	4.90	2.81
2A	18 – 49	11.45	5.93	4.27	1.79
	50 – 54	11.99	7.11	5.40	2.82
	55 – 61	12.66	7.95	6.20	3.56
1A	18 – 49	15.06	7.80	5.62	2.36
	50 – 54	15.78	9.36	7.10	3.72
	55 – 61	16.66	10.46	8.16	4.68

Annual Rates per \$100 Monthly Benefit

6-MONTH BENEFIT PERIOD					
Occ Class	Issue Age	Elimination Period			
		14 Day	30 Day	60 Day	90 Day
6A	18 – 49	7.74	4.38	3.24	1.52
	50 – 54	8.29	5.35	4.18	2.45
	55 – 61	8.86	6.02	4.86	3.12
5A	18 – 49	8.59	4.87	3.60	1.69
	50 – 54	9.21	5.94	4.65	2.72
	55 – 61	9.85	6.70	5.40	3.46
4A	18 – 49	9.88	5.60	4.14	1.94
	50 – 54	10.59	6.83	5.34	3.13
	55 – 61	11.33	7.70	6.21	3.98
3A	18 – 49	12.89	7.31	5.40	2.54
	50 – 54	13.82	8.92	6.98	4.08
	55 – 61	14.78	10.05	8.10	5.20
2A	18 – 49	16.33	9.26	6.84	3.21
	50 – 54	17.50	11.30	8.83	5.17
	55 – 61	18.71	12.72	10.26	6.58
1A	18 – 49	21.48	12.18	9.00	4.22
	50 – 54	23.02	14.86	11.62	6.80
	55 – 61	24.62	16.74	13.50	8.66

SHORT-TERM ACCIDENT-ONLY DISABILITY INCOME INSURANCE

Annual Rates per \$100 Monthly Benefit

12-MONTH BENEFIT PERIOD					
Occ Class	Issue Age	Elimination Period			
		14 Day	30 Day	60 Day	90 Day
6A	18 – 49	8.95	5.70	4.26	2.10
	50 – 54	10.04	7.22	5.73	3.50
	55 – 61	10.98	8.27	6.78	4.54
5A	18 – 49	9.94	6.33	4.73	2.33
	50 – 54	11.15	8.02	6.37	3.89
	55 – 61	12.21	9.19	7.54	5.05
4A	18 – 49	11.43	7.28	5.44	2.68
	50 – 54	12.82	9.22	7.32	4.47
	55 – 61	14.04	10.57	8.66	5.81
3A	18 – 49	14.92	9.50	7.10	3.50
	50 – 54	16.73	12.02	9.55	5.83
	55 – 61	18.31	13.79	11.30	7.58
2A	18 – 49	18.90	12.02	8.98	4.42
	50 – 54	21.19	15.23	12.10	7.38
	55 – 61	23.19	17.46	14.32	9.59
1A	18 – 49	24.86	15.82	11.82	5.82
	50 – 54	27.88	20.04	15.92	9.72
	55 – 61	30.52	22.98	18.84	12.62

Annual Rates per \$100 Monthly Benefit

24-MONTH BENEFIT PERIOD					
Occ Class	Issue Age	Elimination Period			
		14 Day	30 Day	60 Day	90 Day
6A	18 – 49	10.03	7.14	5.26	2.42
	50 – 54	12.10	9.66	7.51	4.29
	55 – 61	13.61	11.30	9.04	5.64
5A	18 – 49	11.14	7.94	5.84	2.70
	50 – 54	13.44	10.73	8.34	4.77
	55 – 61	15.12	12.56	10.04	6.26
4A	18 – 49	12.82	9.13	6.72	3.10
	50 – 54	15.46	12.34	9.59	5.48
	55 – 61	17.39	14.45	11.54	7.20
3A	18 – 49	16.72	11.90	8.76	4.05
	50 – 54	20.16	16.10	12.52	7.15
	55 – 61	22.68	18.84	15.06	9.40
2A	18 – 49	21.18	15.08	11.10	5.12
	50 – 54	25.54	20.38	15.86	9.06
	55 – 61	28.73	23.86	19.08	11.90
1A	18 – 49	27.86	19.84	14.60	6.74
	50 – 54	33.60	26.82	20.86	11.92
	55 – 61	37.80	31.40	25.10	15.66

*Certain benefit periods may not be available in all states.