

UNITED OF OMAHA LIFE INSURANCE COMPANY
COMPANION LIFE INSURANCE COMPANY
MUTUAL of OMAHA AFFILIATES

*Life Insurance
Underwriting
Guidelines*



BROKERAGE

As of June 2013

**For Term and Permanent
Products**

*Ask your underwriter about
the Fit underwriting credit
program!*

**Producer use only.
Not to be used with the General Public.**

LY27455_0713

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Life Underwriting

Mutual of Omaha appreciates your business and is committed to providing you with the tools that improve the underwriting process. You will find that in this easy to use reference guide, we have included valuable information including our requirements grid, build chart, paramed vendors and much more.

Underwriting Teams

Here at Mutual of Omaha, we have a very experienced and knowledgeable underwriting team. We review each case carefully to give your clients the best offer and look to see if any of our Fit underwriting credits apply. We also offer trial and quick quotes processes to give you an idea of our position on certain cases. Our team is here to help you place business. Give us a call directly with any questions you may have at 1-800-775-7896 or contact your underwriting team.

Underwriting Strengths

Medical

Tobacco

- Occasional cigar users (one per month or less) can qualify for Preferred Plus, Preferred & Standard Plus nontobacco rates if there is a negative urinalysis test
- Clients who occasionally use marijuana may qualify for standard nonsmoker rates
- Preferred tobacco class available

Family History

- Family history qualifications do not apply if the proposed insured is 65 or older for Preferred Plus, Preferred & Standard Plus classes
- Family history qualifications apply only to deaths rather than disease
- Family history of deaths due to cancer can qualify for Preferred and Standard Plus

Health Conditions

- Mild Asthma clients may be eligible for Preferred
- Mild Sleep Apnea may be eligible for Preferred with verified c-PAP usage
- Treatment for cholesterol or hypertension does not exclude a proposed insured from our Preferred, Preferred Plus or Standard Plus classes
- Unisex build charts
- Max Cholesterol level for Preferred classes is 325, ratios as follows:
 - Preferred Plus 4.5
 - Preferred NT 5.5
 - Standard Plus 7.0
- Blood pressure control credit treated or untreated of 130/80 or better
- Paramed exams only through \$10 million up to age 65
- Preferred and Standard Plus build allows males an additional 10 lbs.

Non Medical

- Commercial pilots for regularly scheduled passenger airlines can qualify for all Preferred classes and private pilots can qualify for Preferred Plus, Preferred or Standard Plus classes with Aviation Exclusion Rider (AER)
- All Preferred classes may be available for occasional scuba diving if proposed insured is certified and dives less than 100 feet
- Age Last Birthday Advantage

Fit underwriting credit program – up to 2 table credits possible through age 75 and face amounts through \$2,000,000 (\$4,000,000 on GUL Survivor)

Completing Fully Underwritten Applications

One base policy per application.

- Use the precise plan name on the application and write in the amount of insurance applied for
- Select risk/rate class applied for
- Children's Rider Supplemental Application – complete if applying for the Children's Rider
- Juvenile Life Insurance Supplemental Application – complete if Proposed Insured or Other Proposed Insured is age 15 days-17 years
- Disability Income/Waiver Supplemental Application – complete if applying for any rider offering Disability Benefits
- Disability Waiver of Premium Rider in NY – complete if applying for the Disability Waiver of Premium Rider
- Complete the Monthly Bank Withdrawal form if applicable
- Attach cover letter or additional information, as needed
- All changes should be initialed by the Applicant/Owner
- Always submit the Producer Statement and always provide client with MIB Group Inc. Pre-Notice, Fair Credit Reporting Act Disclosure Statement, Notice of Information Practices, Investigative Consumer Reports Notice, Summary of Rights, and Life Insurance Buyers Guide
- Always obtain signed MIB and HIPAA authorizations
- If face amount is over \$100,000 – you will need a signed HIV consent form
- You will need a signed Accelerated Death Benefit Disclosure Form unless applying for Term Life Answers for a face amount of more than \$500,000 or for GUL Survivor at any amount
- If face amount is \$1,000,000 and above, and the Proposed Insured is age 65 or over – you will need (a) signed Statement of Policyowner Intent and, (b) signed Premium Funding and Acknowledgement form
- DO NOT collect a check or electronic transaction authorization for initial premium if any of the 6 TIA questions are answered “yes.” DO NOT complete the TIA if initial payment won't be collected until issue
- **Have 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.

The product and application used should be the one approved for the state where the application is being signed.

Note: 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.

Completing Simplified Applications

One base policy per application.

- Select the product name and write in the amount of the insurance applied for
- If applying for any rider offering Disability Benefits, complete the supplemental application
- If applying for the Children's Rider, complete the Supplemental application
- Complete the Monthly Bank Withdrawal form if applicable
- Attach cover letter or additional information, as needed
- All changes should be initialed by the Applicant/Owner
- Always submit the Producer Statement and always provide client with MIB Group Inc. Pre-Notice, Fair Credit Reporting Act Disclosure Statement, Notice of Information Practices, Investigative Consumer Reports Notice, Summary of Rights, and Life Insurance Buyers Guide
- Always obtain signed MIB and HIPAA authorizations
- If face amount is over \$250,000 – you will need a signed HIV consent form, if your state requires one
- Submit a signed Accelerated Death Benefit Form
- Complete 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 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.

Completing the Living Promise Application

- Complete the Proposed Insured and Owner (if applicable) sections
- Part One of the Underwriting section – If 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 Plan, Accidental Death Benefit Rider (if applicable), Payment Mode and Amount
- Always obtain signed MIB and HIPAA authorizations
- Complete 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 client sign state replacement forms (if applicable)**
- Leave all required forms with the client

Note: If your client answers yes to any of the health questions but you would like to explain further or you have additional information such as current medications and reason for use, you may include that information in the Optional Comments section of the application. Any additional information available will increase the speed of application processing.

Completing Children’s Whole Life Applications

- Multiple children can be written on one application
- Each child will be issued a separate policy
- Grandparents can sign application without parent signature (except in FL and PA)
- Attach cover letter or additional information, as needed
- No conditional receipt is required
- **Have client sign state replacement forms (if applicable) and provide a copy to the client**

Producer Report

This report will need to be completed and sent in with each application.

The product and application used should be the one approved for the state where the application is being signed.

Note: 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.

This section not applicable for CWL.

Conditional Receipt

(Applies to Companion and to United Express products)

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 below, but only if **all** conditions below have been completely met:

- (1) The amount received via check or authorized electronic transaction 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; and
- (2) All required medical examinations must be completed within 60 days from the date of the application; and
- (3) Each person proposed for insurance is, as of the application date, eligible for the exact policy applied for, according to our underwriting standards of United then in effect, without modification of the plan, premium rate, benefits, class and amounts of coverage applied for; and
- (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; and
- (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 United.

The amount of conditional insurance coverage provided under this Receipt, if any, shall not exceed \$100,000* 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 this 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 this Receipt by mailing a refund of the premium paid.

*\$500,000 in New York for fully underwritten
\$40,000 for Living Promise

(This Section does not apply to CWL)

Temporary Life Insurance Agreement (TIA)

(Applies to United Term & UL Fully Underwritten Products)

Requirements:

- A check or electronic transaction authorization for the full initial modal premium must be submitted with the application
- If the total amount of insurance applied for exceeds \$3,000,000, **NO MONEY** can be collected and no coverage will be in effect under this Agreement
- **If a question is answered "Yes," NO MONEY can be collected and no coverage is in effect under this Agreement**

Temporary life insurance and any coverage provided hereunder will **END** on the earliest of the following dates:

- (1) 90 days from the date of this Agreement; or
 - (2) the date we deliver the policy applied for to the applicant/owner and all delivery requirements have been completed; or
 - (3) the date we mail you a letter notifying you that we:
 - (a) are unable to approve the requested coverage at a standard risk class; or
 - (b) have declined to issue you a policy; or
 - (c) will not provide temporary insurance coverage; or
 - (4) the date the applicant/owner withdraws the application for insurance.
- If the policy applied for is either
- (a) pursuant to a conversion privilege in (an) existing United life policy(ies), or
 - (b) to replace (an) existing United life policy(ies) with another United life policy, then in the event of the death of the Proposed Insured before the termination of this Agreement, United will pay only the greater of:
 - (1) the benefits due under the terms of the existing policy(ies) which is/are being converted or replaced, or
 - (2) the benefits due under the terms of this Agreement. The Applicant acknowledges and agrees that benefits shall not be payable under both, C.(1) and C.(2) above.

The temporary life insurance provided by this Agreement is subject to the provisions of the policy form applied for; however, no benefits will be paid for:

- (1) disability; or
- (2) death from suicide while sane or insane (in Missouri, only if suicide was intended at the time of this application and we can prove it was intended); or
- (3) the same loss under both this Agreement and any life policy issued from the application.

Maximum Autobind and Retention Limits

| Ratings & Flat Extras | | Ages 0-80 | Ages 81+ |
|--|------------------|--------------|---------------------------|
| Standard through Table 6 and Flat Extras through \$15/Thousand | Maximum Autobind | \$30,000,000 | \$3,000,000 Standard Only |
| | Retention | \$5,000,000 | \$500,000 |
| Table 7+ and Flat Extras over \$15/Thousand | Maximum Autobind | \$15,000,000 | Fac Only |
| | Retention | \$2,500,000 | N/A |

Jumbo Limits

| Up to Age | Total Amounts In Force and Applied For Including Any Replacements |
|-----------|---|
| 80 | \$50,000,000 |
| 81-85 | \$25,000,000 |

Testing of Proposed Insured

Telephone Interview

Your client may be contacted for a confidential telephone interview to complete the application process. This call should last approximately 30 minutes. It is important to note that the telephone dialogue between your client and the phone representative will be tape 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.

Paramedical Appointment

A paramedical exam may be required depending on the face amount applied for and the age of your client. There is no cost to the client for this examination and it can take place in their home or place of employment. The Exam includes:

- Height and Weight
- Blood Pressure and Pulse
- Urine and blood samples may also be needed
- Depending on the client's age and amount of life insurance applied for, an electrocardiogram (EKG) may be required.

Prior to the Paramedical Appointment have your Client:

- Get a good night's sleep
- Avoid drinking alcoholic beverages for at least 8 hours
- Do not smoke or drink coffee for a least 1 hour before the appointment
- Drink a glass of water 2 hours prior
- Try not to eat any food 2 hours prior. If at all possible, fast for 12 hours
- Advise the paramedic of any medication(s) being taken
- Skip heavy exercise on the day of exam
- Wear comfortable, loose fitting clothes

Approved Paramedical Companies

American Para Professionals (APPS)
1-800-635-1677

ExamOne
1-877-933-9261

Examination Mgmt. Services, Inc. (EMSI)
1-800-872-3674

Hooper Holmes (Portamedic)
1-800-765-1010

Superior Mobile Medics
1-800-898-3926

Attending Physician's Statement

The Attending Physician's Statement (APS) is a vital source of information on which to base underwriting decisions. You have the option to order APS's for your clients, we just ask that you notify us the APS has been ordered when you submit the application. If an APS has not been ordered, an underwriter will order the APS for you. If you do not notify us with the application that you have ordered the APS and we order a duplicate order, we will not reimburse you the cost. In addition, if Mutual of Omaha has ordered the APS, please do not send a duplicate request to the doctor or hospital as it will delay the process.

If you choose to order the APS on your client instead of Mutual of Omaha, we will reimburse you the usual and customary cost of the APS provided we have received the application to correspond with the APS order. If you order the APS and have submitted the application to multiple carriers, we ask that you only send in for reimbursement if you place the case with Mutual of Omaha.

APS Guidelines

1. An APS should be ordered for cause in all cases with significant medical history such as Cancer, CAD, Diabetes, other potentially rateable or uninsurable impairments or major medical testing as outlined below. The APS Age and Amount criteria is shown in our Underwriting Requirements chart on pages 22-23.
2. The following exceptions can generally be made to the age and amount criteria if an exam was done as part of a:
 - (a) Work Physical
 - (b) Routine GYN Exam
 - (c) Aviation Exam
 - (d) DOT Exam, etc.
 - (e) Eye Exam
3. If an APS is not available on someone over age 65, the application file will be reviewed on a case by case basis and coverage may be limited or unavailable.
4. An APS is required on Express cases between \$250,001-\$400,000.
5. An APS may not be needed for a health history of treated hypertension or treated cholesterol if the insured:
 - Qualifies for a Preferred Plus through Standard risk class
 - Is age 65 and under
 - Has a face amount \$1,000,000 or less
 - The amount in force and applied for does not exceed \$2,000,000

Some of the more common impairments that always require an APS are listed below:

Abnormal heart rhythm
Alcohol or Drug treatment history
Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's Disease)
Bipolar, schizophrenia, major depression
Cardiomyopathy
Cerebral Palsy
Congestive heart failure (CHF)
Crohn's disease/Ulcerative Colitis
Coronary disease including heart attack or heart surgery
COPD including Chronic Bronchitis or Emphysema
Cystic Fibrosis
Cancer
Collagen Vascular disease including Lupus
Diabetes
Heart valve disease or surgery

Hepatitis B or C
Hodgkin's or Non Hodgkin's Lymphoma
Liver disease including Cirrhosis
Mental Incapacity
Neurological disorders including Muscular Dystrophy, Multiple Sclerosis and Parkinson's disease
Paralysis
Organ transplants
Peripheral vascular disease (PVD or PAD)
Polycystic kidney disease
Renal Insufficiency/failure
Rheumatoid disorders including rheumatoid arthritis
Seizure disorders
Sleep Apnea
Stroke or mini stroke (TIA)
Suicide attempt

Note: This is a guide and not an all-inclusive list. The specifics of an individual case may warrant an APS to determine the appropriate risk classification.

Inspection Reports

Inspection reports are required for face amounts of \$5,000,001 and above for ages 18 and above.

Motor Vehicle Records

Motor vehicle records are required as shown below:

| Ages | Face Amounts |
|-------------|----------------------|
| 18-45 | \$100,000 and over |
| 46-70 | \$1,000,001 and over |
| 71 and Over | \$500,000 and over |

Financial Underwriting Guidelines

Income Replacement

| Ages | \$25,000 or higher annual earned income |
|----------|---|
| 20 to 40 | 25X |
| 41 to 50 | 20X |
| 51 to 55 | 15X |
| 56 to 65 | 10X |
| 66 up | 7X* |

Larger amounts may be considered on an individual case basis for special needs situations with supporting documentation of financial need. A spouse working full or part time to supplement their household income can qualify for a similar amount as a non-working spouse depending on the circumstances.

*Income replacement is generally not considered for those over age 66 unless an individual is actively at work.

Estate Conservation

The personal net worth of an individual or family is used as the basis for a calculation of an approximate estate tax liability and related expenses. Generally the net worth can be expected to increase over a period of years, so it is common practice to project that growth over a period of years at a selected rate of interest. A growth rate of 6 percent is most commonly recommended although different rates can occasionally be used if appropriate. At older ages or impaired risks, a lower rate is usually used. The appropriate amount of coverage is typically 50 percent of the projected estate.

| Ages | Years |
|----------|--------------------------|
| Up to 55 | 20 |
| 56-70 | 15 |
| 71 Up | 50% of the Estate Value* |

***Standard or better risk classes. Requests in excess of 50 percent will be considered individually on a case by case basis in view of changes in the tax code 1-1-11.**

Non-Working Spouse

Will generally consider for an amount equal to the amount in force and applied for on the breadwinner depending on the circumstances of the case up to a maximum of \$1,000,000 unless there is also an estate tax need. Additional insurance can be considered with cover memo or other documentation outlining any special needs.

Business Insurance

A business insurance questionnaire (BIQ) should be submitted on all business cases, and a well constructed cover letter explaining the purpose of coverage and how the face amount was determined is very helpful. Copies of company financial statements and buy/sell agreements may be necessary to help value a business to determine the appropriate amounts of coverage on each owner for business continuation cases.

Key Person

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

Creditor Insurance

Generally up to a maximum of 75 percent of a secured loan unless agreement has a loan provision calling the loan due upon the death of owner/key person.

Buy/Sell

Coverage should usually be applied for or in force on all major active partners. A business insurance questionnaire should be fully completed in all cases unless a detailed cover letter and company financial statements are submitted with the application. 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 is 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.

In order to establish insurable interest the underwriter will request evidence of a past and present affiliation with the institution showing an established pattern of giving or a pledge of future donations which may be outlined in a letter of agreement between the donor and the charity. Our preference is that the insured is the owner of the contract unless it's a part of a tax advantaged planning situation and face amounts should normally be limited to around 10 times the annual contribution.

If the policy is to be owned by the foundation or charity, letter of agreement between the institution and the applicant must be provided outlining the terms of the arrangement and the tax status of the charity or foundation. We will not participate in any arrangements where the source of the premium is a third party with no real ties to the insured or owner.

Fully Underwritten Guidelines for Juvenile Life Insurance

(Not available in Washington)

For life insurance purposes, applicants are considered to be juveniles between the ages of 15 days and 17 years old.

Life Insurance Face Amounts

- Generally, the maximum Face Amount is \$100,000. The Face Amount should not exceed 50 percent of the coverage carried on the parent with the least amount of life insurance in-force. Any amount exceeding 50 percent of the lesser insured parent must include a cover letter with an explanation of the need for Underwriting consideration of the higher amount.

Ownership/Beneficiary

- Owner and Beneficiary must be parent or grandparent. Other relatives and friends are considered to have no insurable interest. If a grandparent applies as owner and the child does not reside in the same household as the grandparent, a parent must sign the application on the "signature of parent" line authorizing the purchase and attesting to answers to the application questions.
- A legal guardian can be considered as owner and/or beneficiary. Details should be provided in a cover letter along with copies of guardianship documentation.

Household life insurance coverage

- All children should be equally insured, include a cover memo advising coverage amount on all family members
- The parent(s) must be insured

Risk class

- The Proposed Insured must be a Standard Risk (No Impaired Risk)

Face amounts greater than \$100,000

While we do not normally offer coverage over \$100,000 to juveniles, we will consider if the following criteria are met in addition to the above guidelines:

- APS is required in ALL cases
- A Cover Letter explaining the rationale of the need for \$100,000 or higher face amounts
- Maximum Face Amount \$250,000

Underwriting Limits on Juvenile Life Applications written in New York

1. Minors between age 4 years 6 months and 14 years 6 months old
Coverage is limited to the greater of \$50,000 or ½ (50 percent) of the amount carried by the Applicant.
2. Minors less than age 4 years 6 months old
Coverage is limited to the greater of \$50,000 or ¼ (25 percent) of the amount carried by the Applicant.

Initial Underwriting Requirements – Fully Underwritten

| Age: | Amount Being Underwritten: Effective 6-1-13 | | | | | | | | |
|----------------------------|---|-------------------------------------|---|--|--|--|--|---|--|
| | \$25,000 \$99,999 | \$100,000 \$249,999 | \$250,000 \$499,999 | \$500,000 \$750,000 | \$750,001 \$1,000,000 | \$1,000,001 \$2,000,000 | \$2,000,001 \$5,000,000 | \$5,000,001 \$10,000,000 | Over \$10,000,000 |
| Under 18 | Nonmedical | Nonmedical* | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 18-30 | Nonmedical Rx | Paramed Blood & HOS MVR RX | Paramed Blood & HOS MVR RX | Paramed Blood & HOS MVR RX | Paramed Blood & HOS MVR RX | Paramed Blood & HOS PHI MVR RX | Paramed Blood & HOS PHI MVR RX | Paramed Blood & HOS APS IR MVR Rx | Paramed Blood & HOS APS IR MVR Rx |
| 31-35 | Nonmedical Rx | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS PHI MVR Rx | Paramed Blood & HOS PHI MVR Rx | Paramed Blood & HOS APS IR MVR Rx | Paramed Blood & HOS APS IR MVR Rx |
| 36-45 | Nonmedical Rx | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS PHI MVR Rx | Paramed Blood & HOS PHI MVR Rx | Paramed Blood & HOS APS IR MVR Rx | Paramed Blood & HOS EKG APS IR MVR Rx |
| 46-55 | Nonmedical Rx | Paramed Blood & HOS Rx | Paramed Blood & HOS Rx | Paramed Blood & HOS Rx | Paramed Blood & HOS Rx | Paramed Blood & HOS EKG PHI MVR Rx | Paramed Blood & HOS EKG APS age 50+ PHI MVR Rx | Paramed Blood & HOS EKG APS IR MVR Rx | Paramed Blood & HOS TEKG APS IR MVR Rx |
| 56-60 | Nonmedical Rx | Paramed Blood & HOS Rx | Paramed Blood & HOS Rx | Paramed Blood & HOS EKG Rx | Paramed Blood & HOS EKG Rx | Paramed Blood & HOS EKG PHI MVR Rx | Paramed Blood & HOS EKG APS PHI MVR Rx | Paramed Blood & HOS EKG APS IR MVR Rx | MD Exam Blood & HOS TEKG APS IR MVR Rx |
| 61-65 | Nonmedical Rx | Paramed Blood & HOS Rx | Paramed Blood & HOS EKG Rx | Paramed Blood & HOS EKG Rx | Paramed Blood & HOS EKG Rx | Paramed Blood & HOS EKG PHI MVR Rx | Paramed Blood & HOS EKG APS PHI MVR Rx | Paramed Blood & HOS EKG APS IR MVR Rx | MD Exam Blood & HOS TEKG APS IR MVR Rx |
| 66-70 | Nonmedical APS Rx | Paramed Blood & HOS APS Rx | Paramed Blood & HOS EKG APS Rx | Paramed Blood & HOS EKG APS Rx | Paramed Blood & HOS EKG APS Rx | Paramed Blood & HOS EKG APS PHI MVR Rx | Paramed Blood & HOS EKG APS PHI MVR Rx | MD Exam Blood & HOS EKG APS IR MVR Rx | MD Exam Blood & HOS TEKG APS IR MVR Rx |
| 71 and Over | Nonmedical APS Rx | Paramed Blood & HOS APS Rx | Paramed Blood & HOS EKG APS PHI Rx | Paramed Blood & HOS EKG APS PHI MVR Rx | Paramed Blood & HOS EKG APS PHI MVR Rx | Paramed Blood & HOS EKG APS PHI MVR Rx | Paramed Blood & HOS EKG APS PHI MVR Rx | MD Exam Blood & HOS EKG APS IR MVR Rx | MD Exam Blood & HOS TEKG APS IR MVR Rx |

Key:
APS Attending Physician's Statement
Blood & HOS Blood & Urine collection
EKG Electrocardiogram
IR Inspection Report
MD Exam Blood & HOS w/M.D. Exam (Specializing in Internal Medicine)
MVR Motor Vehicle Report (Ordered from H.O.)
Nonmedical A Fully Completed Application
Paramed Long Form Exam (form MLU21727)
PHI Personal History Interview taken over telephone (Ordered from H.O.)
Rx Pharmaceutical Check
TEKG Treadmill Electrocardiogram

Paramedical Vendors:
 American Para Professional Systems (APPS) – 1-800-635-1677 – Active date 4-1-11
 ExamOne – 1-877-933-9261
 Examination Management Services, Inc. (EMSI) – 1-800-872-3674
 Hooper Holmes (Portamedic) – 1-800-765-1010
 Superior Mobile Medics – 1-800-898-3926

UNDERWRITING REQUIREMENTS ARE GOOD FOR UP TO ONE YEAR THROUGH AGE 65 WITH A FULLY COMPLETED APPLICATION PART 2 OR GOOD HEALTH STATEMENT. OVER AGE 65, UNDERWRITING REQUIREMENTS ARE GOOD FOR UP TO SIX MONTHS FOR GULS, USE 1/2 THE FACE AMOUNT TO DETERMINE UNDERWRITING REQUIREMENTS.

* APS required on juveniles over \$100,000

PREFERRED PLUS Underwriting Criteria

| | |
|---|--|
| NICOTINE Tobacco | No nicotine x 36 months Occasional cigar, nontobacco available with negative HOS ¹ 12 cigars per year |
| FAMILY HISTORY (Does not apply if age 65 and older.) | No death of a parent or sibling prior to age 65 due to Cancer, Heart Disease or Diabetes |
| BLOOD PRESSURE | Treatment allowed with good control No reading in the past year >135/85 |
| CHOLESTEROL Averaged 3 cholesterols over past 12 months. If available | Cholesterol Level ≤ 325 and Cholesterol Ratio ≤ 4.5 Treatment allowed |
| ALCOHOL & DRUG | Allowed after 15 years |
| MEDICAL HISTORY | No history of CAD, DM or Cancer (Basal Cell skin cancer and superficial squamous cell allowed) |
| DRIVING RECORD | No convictions for DWI, DUI or reckless driving within the last five (5) years and no more than two (2) moving violations within the last five (5) years |
| AVOCATION² | No participation ever in any hazardous occupation, avocation or sport |
| AVIATION³ | No flying as a private pilot or crewmember unless aviation exclusion |
| CRIMINAL RECORD | No felony convictions in the past 10 years |
| BUILD | No exception |
| PROFILE & HOS | If all preferred plus criteria are met and the laboratory values do not warrant any debits, Preferred Plus is allowed |

¹An occasional cigar is no more than 12 cigars per year

²Limited scuba diving as a part of vacation or other occasional occurrence is acceptable if depth of dive does not exceed 100 feet

³Some types of commercial aviation may be acceptable based on manual

PREFERRED Underwriting Criteria

| | |
|---|---|
| NICOTINE Tobacco | No nicotine x 36 months Occasional cigar, nontobacco available with negative HOS ¹ 12 cigars per year (Note: Preferred Tobacco is an available class) |
| FAMILY HISTORY (Does not apply if age 65 and older.) | No death of a parent or sibling prior to age 60 due to Heart Disease or Diabetes |
| BLOOD PRESSURE | Treatment allowed with good control Avg BP <145/90 |
| CHOLESTEROL Averaged 3 cholesterols over past 12 months. If available | Cholesterol Level ≤ 325 and Cholesterol Ratio ≤ 5.5 Treatment allowed |
| ALCOHOL & DRUG | Allowed after 10 years |
| MEDICAL HISTORY | No history of CAD, DM or Cancer (Basal Cell skin cancer and superficial squamous cell allowed) |
| DRIVING RECORD | No convictions for DWI, DUI or reckless driving within the last five (5) years and no more than two (2) moving violations within the last three (3) years |
| AVOCATION² | No hazardous activities within the past 2 years |
| AVIATION³ | No flying as a private pilot or crewmember unless aviation exclusion |
| CRIMINAL RECORD | No felony convictions in the past 10 years |
| BUILD | If male, up to 10 lbs allowed if all other criteria are met |
| PROFILE & HOS | If all preferred criteria are met and the laboratory values do not warrant any debits, Preferred is allowed |

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

STANDARD PLUS Underwriting Criteria

| | |
|---|---|
| NICOTINE Tobacco | No nicotine x 12 months Occasional cigar, nontobacco available with negative HOS ¹ |
| FAMILY HISTORY (Does not apply if age 65 and older.) | No death of a parent or sibling prior to age 60 due to Heart Disease |
| BLOOD PRESSURE | Treatment allowed with good control Avg BP <152/90 |
| CHOLESTEROL Averaged 3 cholesterols over past 12 months. If available | Cholesterol Level ≤ 325 and Cholesterol Ratio ≤ 7.0 Treatment allowed |
| ALCOHOL & DRUG | Allowed after 5 years |
| MEDICAL HISTORY | No history of CAD, DM or Cancer (Basal Cell skin cancer and superficial squamous cell allowed) |
| DRIVING RECORD | No convictions for DWI, DUI or reckless driving within the last five (5) years and no more than two (2) moving violations within the last three (3) years |
| AVOCATION² | Flat extras are allowed |
| AVIATION³ | No flying as a private pilot or crewmember unless aviation exclusion (IFR private pilots allowed if standard) |
| CRIMINAL RECORD | No felony convictions in the past 10 years |
| BUILD | If male, up to 10 pounds allowed if all other criteria are met |
| PROFILE & HOS | If all Standard Plus criteria are met and the laboratory values do not warrant any debits, Standard Plus is allowed |

¹An occasional cigar is no more than 12 cigars per year

²Limited scuba diving as a part of vacation or other occasional occurrence is acceptable if depth of dive does not exceed 100 feet

³Some types of commercial aviation may be acceptable based on manual

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

Build Chart – Fully Underwritten

| | Table 1 | Table 2 | Table 3 | Table 4 | Table 5 | Table 6 | Table 8 | Table 10 | Table 12 | | | | |
|--------|----------------|-----------|---------------|----------|---------|---------|---------|----------|----------|------|------|------|------|
| | Preferred Plus | Preferred | Standard Plus | Standard | +25 | +50 | +75 | +100 | +125 | +150 | +200 | +250 | +300 |
| Height | Weight | | | | | | | | | | | | |
| 4 Feet | | | | | | | | | | | | | |
| 8" | 125 | 134 | 143 | 152 | 170 | 184 | 190 | 197 | 204 | 212 | 221 | 230 | 240 |
| 9" | 131 | 140 | 150 | 157 | 176 | 189 | 195 | 202 | 209 | 216 | 225 | 234 | 244 |
| 10" | 135 | 145 | 155 | 162 | 182 | 194 | 201 | 208 | 214 | 222 | 231 | 240 | 249 |
| 11" | 141 | 150 | 160 | 168 | 187 | 199 | 207 | 214 | 220 | 228 | 237 | 245 | 254 |
| 5 Feet | | | | | | | | | | | | | |
| 1" | 146 | 156 | 167 | 174 | 193 | 205 | 213 | 220 | 226 | 235 | 244 | 253 | 262 |
| 2" | 152 | 163 | 175 | 180 | 199 | 211 | 218 | 226 | 233 | 242 | 250 | 259 | 269 |
| 3" | 158 | 169 | 180 | 186 | 205 | 215 | 223 | 232 | 239 | 248 | 257 | 266 | 277 |
| 4" | 164 | 174 | 185 | 191 | 213 | 220 | 228 | 238 | 246 | 255 | 264 | 275 | 284 |
| 5" | 169 | 179 | 190 | 197 | 221 | 225 | 235 | 245 | 252 | 261 | 270 | 281 | 292 |
| 6" | 174 | 184 | 195 | 204 | 226 | 231 | 242 | 251 | 259 | 268 | 277 | 286 | 299 |
| 7" | 180 | 190 | 200 | 210 | 232 | 239 | 248 | 258 | 268 | 276 | 285 | 293 | 308 |
| 8" | 185 | 195 | 205 | 217 | 239 | 245 | 254 | 265 | 275 | 284 | 293 | 303 | 316 |
| 9" | 189 | 199 | 210 | 223 | 246 | 251 | 262 | 274 | 283 | 291 | 300 | 312 | 324 |
| 10" | 195 | 205 | 215 | 230 | 254 | 258 | 270 | 282 | 291 | 299 | 309 | 319 | 331 |
| 11" | 200 | 211 | 222 | 236 | 262 | 266 | 278 | 289 | 300 | 307 | 316 | 327 | 340 |
| 12" | 206 | 217 | 227 | 243 | 269 | 274 | 287 | 298 | 307 | 315 | 325 | 339 | 349 |
| 6 Feet | | | | | | | | | | | | | |
| 1" | 211 | 222 | 234 | 250 | 275 | 281 | 292 | 305 | 315 | 322 | 333 | 348 | 356 |
| 2" | 217 | 229 | 242 | 257 | 282 | 289 | 300 | 313 | 322 | 330 | 340 | 355 | 365 |
| 3" | 222 | 234 | 247 | 264 | 289 | 296 | 308 | 321 | 331 | 339 | 349 | 366 | 374 |
| 4" | 228 | 240 | 252 | 272 | 296 | 303 | 317 | 329 | 339 | 348 | 358 | 376 | 383 |
| 5" | 233 | 245 | 258 | 279 | 301 | 311 | 325 | 338 | 348 | 357 | 367 | 385 | 394 |
| 6" | 239 | 251 | 264 | 287 | 307 | 319 | 334 | 347 | 357 | 366 | 376 | 393 | 402 |
| 7" | 246 | 258 | 270 | 298 | 313 | 328 | 345 | 358 | 366 | 375 | 385 | 405 | 413 |
| 8" | 252 | 264 | 276 | 302 | 320 | 336 | 354 | 367 | 375 | 384 | 394 | 413 | 422 |
| 9" | – | – | – | 310 | 327 | 345 | 363 | 376 | 385 | 395 | 405 | 422 | 431 |
| 10" | – | – | – | 317 | 335 | 352 | 372 | 385 | 395 | 406 | 415 | 435 | 444 |
| 11" | – | – | – | 325 | 343 | 359 | 382 | 395 | 407 | 418 | 427 | 444 | 462 |

Underwriting Requirements – Express Only

| Term Life Express | | GUL Express | Living Promise Level Benefit Plan | Living Promise Graded Benefit Plan |
|--|--|--|--|------------------------------------|
| Issue Ages 18-65 | | Issue Ages 18-65 | Issue Ages 45-85* | Issue Ages 45-80* |
| \$25,000-\$250,000 | \$250,001-\$400,000 | \$50,000-\$250,000 | \$2,000-\$40,000* | \$2,000-\$20,000* |
| Simplified Underwriting Build Chart MIB Pharmaceutical Check MVR (Mandatory Ages 18-35) MVR (As Needed Ages 36-65) Random Phone Interview | Simplified Underwriting Build Chart MIB Pharmaceutical Check MVR (Mandatory Ages 18-35) MVR (As Needed Ages 36-65) Mandatory Phone Interview Oral Fluid Test | Simplified Underwriting Build Chart MIB Pharmaceutical Check MVR (Mandatory Ages 18-35) MVR (As Needed Ages 36-65) Random Phone Interview | Simplified Underwriting Build Chart MIB Pharmaceutical Check Random Phone Interview | |
| Ages 61-65 Mandatory Phone Interview | Ages 61-65 Mandatory APS | Ages 61-65 Mandatory Phone Interview | | |

*May vary by state

Please Provide Name and Address of Personal Physician with all applications where an APS is mandatory.

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

Note:

Oral Fluid Kits can be ordered through your normal channel.

Agent mails Oral Fluid Kit to Lab

Kit is processed through Clinical Reference Lab (CRL)

| | |
|--------------|---|
| NOTE: | 1. Random interviews will be conducted for quality control |
| | 2. Medical questionnaires and/or an occasional APS may be requested at the underwriter's discretion to clarify information developed from other sources |
| | 3. Producer training http://www.salivatrainning.com/ |

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

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

We reserve the right to decline certain hazardous occupations for both life and the DI rider.

Express Impairments TLE, GULE

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 50 with Table 2 or higher build | Decline |
| Diabetes > age 50 with tobacco risk | Decline |
| Diabetes > age 50 with Peripheral Vascular Disease (PVD) | Decline |
| Table 2 Build Chart Examples Refer to pages 24 & 25 for the Table 2 Build Chart | |
| Table 2 or higher build with rateable hypertension | Decline |
| Table 2 or higher build with Transient Ischemic Attack (TIA) | Decline |
| Table 2 or higher build with asthma and tobacco risk | Decline |
| Table 2 or higher build with Peripheral Vascular Disease (PVD) | Decline |

Note: This is not a complete list. Please refer to pages 36-47 for additional impairments.

The following single impairments are automatic declines.

| Automatic Declined Impairments | |
|--|---------|
| Amputation caused by disease | Decline |
| Alcohol/Drug abuse and Major Depression | Decline |
| Chronic or Alcohol related Pancreatitis | Decline |
| Chronic Severe Asthma | Decline |
| Hodgkin's Disease | Decline |
| Moderate/Severe rheumatoid arthritis treated with Humira, Embrel or Methotrexate | Decline |
| Muscular Dystrophy | Decline |
| Sickle Cell Anemia | Decline |

Note: This is not a complete list. Please refer to pages 36-47 for additional impairments.

WHOLE LIFE Underwriting Criteria

Living Promise Whole Life

- Build Chart
- MIB
- Pharmaceutical
- Random phone interview

Children's Whole Life

- Simplified Underwriting
- Health Questions on application

(Subject to combined maximum amount of \$30,000 of Children's Whole life coverage)

Note: If an individual has a previous offer from United of Omaha with a risk class greater than Table 4 or has been declined, they will not qualify for Children's Whole Life plans.

Impairments

| | |
|--|--------------------|
| A | |
| Acromegaly | Table 4 – 8 |
| Addison’s Disease | Standard – Table 3 |
| ADHD/ADD | Standard – Table 2 |
| Alcohol | |
| Current excessive use | Decline |
| Alcoholism treatment, no current use, postponed 2 years. | Standard – Table 8 |
| Alzheimer’s Disease | Decline |
| Anemia | |
| Aplastic Anemia | Standard – Decline |
| Sickle Cell | Decline |
| Sickle Cell Trait | Standard |
| Aortic Aneurysm | |
| Unoperated | Table 6 to Decline |
| Surgery, stable 6 months | Table 2 – 6 |
| Angina Pectoris | |
| Angina | Table 2 – 8 |
| Unstable Angina, under age 40 ... | Decline |
| Stable Angina, over age 40 (dependent on age and cath. report) | Table 4 – 8 |
| Angioedema | Standard – Table 2 |
| Ankylosing Spondylitis | Standard – Table 4 |
| Anorexia Nervosa | |
| Current | Decline |
| Full recovery, stable > 4 years | Standard – Table 2 |
| Anxiety Disorders | |
| Mild or well-controlled | Standard |
| Others | Standard – Table 4 |
| Aortic Murmurs/Insufficiency | Standard – Table 8 |
| Arrhythmias | |
| Atrial Fibrillation | Standard – Decline |
| Atrial Flutter | Standard – Decline |
| Infrequent PVC(s) | Standard |
| Multiple PVC(s) | Standard – Table 8 |
| Arteriosclerosis Obliterans | Table 4 – Decline |

These are general ranges for best case scenarios and final offers are dependent upon the merits of the case.
For producer use only.
Not for use with the general public.

Impairments (continued)

| | |
|---|--------------------|
| Arteriovenous (AV) Malformations | |
| Cerebral unoperated | Decline |
| Surgery, stable 6 months | Table 4 – 8 |
| Arthritis | |
| Osteoarthritis | Standard |
| Asbestosis | |
| Mild degree of respiratory impairment | Standard – Table 4 |
| Severe impairment | Decline |
| Ascites | Decline |
| Asthma | |
| Mild intermittent | Standard |
| Persistent, depends on severity ... | Table 2 – Decline |
| Atrial Fibrillation | Standard – Decline |
| Atrial Flutter | Standard – Decline |
| Atrial Septal Defect | |
| No surgery | Standard – Decline |
| No residuals 6 months after surgery | Standard |
| Atrioventricular Block | |
| 1st degree – 2nd degree | Standard – Table 2 |
| 3rd degree – complete | Table 2 – Decline |
| B | |
| Bacterial Endocarditis | |
| Normal heart & valves, recovered after 1 year | Table 2 – 4 |
| Barlow’s Syndrome | Standard – Table 3 |
| Basal Cell Carcinoma | |
| Maximum 4 excisions, complete resolution | Standard |
| Bells Palsy | |
| Recovered | Standard |
| Benign Prostatic Hypertrophy | |
| Normal PSA levels & urinalysis ... | Standard |
| Berger’s Disease (IgA Nephropathy) .. | Table 2 – 8 |
| Bicuspid Aortic Valve | Standard – Table 8 |
| Bigeminy | Standard – Table 8 |
| Bi-Polar Disorder | |
| Stable | Table 2 – 8 |

Impairments (continued)

Blood Pressure

Controlled with medication Standard

Bright's Disease

Acute full recovery Standard – Table 2

Chronic good renal function Standard – Table 8

Chronic poor renal function Decline

Bronchiectasis

Mild – moderate, no surgery Standard – Table 6

Severe – extreme, no surgery Table 8 – Decline

Bronchitis

Chronic mild – moderate Standard – Table 3

Severe Table 4 – Decline

Buerger's Disease

Nonsmoker, no surgery or other
impairments Standard – Table 4

Bundle Branch Blocks (EKG)

Hemiblock Standard

Right Standard – Table 4

Left, more than 1 year from onset Table 4

C

Cancer

Most malignancies, postponed
2 – 5 years Indiv. Consideration

Chronic Heart Failure Decline

Cardiac Pacemaker (Artificial) Standard – Decline

Cardiomyopathy Table 4 – Decline

Carotid Bruits

Asymptomatic & no other related
history Standard – Table 2

Celiac Disease

Controlled with diet Standard – Table 4

Cerebral Embolism/Thrombosis

Single episode, no complications,
stable 1 year Table 2 – Table 8

Multiple episodes Decline

Cerebral Palsy

Mild – moderate Standard – Table 3

Severe Decline

Impairments (continued)

Cerebrovascular Accident

Single episode, no complications,
stable 1 year Standard – Table 8

Multiple episodes Decline

Charcot Marie – Tooth Disease Standard – Decline

Chest Pain

Non-cardiac Standard

Cardiac Indiv. Consideration

Cholangitis, Cholecystitis, Cholelithiasis

Recovered Standard

Christmas Disease

(Factor IX Deficiency) Table 2 – 8

Chronic Obstructive Pulmonary

Disease (COPD) Standard – Table 8

Cirrhosis

Confirmed diagnosis Decline

Cocaine

No current use, postponed 3 years
then Standard to Table 8

Colitis (Ulcerative)

Controlled with medication Table 2 – 8

Colon Polyps

Benign Standard

Malignant Indiv. Consideration

Congestive Heart Failure (Chronic) Decline

Convulsions Table 2 – 8

Cor Pulmonale

Chronic Decline

Costochondritis Standard

Crohn's Disease Standard – Table 8

Cushing's Syndrome

Controlled with medication Standard – Table 4

Cystic Fibrosis Decline

Cystitis

Recovered Standard

D

Dementia Decline

Impairments (continued)

Depression

Controlled with medication Standard – Table 3

Diabetes

Type I, over age 20 Table 2 – 8

Type II, over age 20 Standard – Table 8

Dialysis

Renal failure Decline

Diverticulitis/Diverticulosis Standard – Table 3

Down's Syndrome Decline

Drug Addiction

Postponed 3 years then Standard – Table 8

Duodenal Ulcer

No Bleeding Standard

E

Eclampsia

Recovered Standard

Emphysema Standard – Table 8

Encephalitis

Recovered Standard

Others Decline

Endocarditis

Normal heart & valves Table 2

Structurally abnormal heart Table 2 – Decline

Epilepsy Table 2 – 8

Erythema Nodosum

Recovered Standard

F

Fibrocystic Breast Disease

Benign Standard

G

Gastric Bypass

PP 1 year, then rated Table 2 – 4

Gastritis Standard

Gestational Diabetes

Currently pregnant Postpone

History of Standard – Table 2

Gilbert's Syndrome Standard

Impairments (continued)

Glomerulonephritis (Chronic)

Good renal function Table 4 – 8

Poor renal function Decline

Goiter/Graves' Disease

Recovered no complication Standard – Table 3

Guillain – Barré Syndrome Standard – Table 3

H

Hashimoto's Disease Standard

Heart Attack (See Myocardial Infarction)

Heart Failure (Chronic) Decline

Hemochromatosis Table 2 – Decline

Hemophilia Table 2 – Decline

Hepatitis (Chronic) Standard – Decline

Hereditary Nephritis Decline

Herpes Simplex Standard

Hirschsprung's Disease

Unoperated Table 2 – 3

Surgery, full recovery Standard

Histoplasmosis

Treated, full recovery Standard – Table 2

Hodgkins Disease Individ. Consideration

Huntington's Chorea Decline

Hydrocephalus

Over age 19 Table 2 – 8

Hyperlipidemia

Controlled Standard

Hypertension

Controlled Standard

Hyperthyroidism

No complications Standard – Table 3

Hypoglycemia

Functional Standard

Hypothyroidism

Controlled with medication Standard

Impairments (continued)

Hysterectomy

Not due to malignancy Standard

I

Idiopathic Hypertrophic Sub-Aortic Stenosis (IHSS)

Under age 40 Decline

Over age 40 Table 4 – Decline

Ileitis Standard – Table 8

Intermittent Claudication Table 2 – Decline

Irritable Bowel Syndrome Standard

Inflammatory Bowel Disease

1 year after diagnosis or major attack, over age 20 Standard – Table 8

J

Juvenile Rheumatoid Arthritis Decline

K

Kaposi's Sarcoma Decline

Kidney Dialysis Decline

Kidney Stones Standard – Table 4

L

Left Bundle Branch Block (LBBB)

1 year after diagnosis Table 4

Left Anterior Hemiblock

Isolated Standard

Left Posterior Hemiblock

Isolated Standard

Legionnaire's Disease

Recovered Standard

Leukemia Indiv. Consideration

Lupus (Discoid)

No evidence of Systemic Lupus over 6 months Standard

Lupus (Systemic) Erythematosus

No symptoms or complications after 1 year, over age 20 Standard – Decline

Lymphoma Indiv. Consideration

Impairments (continued)

M

Mallory-Weiss Syndrome

Present Decline

Marfan's Syndrome Table 2 – Decline

Marijuana

Over age 18 Standard – Decline

Megacolon

Congenital with surgical repair ... Standard

No surgery or surgery with recurrence Table 2

Melanoma

Surgery & confirmed pathology ... Standard – Decline

Meniere's Disease

Recovered Standard

Meningitis

Recovered & no residuals Standard

Mental Retardation

Mild – no complications, over age 8 Standard – Table 2

Severe Decline

Migraines/Headaches Standard

Mitral Valve Murmurs

Functional Standard

Otherwise Standard – Table 8

Mononucleosis

Recovered Standard

Multiple Sclerosis (MS) Table 2 – Decline

Muscular Dystrophy (MD) Standard – Decline

Myasthenia Gravis

Mild, 1 year since onset Standard – Table 5

Others Decline

Myocardial Infarction

Over age 40 Table 4 – Decline

Myocarditis

Single attack, no complication, 2 years since resolution Standard – Table 2

With complications Decline

Myositis Standard – Decline

Impairments (continued)

| | |
|---|----------------------|
| N | |
| Narcolepsy | |
| Onset over 6 months ago | Standard – Table 4 |
| Nephrectomy | |
| Benign | Standard |
| Nephritis | |
| Acute | Standard – Table 3 |
| Chronic with good renal function . . | Standard – Table 4 |
| Chronic with poor renal function . . | Decline |
| Neuritis | Standard – Table 2 |
| O | |
| Organic Brain Syndrome | Decline |
| Osteomyelitis | |
| Chronic | Standard – Table 4 |
| Osteoporosis | Standard |
| P | |
| Pacemaker (Artificial) | |
| No other heart disease after 3 months, over age 40 | Table 2 – 4 |
| Paget’s Disease (bone) | |
| Mild not progressive | Standard |
| Others | Decline |
| PTSD (Post Traumatic Stress Disorder) | |
| Single episode, mild | Standard |
| Others | Table 2 – 6 |
| Palpitations | Standard – Table 3 |
| Pancreatitis | |
| Acute, recovered | Standard |
| Chronic | Decline |
| Paraplegia | Indiv. Consideration |
| Parkinson’s Disease | |
| Mild | Table 2 – 4 |
| Marked or severe | Table 4 – Decline |
| Patent Ductus Arteriosus | |
| Unoperated | Decline |
| 6 months after surgery, full recovery | Standard |

Impairments (continued)

| | |
|---|-------------------------------|
| Pericarditis | |
| Single episode, full recovery | Standard |
| Peripheral Vascular Disease | |
| Nonsmoker | Standard – Table 4 |
| Smoker | Decline |
| Phlebitis | |
| Single episode, full recovery | Standard |
| Poliomyelitis | |
| No residuals | Standard |
| With residuals | Table 3 – 8 |
| Polycystic Kidney Disease | |
| Normal renal function | Table 2 – 8 |
| Abnormal renal function | Decline |
| Polycythemia | |
| 1 year after diagnosis, controlled . . | Table 2 – 4 |
| Polymyositis | Standard – Decline |
| Polyps | |
| Excised pathology benign | Standard |
| Prostatitis | |
| Treated, full recovery | Standard |
| Proteinuria | Standard – Decline |
| Psoriasis | |
| Systemic | Standard – Table 2 |
| Psoriatic Arthritis | (see Rheumatoid Arthritis) |
| Pulmonary Embolism, over | |
| 6 months | Standard – Table 4 |
| Pulmonary Hypertension | Decline |
| Pulmonary Infarction | |
| 6 months after single episode, full recovery | Standard – Table 4 |
| Pyelonephritis | |
| 1 year after treatment, full recovery . . | Standard |
| Q | |
| Quadriplegia | |
| Complete | Decline |

Impairments (continued)

| | |
|---|--------------------------------|
| R | |
| Regional Enteritis | |
| Symptom free 1 year, over age 20 . . . | Standard – Table 6 |
| Renal Artery Stenosis | |
| No hypertension, over 6 months . . | Standard – Table 3 |
| Renal Failure | Decline |
| Renal Transplant (single) | |
| No complications after 1 year, over age 20 | Table 6 – Decline |
| Right Bundle Branch Block | |
| Complete | Standard – Table 2 |
| Rheumatoid Arthritis | |
| Not disabled, over age 18 | Standard – Table 6 |
| S | |
| Sarcoidosis | |
| Confined to lungs or skin, in remission 6 months | Standard |
| Other | Decline |
| Scleroderma | |
| Localized | Standard – Table 2 |
| Sclerosing Cholangitis | Decline |
| Seminoma | |
| Over 8 years since treatment | Standard |
| Senile Dementia | Decline |
| Sickle Cell Anemia | Decline |
| Sickle Cell Trait | Standard |
| Sjogren’s Syndrome | |
| No other connective tissue disorders | Standard |
| Sleep Apnea | |
| Successfully treated | Standard – Table 3 |
| Spina Bifida | |
| Minimal deformity | Standard – Table 4 |
| Stroke | |
| 1 year since event | Table 4 plus flat – Decline |

Impairments (continued)

| | |
|--|---------------------------|
| Suicide Attempt | |
| Single attempt, over 1 year | \$5 extra per thousand |
| Single attempt, over 5 years | Standard |
| Multiple attempts | Decline |
| Systemic Lupus Erythematosus (SLE) | |
| 1 year since diagnosis, no complications, over age 20 | Table 2 – 8 |
| T | |
| Tachycardia | |
| No other heart disease | Standard – Table 2 |
| Transient Ischemic Attack | |
| Single event, over 6 months | Table 2 – 4 |
| Multiple events, over 1 year | Table 4 – 8 |
| U | |
| Ulcerative Colitis | |
| 1 year since diagnosis or major attack, over age 20 | Table 2 – 8 |
| V | |
| Varices, Esophagus | Decline |
| Ventricular Septal Defect (VSD) | |
| Trivial or slight, without surgery . . . | Standard to Table 4 |
| 3 months since surgery | Standard |
| With complications | Decline |
| W | |
| Wolff-Parkinson-White (WPW) | |
| No complications | Standard |
| X | |
| Xeroderma Pigmentosum | Usually Decline |

Fit program may apply.

**These are general ranges for best case scenarios and
final offers are dependent upon the merits of the case.
For producer use only.**

Not for use with the general public.

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 the rate classification. If your client does have a hazardous occupation such as scuba diving or aviation, please make sure you complete and sign the avocation questions and submit it with your application.

Note: This is a guide. Actual rates may change subject to specifics of an individual case.

| | Life | ADB | WP |
|--|---|----------------------------|---|
| Aviation – Paid Passenger or freight flying US or Canadian Airlines ■ Scheduled and non scheduled airlines ■ Others Company owned aircraft flying within the US or Canada ■ Commercial pilot cert. and IFR | Std 3.50 per M Std – 2.50 per M | D D D | D D D |
| Building and Construction ■ Bridge, structural iron workers, tower workers, roofers | 2.50 per M | 2x | Std |
| Electric Power Industry ■ Line construction | Std | 2x | Std |
| Fire Department ■ Municipal and volunteer ■ Fire and smoke jumpers | Std 3.50 per M | 2x 3x | Std 2x |
| Fishing Industry – Officers and crew not coming ashore daily ■ Inshore, harbors, lakes, rivers ■ Gulfs, Oceans, seas ■ Grand Banks, sealers, whalers, Alaskan crab fisherman | Std Std – 2.50 per M 2.50 per M | Std 2x – 3x 2x | Std Std Std |
| Law Enforcement ■ Armed car guards, bank guards, municipal police, penal guards, border patrol ■ Federal Agencies: FBI, DEA, CIA, SWAT, Secret Service, Federal Air Marshal | Std IC | 2x IC | Std IC |
| Liquor Industry ■ Bartenders | Std – 2.50 per M | Std – 2x | Std |
| Lumber Industry ■ Explosive handlers, boommen, climbers, raftsmen, riggers, rivermen, topmen | 2.50 per M | 2x | Std |
| Mining and Quarrying ■ Assayers, chemists, detectives, guards, mining engineers, surveyors ■ Underground mines – Surface workers ■ Underground mines – Underground workers ■ Open Pit and Surface mine workers | Std Std – 2.50 per M 2.50 – 5.00 per M Std – 2.50 per M | 2x 2x 3x Std – 2x | Std Std – 2x Std – 2x Std – 2x |
| Oil and Natural Gas Industry ■ On shore drilling and production ○ Site crew, derrick, rig and tank crew ○ Firefighters ■ Off shore drilling and production ○ All workers ○ Firefighters | Std – 2.50 per M 5.00 per M 2.50 – 5.00 per M 7.50 per M | 2x 3x 3x D | Std 2x 2x D |

Key: D = Decline M = Thousand IC = Individual Consideration

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Avocations

Note: This is a guide. Actual rates may change subject to specifics of an individual case.

| Aviation – Private | Life | | | | ADB | WP |
|--|---|------------|------------|---------|------------|-----------|
| Student pilots | 3.50 per M | | | | D | D |
| Qualified pilots | Expected Annual Flying Hours | | | | | |
| Total solo hours | 0-200 | 201-300 | 301-600 | >600 | | |
| Age >26 | | | | | | |
| ■ <100 | 3.50 x5 | 3.50 per M | 5 per M | 5 per M | D | D |
| ■ 100-399 | Std | 2.5 x 2 | 5 per M | 5 per M | D | D* |
| ■ ≥ 400 | Std | Std | 2.50 per M | 5 per M | D | D* |
| Age ≤ 26 | | | | | | |
| ■ < 100 | 3.50 x 5 | 5 per M | 5 per M | 5 per M | D | D |
| ■ 100-399 | 2.50 x 5 | 3.50 per M | 5 per M | 5 per M | D | D |
| ■ ≥ 400 | 2.50 x 5 | 2.50 per M | 5 per M | 5 per M | D | D |
| *WP is unavailable if aviation is rated, otherwise STD | | | | | | |
| Balloon (hot air) | | | | | | |
| ■ Tethered | Std | | | | D | D |
| ■ Free Flight | Std – 2.50 per M | | | | D | D |
| Gliding Sail Planes | Rated as Aviation Private | | | | | |
| Hang-gliding / Paragliding | 2.50 – 7.50 per M | | | | D | D |
| Parachuting | 5 to 10 per M dependent on number of jumps / year | | | | | |
| Ultralights (commercially built) | | | | | | |
| ■ Licensed pilot | Std – 5 per M | | | | D | D |
| ■ Unlicensed | 3.50 – 7.50 per M | | | | D | D |
| Diving | Life | | | | ADB | WP |
| Snorkel | Std | | | | Std | Std |
| Scuba (with formal training) | | | | | | |
| ■ <100 ft | Std | | | | Std | Std |
| ■ >101 ft – 130 ft | | | | | | |
| ○ < 10 dives annually | 3.50 per M | | | | D | D |
| ○ > 10 dives annually | 5 per M up | | | | D | D |
| ■ > 130 ft – contact underwriting | | | | | | |
| ■ Cave diving | 2.50 – 5.00 per M | | | | D | D |
| Climbing/Mountaineering | Life | | | | ADB | WP |
| Trail climbing, hiking | Std | | | | Std | Std |
| Rock, Snow / Ice Climbing | | | | | | |
| ■ Altitude <13,000 ft | 2.50 – 3.50 per M | | | | D | D |
| ■ Altitude >13,000 – 23,000 | 5.00 – 7.50 per M to D | | | | D | D |

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Fit Guidelines

- Term Life Answers
- AccumUL Plus
- GUL
- GUL Plus
- GUL Survivor

Here's where the program fits:

- Ages: 18-75
- Minimum face amount: \$250,000
- Maximum face amount: \$2,000,000* (total coverage in force and applied for with United of Omaha and Companion Life Insurance Company)
*(Maximum face amount \$4,000,000 GUL Survivor)
- Nontobacco users
- Base rating *after* normal credits of table 4 or less
- Does not apply to “flat extra” ratings or those with current rateable substance abuse histories, CAD prior to age 50, stroke or rateable cancers

Here's where the credit ratings fit in

If your clients have several of the following characteristics, they may qualify for up to *an additional two table credit* from the base rating on both fully underwritten term and permanent insurance.**

Medical

- Great family history – no deaths from any disease prior to age 70
- Cholesterol/HDL ratio <5.0
- Alc test <5.7
- Serum albumin >4.2 ages 61-75
- Negative cardiac testing: GXT, non-imaged or imaged (stress echo, perfusion study), echocardiogram, EBCT or angiography)
- GXT exercise performance >10 METS
- Optimal blood pressure control-treated or untreated of 130/80 or better
- Preferred or better build, ages 18-60, Standard Plus or better build, age 61-75

Lifestyle

- Regular preventative medical care and compliant follow-up
- Lifetime nonsmoker
- Income >\$100,000, or net worth >\$1,000,000, or a college degree
- Preferred or better driving record

Any **three** of the above characteristics equals 1 table credit.

Any **five** of the above characteristics equals 2 table credits.

**Best case final assessment available is Standard. (Table 3 (C) can only be reduced to Table 1 (A) rather than Standard.)

Non-Smoker/Non-Nicotine Qualifications

In order to qualify for non-nicotine rates, the proposed insured must not have used tobacco or nicotine products in any form (gum, patches, cigar, etc.) within one year prior to the application. We allow up to 12 cigars per year to qualify for nontobacco rates with a negative urinalysis test. The best class for tobacco usage is Preferred Tobacco.

Statement of Policyowner Intent

Required for all applications where the proposed insured for life insurance is age 65 and above and the proposed face amount is \$1,000,000 and above.

United of Omaha Life Insurance Company does not issue insurance policies unsupported by an insurable interest, including any policies involved or contemplated to be involved in stranger originated life insurance (STOLI) transactions. **STOLI is the practice or plan to initiate a life insurance policy for the benefit of a third party, who at the time of the policy origination, has no insurable interest in the insured.**

We require that the Statement of Policyowner Intent form be completed on all cases that meet these requirements. If any of the questions on this form are answered “Yes,” provide an explanation in the space provided on the form.

Premium Funding and Acknowledgement

We will screen for and reject any stranger originated life insurance (STOLI) policies, or policies using non-recourse premium financing. We will consider policies funded by traditional premium financing programs:

- The loan must be 100% collateralized by personal or business assets of the borrower
- If the life insurance policy is part of the collateral, only the cash surrender value of the policy may be considered
- We must be provided with full details regarding all aspects of the premium financing program
- We reserve the right to refuse to issue the policy, based on our assessment of the premium financing structure.

Reinsurance

Mutual of Omaha has very good relationships with the reinsurers and will work very hard to place your larger cases. Send us your large cases and we will work with the reinsurer to get your cases placed. However, we do require a signed application and it must be received in our home office before we can assess the case.

Trials/Inquiries

Trial Applications

- Face Amounts: \$500,000 and above for Universal Life, \$2,000,000 and above for Term Life, or a minimum premium of \$10,000
- Other qualifying criteria:
No previous decline within the last 12 months
Maximum age is 85 for UL.

For ages over 80 only standard offers will be considered.
SPIA and Life requests on the same client will not be considered.
- Information that **must** be included:
Applicant name, date of birth, product type and face amount applied for.
Brief description of any health issues.
Premium tolerance.
Rating you are looking for.
- Additional financial information **to expedite processing:**
Provide details on other in-force coverage that will be replaced.
Identify if this is a 1035 exchange
Include competitor offers.

Trial applications should be submitted with all paperwork necessary to receive our best tentative offer. Additional information submitted on trial applications will not be reviewed. If a formal application is submitted additional information will be reviewed at that time.

Quick Quote Parameters

Cases outside the following parameters may be submitted as a trial if they meet trial parameters:

- Face Amounts: **Through \$5,000,000**
- Age Limitations: **Through age 75**
- Do not send any attachments
- Limit information to 2 paragraphs (12 to 20 lines of information)

To expedite quick processing

- **Do not include identifying information** (i.e., name, Social Security number, etc.)
- Use **Preferred Criteria Chart** and Build Chart for potential coverage rate
- Quick Quote is not recommended for clients who experience onset of coronary artery disease in their 30s

Workflow

All applications and required forms should be submitted to Mutual of Omaha home office in Blair, NE. All applications received and in process of underwriting will be reported on your pending status report found on Sales Professional Access.

How to Contact Us

Mutual of Omaha's underwriting team is a great resource for you to help you get your cases placed. You can contact us at 1-800-775-7896 with any questions you may have.



Mutual of Omaha

UNITED OF OMAHA LIFE INSURANCE COMPANY

Home Office:

Mutual of Omaha Plaza

Omaha, NE 68175

COMPANION LIFE INSURANCE COMPANY

Home Office: Hauppauge, NY 11788-2934

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