

# 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)
<b>Target Market</b>	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+
<b>Elimination Period (Accident and Sickness)</b>	0, 7, 14, 30, 60, 90 Days	0/7, 7, 0/14, 14, 30, 60, 90 Days	60, 90, 180, 365 Days	30, 60, 90, 180, 365 Days
<b>Benefit Periods</b>	3, 6, 12, 24 Months		2, 5, 10 Yrs, To Age 67	12, 18 Months
<b>Issue Ages</b>	18-61			20-59
<b>Premium Structure</b>	Level Until Age 67, Unisex, Age-banded	Level Until Age 67, Then Annually Increased, Sex-Distinct		Level Until Age 59, Sex- Distinct, Age-banded
<b>Renewability</b>	Guaranteed Renewable To Age 67	Guaranteed Renewable To Age 67, Then Conditionally Renewable To Age 75		Guaranteed Renewable To Age 65
<b>Maximum Base Benefit (May Vary by Occupation Class)</b>	\$5,000	\$5,000	\$10,000 (\$12,300 with SIS rider)	\$15,000
<b>Own Occupation Period</b>	2 Years		2 Years, or For Duration of Benefit Period via Rider	
<b>Base Plan Benefits</b>	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
<b>Optional Benefits</b>	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 <sup>1</sup>	Express Underwriting <sup>1</sup>	Interview	Interview	Express Underwriting <sup>1</sup>
\$3,100-\$5,000		Interview		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 <sup>2</sup>	Interview, Long Form Paramed, Blood and Urine, EKG <sup>2</sup>	Interview, Long Form Paramed, Blood and Urine, EKG <sup>2</sup>

<sup>1</sup>Underwriting 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

<sup>2</sup>Age 45 and over only