LIFE INSURANCE





United of Omaha Life Insurance Company
A Mutual of Omaha Company

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Life Underwriting Philosophy

Mutual of Omaha appreciates your business and is committed to providing you with the tools that improve the underwriting process – simplified. We evaluate each application based on several criteria. You will find that in this easy-to-use reference guide, we have included valuable information including our requirements grid, build chart and much more.

We provide you with simple, quick to issue processes and industry leading service. We also offer a risk assessment process to give you an idea of the eligibility of the applicant for our simplified products. Our team is here to help you place business. Give us a call with any questions you may have at 1-800-775-7896.

Submitting Applications

All applications and required forms should be submitted to:

Mutual of Omaha 3300 Mutual of Omaha Plaza Omaha, NE 68175

Fax: (402) 997-1804

All applications received that are in the process of being underwritten will be reported on your pending status report found on Sales Professional Access.

New Applications Email:

lifeapps@mutualofomaha.com

Requirements Email:

liferequirements@mutualofomaha.com

Risk Assessments:

 Email: <u>ExpressRiskAssessment@</u> <u>mutualofomaha.com</u>

Phone: 888-624-1173

How to Contact Us

Underwriting Support: 1-800-775-7896

iGO e-App Support: 1-800-641-6557

Sales Support: 1-800-693-6083

Underwriting Strengths

- We offer an age last birthday advantage when it comes to policy rates
- Variety of simplified products offering covering ages 14 days to age 85
- Clients who occasionally use marijuana may qualify
- We offer point-of-sale underwriting decisions with the use of our electronic applications
- Access to underwriters to discuss cases and risk assessments
- Industry-leading service times

Express Life and DI Rider Build Chart (Male and Female)

Height	TLE, IULE, Living Promise Minimum Weight	TLE, IULE, Maximum Weight	DI Rider Maximum Weight	Table 2 Maximum Weight (Multiple Impairments)	Living Promise Level Benefit Maximum Weight	Living Promise Graded Benefit Maximum Weight
4′ 8″	74	197	170	184	204	221
4′ 9″	77	202	176	189	209	225
4′ 10″	79	208	182	194	214	231
4′ 11″	82	214	187	199	220	237
5′ 0″	85	220	193	205	226	244
5′ 1″	88	226	199	211	233	250
5′ 2″	91	232	205	215	239	257
5′ 3″	94	238	213	220	246	264
5′ 4″	97	245	221	225	252	270
5′ 5″	100	251	226	231	259	277
5′ 6″	103	258	232	239	268	285
5′ 7″	106	265	239	245	275	293
5′ 8″	109	274	246	251	283	300
5′ 9″	112	282	254	258	291	309
5′ 10″	115	289	262	266	300	316
5′ 11″	119	298	269	274	307	325
6′ 0″	122	305	275	281	315	333
6′ 1″	126	313	282	289	322	340
6′ 2″	129	321	289	296	331	349
6′ 3″	133	329	296	303	339	358
6' 4"	136	338	301	311	348	367
6′ 5″	140	347	307	319	357	376
6′ 6″	143	358	313	328	366	385
6′ 7″	147	367	320	336	375	394
6′ 8″	151	376	327	345	385	405
6′ 9″	154	385	335	352	395	415
6′ 10″	158	395	343	359	407	427

Underwriting Requirements for Simplified Issue Policies

Term Life	Living Promise		
Issue Ages: 18-50 \$25,000-\$300,000	Issue Ages: 51-60 \$25,000-\$250,000	Issue Ages: 61-75 \$25,000-\$150,000	Level Benefit Plan Issue Ages: 45-85* \$2,000-\$50,000* Graded Benefit Plan Issue Ages: 45-80* \$2,000-\$20,000*
 Simplified Underwriting Build Chart MIB Pharmaceutical Check Medical Data Check MVR (Mandatory, Ages 18-35) MVR (As Needed, Ages 36-50) Phone Interview (As Needed) 	 Simplified Underwriting Build Chart MIB Pharmaceutical Check Medical Data Check MVR (As Needed) Phone Interview (As Needed) 	 Simplified Underwriting Build Chart MIB Pharmaceutical Check Medical Data Check MVR (As Needed) Phone Interview (As Needed) 	 Simplified Underwriting Build Chart MIB Pharmaceutical Check Medical Data Check Random Phone Interview

If an individual has a previous offer from United of Omaha Life Insurance Company with a risk class greater than Table 4 or has been declined, they will not qualify for Express products.

Additional notes

- 1. Phone interviews will be conducted, as needed. It is important to note that the telephone dialogue between your client and the phone representative will be recorded and relied upon as part of our risk analysis. As a result, it's important that your client be prepared to answer questions as accurately as possible.
- 2. Medical questionnaires and/or an occasional APS may be requested at the underwriter's discretion to clarify information developed from other sources.

^{*}May vary by state.

Non-Smoker/Non-Nicotine Qualifications

To qualify for non-nicotine rates, the proposed insured must not have used tobacco or nicotine products in any form (gum, patch, cigar, vaping, electronic cigarettes, hookah, etc.) within one year prior to the applications. We do not allow occasional cigar use to qualify for nontobacco rates with our simplified issue products.

Underwriting Criteria				
Nicotine: Tobacco No tobacco or nicotine products in any form within the prior 12 mon Marijuana use allowable for nontobacco rates				
Blood Pressure	Treatment allowable No hospitalization for high blood pressure in the past five (5) years			
Alcohol & Drug History	History No use, treatment, convictions in the past ten (10) years			
Driving Record	No convictions for DWI, DUI or reckless driving within the last five (5) years No convictions of four (4) or more moving violations			
Avocation/Occupation	No participation in any hazardous occupation, avocation or sport			
Aviation	Not allowable			
Criminal Record	No felony convictions in the past ten (10) years			
Build	See simplified issue underwriting build chart			

In addition to the criteria above, there must not be any other significant health problems. Final risk determination will be made by the United of Omaha Life Insurance company home office underwriter.

Note: Timeframes may vary by state, and are referenced on the application.

Multiple Impairments for Term Life Express and IUL Express

Multiple impairments resulting in a rating greater than Table 4 will be declined for our Express products. Below are some examples of multiple impairments that would result in a decline.

Multiple Impairments	Offer
Diabetes Examples	
Diabetes > age 45* with Table 2 or higher build	Decline
Diabetes > age 45* with tobacco or nicotine use	Decline
Diabetes > age 45* with Peripheral Vascular Disease (PVD)	Decline
Diabetes with any complications	Decline
Table 2 Build Chart Examples: Refer to the Table	e 2 Build Chart
Table 2 or higher build, with hypertension	Decline
Table 2 or higher build, with asthma and tobacco or nicotine use	Decline
Table 2 or higher build, with Peripheral Vascular Disease (PVD)	Decline

Note: This is not a complete list.

^{*}For CA and VI, age is 50.

Common Impairments for All Products

Some of the more common impairments that may result in an adjusted benefit or decline of coverage are listed below. This is a guide and not an all-inclusive list.

- Abnormal/Irregular Heart Rhythm
- Alcohol or drug treatment history
- ALS, Lou Gehrig's Disease
- Amputation caused by disease
- Asthma (Chronic or Severe)
- Bipolar, Schizophrenia, major depression
- Cardiomyopathy
- Cerebral Palsy
- Chronic Kidney Disease
- Congestive Heart Failure (CHF)
- Crohn's Disease/Ulcerative Colitis
- Coronary disease including heart attack or heart surgery
- COPD including Chronic Bronchitis, Emphysema, or Cystic Fibrosis
- Cancer
- Defibrillator
- Diabetes (prior to specified age)
- Diabetes with complications including Retinopathy (eye), Nephropathy (kidney), Neuropathy (nerve)
- Heart disease or surgery
- Hepatitis B or C

- Hodgkin's Disease
- Liver Disease including Cirrhosis
- Leukemia
- Lymphoma
- Melanoma
- Mental incapacity
- Metastatic Cancer, or recurrent cancer
- Neurological disorders including Muscular Dystrophy, Multiple Sclerosis and Parkinson's Disease
- Pacemaker
- Pancreatitis (Chronic or Alcohol related)
- Paralysis
- Organ, or bone marrow transplants
- Peripheral Vascular Disease (PVD or PAD)
- Renal insufficiency/failure
- Rheumatoid Arthritis (Moderate/Severe)
- Scleroderma
- Sickle Cell Anemia
- Stroke or mini stroke (TIA)
- Systemic Lupus

Automated Underwriting

Mutual of Omaha offers Automated Underwriting on the e-Applications for Living Promise® Final Expense, Term Life Express® and IUL Express®. You can deliver instant underwriting decisions and a faster underwriting process to your clients.

Getting started is easy!

Use the same iGO e-App you're familiar with today. The Automated Underwriting feature will work in the background, while you complete the e-App. It's that easy.

Here are some helpful tips:

- Start by selecting the "Electronic Applications" link on the home page of Sales Professional Access
- Then, scroll down to the "Life e-Application" section and select "Start New Case"
- The possible outcomes are: Approved, Referred to Underwriting (you or your client will be contacted for more information), or Declined
- You can use Automated Underwriting on your desktop, laptop or mobile device

Need help?

Contact one of the following areas:

• **Underwriting Support:** 1-800-775-7896

• **iGO e-App Support:** 1-800-641-6557

• Sales Support: 1-800-693-6083

Completing Simplified Issue Applications

General Guidelines

Select the appropriate state application and applicable forms based on the state where the application will be signed by the policy owner.

Add any additional information such as current medications and reasons for use or supplemental information for health questions under the Optional Comments section of the application. Additional insight provided assists in processing the application.

If an application is taken on a Kansas resident, the producer must be licensed and appointed in Kansas and in the state where the application is signed.

The producer report will need to be completed and sent in with each application for Term Life Express, IUL Express, and Living Promise Whole Life. This does not apply to Children's Whole Life applications.

Term Life Express or IUL Express Applications

Please follow the instructions below when completing a simplified issue application:

- Only one base policy can be applied for per application
- Complete all sections of the application, including plan, amount of insurance applied for, Riders (if applicable), payment mode and premium amount
- Select the product name and the amount of the insurance applied for
- An Illustration or Acknowledgment/Illustration Certification Form must be submitted for IUL Express. A signed illustration is required for all IUL Express policies.
 - Using the Electronic Application Easy Solve option
 - The illustration will automatically generate, or the electronic application will prompt you to complete the Illustration Certification Form
 - Using the Mobile Quote Easy Solve option and did not present an illustration
 - Complete the Illustration Certification Form within the application packet. We will send you a final illustration for your client to sign when you deliver the policy
 - Note: The signature page of the illustration needs to be returned prior to commissions being paid.
 - Submitting a signed illustration with the application
 - The Illustration Certification Form is not needed. The illustration must match how the policy is issued.
 Changes made after submitting the application will require a newly signed illustration marked as 'revised'
- IUL Allocation Form complete if applying for IUL Express
 - Using the Easy Solve option mark the Easy Solve checkbox on the application, the IUL Allocation
 Form is not needed
 - Not using the Easy Solve option the IUL Allocation Form must be submitted
- Disability Supplemental Application complete if applying for the Disability Benefits Rider
- Children's Rider Supplemental Application complete if applying for the Children's Rider
- Complete the Monthly Bank Withdrawal Form, if applicable
- · Attach a cover letter or additional information, as needed
- All changes should be initialed by the Applicant/Owner

- Always submit the Producer Statement and always provide the client with MIB Group Inc. Pre-Notice, Notice
 of Information Practices, and Life Insurance Buyer's Guide
- Complete the Conditional Receipt Form if a check or electronic transaction authorization for the initial premium was collected at the time of application, otherwise do not complete this form
- You will need a signed Accelerated Death Benefit Disclosure Form
- Complete the Conditional Receipt Form. If a check or electronic transaction authorization for the initial premium was not collected at the time of application, do not complete this form
- Have the client sign state replacement forms (if applicable) and provide a copy to the client
- If a financial institution would receive compensation for a sale, the Financial Institution Consumer Disclosure must be signed by the client

For additional information, please refer to the appropriate Application Submission Checklist.

Living Promise Applications

- Only one base policy can be applied for per application
- Complete all sections of the application, including plan, amount of insurance applied for, Accidental Death Benefit Rider (if applicable), payment mode and premium amount
- When answering the health questions:
 - Part One of the Underwriting section If the proposed insured answers "YES" to any questions in Part One, that person may not be eligible for any coverage under this application
 - Part Two of the Underwriting section If proposed insured answers "YES" to any questions in Part Two, that person is eligible only for the Graded Benefit Product
 - If the proposed insured answers all underwriting questions "NO," that person is eligible for the Level Benefit Product
- Plan Info Select the plan, Accidental Death Benefit Rider (if applicable), payment mode and amount
- Complete the Conditional Receipt Form if a check or electronic transaction authorization for the initial premium was collected at the time of application, otherwise do not complete this form
- Have the client sign the state replacement forms (if applicable) and provide a copy to the client
- Always submit the Producer Statement and always provide the client with MIB Group Inc. Pre-Notice, Notice of Information Practices, and Life Insurance Buyer's Guide

Children's Whole Life Applications

- Multiple children (up to 8) can be written on one application
- Each child will be issued a separate policy
- Complete all sections of the application, amount of insurance applied for, payment mode and premium amount per child
- Grandparents can sign the application without a parent's signature
- Attach a cover letter or additional information, as needed
- No conditional receipt is required
- Have the client sign state replacement forms (if applicable) and provide a copy to the client

Conditional Receipts

Note: The state of Kansas utilizes a Temporary Insurance Agreement (TIA) instead of conditional receipt. The same conditions apply to qualify for benefits, as outlined below.

The conditional receipt does not apply to Children's Whole Life.

A check or electronic payment authorization for the full initial modal premium must be submitted with the application.

No conditional coverage is provided if a completed conditional receipt is not submitted with the application. The Conditional Receipt Form is included with electronic application submissions.

A receipt is furnished in connection with an application for insurance on the proposed insured(s) bearing the same date as the receipt. Insurance under the receipt will become effective on the effective date defined on the receipt, but only if **all conditions below** have been completely met:

- 1. The amount received via check, credit card or electronic payment authorization with the application is sufficient to pay: (a) the first premium of a fixed premium plan at the mode applied for; or (b) the first planned periodic premium on a flexible premium plan
- 2. All required medical examinations must be completed within 60 days from the date of the application
- 3. Each person proposed for insurance is, as of the application date, eligible for the exact policy applied for, according to the underwriting standards of United of Omaha then in effect, without modification of the plan, premium rate, benefits, class and amounts of coverage applied for
- 4. To the best knowledge and belief of those signing the application, all the statements and answers in the application are true and complete when made
- 5. All parts of the application, and if required, exams, supplements to the application, questionnaires and amendments to the application, are completed and received by the home office

The amount of conditional insurance coverage provided under the receipt, if any, shall not exceed \$100,000* (\$50,000 for Living Promise) and shall also not exceed the death benefit applied for.

If the application is not approved and accepted within 60 days of the effective date of the receipt, conditional insurance coverage will cease. In that case, our liability will be limited to the return of the premium paid.

We have the right to terminate conditional insurance coverage at any time prior to the expiration of 60 days of the effective date of the receipt by mailing a refund of the premium paid.

Financial Underwriting Guidelines

Income Replacement Amounts*

Ages	\$25,000 or Higher Annual Earned Income
Under 30	40X
30-39	35X
40-49	30X
50-59	20X
60-64	10X
65+	7X*

^{*}Income replacement is generally not considered for those over age 66 unless an individual is actively at work or if the insured has a surviving spouse who may lose the benefit of a larger spousal Social Security or pension benefit.

Non-Working Spouse

Will generally consider an amount equal to the amount in force and applied for on the breadwinner. If the spouse does not have any active or pending life insurance coverage, the maximum allowed is \$100,000 total combined in-force coverage.

Business Insurance

Simplified underwriting is available for business insurance coverage purposes. An explanation of the purpose of the coverage will be needed. Face amounts over \$100,000 will require additional information generally obtained through a short phone interview. The Employer Owned Form is required when the business is requested to be either the owner or beneficiary.

Key Person

Generally 5-10X earned income plus bonuses if paid regularly as part of a company bonus plan. If the key person has an ownership interest in the company, the appropriate percentage of company net income can be added to his income. Some states have specific requirements to qualify as a key person.

Buy/Sell

Coverage should usually be applied for or in force on all major active partners. Each partner's ownership percentage should be included, and coverage should be proportional to the ownership interest.

Company financial statements and copies of a buy/sell agreement are sometimes necessary to help establish a reasonable market valuation for the company and may be ordered at the underwriter's discretion.

Charitable Giving

Life insurance may be purchased in favor of a charity or an institution to replace the potential value of future contributions by the donor or purely as a gift.

Most situations are reasonable and financially acceptable, but the insurable risk of loss to the institution should be closely related to the potential loss suffered by the charity and the donor's personal insurance needs should be already taken care of.

With simplified issue products, charitable giving is limited to the Living Promise product. The foundation or charitable institution is not permitted to be the owner of the policy.

Contact 1-800-693-6083 for additional Sales Support.

Maximum Total Combined Coverage Amounts

United of Omaha has a maximum combined total for simplified issue coverage which includes Term Life Express, Indexed Universal Life Express, Living Promise and Children's Whole Life policies on a single life.

Maximum Total Combined Coverage Amounts (Product Maximum May Not be Exceeded)			
Issue Age	Amount		
18-50	\$300,000		
51-60	\$250,000		
61-75	\$150,000		

Additional notations:

- ADB Rider maximum combined limit (all products): Ages 18-25: \$100,000, Ages 26-60: \$250,000
- Child Rider maximum combined limit (all products): \$10,000 per child
- Simplified whole life coverage maximum: \$50,000
- Maximum combined graded benefit coverages: \$25,000

Ownership/Beneficiary Relationships

Insurable Interest Philosophy

In order to prevent anti selection and fraud, United of Omaha retains the right to question certain beneficiary arrangements for insurable interest and reasonableness and have subsequently set the following guidelines.

Acceptable Owner/Beneficiary relationships include:

- Spouse, fiancée, domestic partner
- Parent
- Adult child
- Life insurance Trust
 - As Owner will require a copy of the Trust Certification form, including the name of trustee, tax ID number and date of Trust
 - · As Beneficiary Only will require date of Trust
- Business or Business Partner
 - As Owner see Business Insurance Guidelines, additional requirements may be requested
 - As Beneficiary Only acceptable

Acceptable Beneficiary-Only relationships (not as owner) include:

- Estate
- Siblings
- Grandparents and grandchildren
- Close relatives by marriage (in-laws, and step-relations)
- Ex-spouse

Any other Owner/Beneficiary relationships will not be approved.

Acceptable Contingent Beneficiary relationships include:

- Other distant relatives (Aunts, Uncles, Niece, Nephew, Cousins, etc.)
- Friends

Power of Attorney (POA)

An application signed by a person holding a POA is not an acceptable authorization for us to issue a life insurance policy. The person designated as having the "power" cannot adequately attest to the answers to the questions on the application and the Company would waive its rights to contest a claim based on misrepresentation as that person does not have the knowledge of the applicant's history. In addition, they can't authorize us to check MIB, order an Rx, MVR or medical records in most cases.

Prescription Drug Exclusions

Proposed insureds currently taking any of the following medications are not eligible for Term Life Express or IUL Express coverage. This is not an all-inclusive drug list. Additional medications or combinations of medications may be added to this list at the discretion of United of Omaha at any time.

Term Life Express or IUL Express

If the proposed insured currently takes any of the following medications listed below, please include the reason(s) for the medication(s) on the application. If this information is not included with the application, it will be obtained during the underwriting process in a pharmaceutical report, MIB reporting or, if needed, during the phone interview to help determine eligibility for coverage.

 Abacavir 	 Cognex 	 Gengraf 	Sulfate	 Sinemet
 Adcirca 	 Combivir 	 Geodon 	 Mycophenolate 	 Spiriva
 Aggrenox 	 Copaxone 	 Haldol 	Mofetil	 Stalevo
 Alkeran 	 Crixivan 	 Haloperidol 	 Myfortic 	 Stribild
 Amiodarone 	 Cyclosporine 	 Hepsera 	Nabi-Hb	 Suboxone
 Ampyra 	Cytoxan	 Humira 	 Naloxone Hcl 	 Sustiva
 Anoro Ellipta 	 Daliresp 	 Hydrea 	 Naltrexone Hcl 	Symbyax
 Antabuse 	 Digitek 	 Hydroxyurea 	 Namenda 	 Tamoxifen
 Aricept 	 Digoxin 	Infergen	 Neupogen 	 Targretin
 Arimidex 	 Dobutamine 	Invega	 Opdivo 	 Teslac
 Atripla 	Hcl	Invirase	Panretin	 Tudorza
Avonex	 Donepezil 	Isentress	 Pegasys 	 Tysabri
 Azilect 	 Droxia 	 Kalydeco 	Peg-Intron	 Viracept
 Baraclude 	 Eligard 	 Keytruda 	 Perphenazine 	 Viramune
 Betaseron 	 Eliquis 	 Lanoxin 	Prograf	 Viread
 Calcium 	Enbrel	 Latuda 	 Ranexa 	 Xarelto
Acetate	Epivir Hbv	 Leucovorin 	 Razadyne 	 Xeljanz
 Campath 	 Ergoloid 	Calcium	Rebif	 Zenapax
 Campral 	Mesylates	 Lexiva 	Retrovir	Zerit
 Caprelsa 	Exelon	 Lithium 	Revia	Ziagen
 Carbidopa/ 	 Femara 	 Megestrol 	 Revlimid 	Zidovudine
Levodopa	 Floxuridine 	Acetate	 Ribavirin 	 Zoladex
 Casodex 	 Fluorouracil 	(Megace)	 Risperdal 	 Zyprexa
 Cellcept 	Galantamine	Methadone	 Rituxan 	3 F
 Chlorpromazine 	Hydrobromide	Methotrexate	 Sandimmune 	
Hcl	 Gammagard 	 Mitomycin 	6 1 .	

Morphine

Saphris

Clozapine

Gamunex

Living Promise Whole Life

Proposed insureds currently taking any of the following medications are not eligible for Living Promise coverage. This is not an all-inclusive drug list. Additional medications or combinations of medications may be added to this list at the discretion of United of Omaha at any time.

Note: Proposed insureds taking medications marked with an asterisk (*) may qualify for the graded benefit product.

- AbacavirAlkeran
- 7 tincian
- Amiodarone*
- Ampyra*
- Anoro Ellipta*
- Antabuse*
- Aricept
- Atripla
- Avonex*
- Azilect*
- Betaseron*
- Calcium Acetate*
- Campath
- Campral*
- Caprelsa
- Carbidopa/Levodopa*
- Casodex
- Cellcept
- Chlorpromazine Hcl*
- Clozapine*
- Cognex
- Combivir
- Copaxone*
- Crixivan
- Cyclosporine

- Cytoxan
- Daliresp*
- Donepezil
- Droxia
- Eligard
- Epivir Hbv
- Ergoloid Mesylates
- Exelon
- Floxuridine
- Fluorouracil
- Galantamine Hydrobromide
- Gammagard
- Gamunex
- Gengraf
- Geodon*
- Haldol*
- Haloperidol*
- Hydrea
- Hydroxyurea
- Invega*
- Invirase
- Isentress
- Keytruda
- Latuda*

- Leucovorin Calcium
- Lexiva
- Lithium*
- Megace
- Megestrol Acetate (Megace)
- Mitomycin
- Mycophenolate
- Mofetil
- Myfortic
- Naloxone Hcl*
- Naltrexone Hcl*
- Namenda
- Neupogen
- Opdivo
- Panretin
- Perphenazine*
- Prograf
- Ranexa*
- Razadyne
- Rebif*
- Retrovir
- Revia*
- Revlimid
- Ribavirin*

- Risperdal*
- Rituxan
- Sandimmune
- Saphris*
- Sinemet*
- Spiriva*
- Stalevo*
- Stribild
- Suboxone*
- Sustiva
- Symbyax*
- Targretin
- Teslac
- Tudorza*
- Viracept
- Viramune
- Viread
- Zenapax
- Zerit
- Ziagen
- Zidovudine
- Zoladex
- Zyprexa*

Living Promise Whole Life - Continued

Additional Information Required

If the proposed insured currently takes any of the following medications listed below, please include the reason(s) for the medication(s) on the application. If this information is not included with the application, it will be obtained during the underwriting process in a pharmaceutical report, MIB reporting or, if needed, during the phone interview to help determine eligibility for coverage.

- Abilify
- Aggrenox
- Arimidex
- Baraclude
- Carvedilol
- Clopidogrel
- Coreg
- Coumadin
- Digitek
- Digoxin
- Eliquis
- Enoxaparin Sodium
- Femara

- Infergen
- Lanoxin
- Lovenox
- Pegasys
- Peg-Intron
- Plavix
- Pradaxa
- Seroquel
- Tamoxifen
- Truvada
- Warfarin
- Xarelto

Occupations

As you are completing the application, please make sure to list all the occupations on the application. The most hazardous occupation your client has will determine eligibility for the simplified underwritten product. We reserve the right to decline certain hazardous occupations for both life and the DI rider. This may not be an all-inclusive list.

Occupations outside of this list are generally accepted for Life Insurance. Additional information may be needed for some occupations on an individual consideration basis to determine eligibility for Life Insurance or the Disability Income Rider (DIR). A full list of occupations that are a concern for the Disability Income Rider can be found with the product guide.

Occupation	Duties Include, but Not Limited to	Life	DIR
Law Enforcement	Narcotics unit, vice squad, bomb squad, undercover work	Decline	Decline
Military	Aircraft pilot or crew member, hazardous activities e.g. diving, parachuting, explosives, hazardous material exposure, etc.	Decline	Decline
Federal/Government	Hazardous activities e.g. explosives, bomb disposal, hazardous material exposure, etc.	Decline	Decline
Hazardous	Steeplejack or tower erector, structural steel or explosives, work at heights greater than 49 feet	Decline	Decline
Health Care	Private duty nurse outside of a hospital facility, CNA, elderly caregiver, or home health aide	Accept	Decline
Occupational Travel	Outside of the United States to any regions of active war, political unrest, or terrorism	Decline	Decline

Note: A full list of occupations can be found within the product guide.

Avocations

The following avocations are not allowable with simplified underwriting. This may not be an all-inclusive list.

- Motor Sports Racing
- Boat Racing
- Parachuting
- Skydiving
- Hang Gliding
- Base Jumping
- Rock or Mountain Climbing

Foreign National and Immigrant Residency Policy

Permanent Residents Living Permanently in the United States

An individual with a valid Permanent Resident Card (also referred to as a Green Card or Alien Registration Receipt Card) may be eligible to apply for life insurance coverage. Such permanent residents will only be considered if the individual meets all four requirements listed below:

- 1. Has in his/her possession his/her valid Permanent Resident Card
- 2. Lived in the U.S. for a minimum of 12 continuous months
- 3. Has a minimum annual income of \$20,000 from U.S.-based assets or entitlement benefits (i.e., Social Security or pension benefits) or U.S.-based employment. Income from government assistance programs, supplemental security income (SSI) or Social Security disability income (SSDI) cannot be included
- 4. Completes the Foreign National and Foreign Travel Questionnaire, L5719_0107, and submits it with the application

Temporary Visa Holders Living in the United States

Individuals who have the following valid temporary work visas may be considered for life insurance coverage. Those who do not hold current valid acceptable visas as listed here will not be eligible for coverage.

- E-1
- E-2 (spouse and children under age 21 can also qualify for an E-2 visa)
- H-1B
- H-4 (for spouse and children under age 21 of H-1B visa holders)
- L-1
- L-2 (for spouse and children under age 21 of L-1 visa holders)

Term Conversion Guidelines

Clients can convert their Term Life Express policies to a new permanent policy within the face amount, issue age and risk class guidelines for the permanent product. This conversion can occur through the last conversion date shown on the client's policy data page. Term Life Express policies issued prior to May 1, 2014 are not eligible for conversions.

- No evidence of insurability is required
- If a term policy is eligible for conversion, it will be converted into a new policy at the insured's current attained age
- We are unable to convert term coverage into an existing universal life policy
- Partial conversions are available as long as all minimum face amount requirements for the new product are met
- Riders are not automatically carried over. See the following Rider Conversions section for details
- Substandard policies have limitations. See the following Substandard Conversions section for details

For complete details, refer to the conversion privilege language included in your client's term life insurance policy.

Products Available for Term Conversions (As of November 2023)

The following products are currently available for term conversions. The products available are subject to change at any time and may vary by term policy issue date. Features of all products may not be available in all states and may vary by state.

Conversion Product

Minimum Face Amount

IUL Express \$25,000
Whole Life (conversion only product) \$5,000

Substandard Conversions

- IUL Express is not available for a substandard term conversion. Term conversions with a rate up must be converted to a UL product which allows for a rate up (AccumUL Answers, Income AdvantageSM IUL, Life Protection AdvantageSM IUL)
- For information on these products, please refer to the Fully Underwritten Life Insurance Underwriting Guide

Rider Conversions

- Riders on the conversion policy must have already existed on the term policy; we cannot add new riders at time
 of conversion
- The Disability Waiver of Premium rider is not guaranteed convertible. To convert this rider, we will require a signed statement from client indicating client is not currently disabled and is currently performing the normal duties of his/her occupation
- Accidental Death Benefit and Children's Riders are guaranteed convertible if the rider is available on the new permanent product
- Other Insured Rider can be converted into a separate permanent policy at insured's current attained age

Why Mutual of Omaha

Over 50 years of Mutual of Omaha's Wild Kingdom taught us that the animal kingdom and the human kingdom have something in common ... an instinct to protect what matters most. Through insurance and financial products, we help people protect their lives, protect their families, protect their kingdoms.



MutualofOmaha.com

Submitting Applications

All applications and required forms should be submitted to:

Mutual of Omaha 3300 Mutual of Omaha Plaza Omaha, NE 68175

Fax: (402) 997-1804

All applications received that are in the process of being underwritten will be reported on your pending status report found on Sales Professional Access.

New Applications Email: lifeapps@mutualofomaha.com

Requirements Email: liferequirements@mutualofomaha.com

Risk Assessments: Email: ExpressRiskAssessment@mutualofomaha.com Phone: 888-624-1173

How to Contact Us

Underwriting Support: 1-800-775-7896 iGO e-App Support: 1-800-641-6557 Sales Support: 1-800-693-6083

Life Insurance Policies are Underwritten By:

United of Omaha Life Insurance Company 3300 Mutual of Omaha Plaza Omaha, NE 68175 mutualofomaha.com

