

> Underwriting Guidelines *Life Insurance*

BROKERAGE

As of October 2015

For Term and Permanent Products

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

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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 60 or older for Preferred Plus, Preferred & Standard Plus classes
- Family history qualifications do not apply to gender specific cancers for opposite sex persons
- Family history qualifications apply only to deaths rather than disease
- Family history of deaths due to diabetes can qualify for Preferred Plus, 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 Plus, Preferred or Standard Plus classes
- Unisex build charts
- Max Cholesterol level for Preferred classes is 300, ratios as follows:
 - Preferred Plus 4.5 Ages 18-55 (≤ 5.0 Ages 56 and above)
 - Preferred NT 5.5 Ages 18-55 (≤ 6.0 Ages 56 and above)
 - Standard Plus 7.0 Ages 18-55 (≤ 7.5 Ages 56 and above)
- 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)
- Certain private pilots may qualify for Preferred and Standard Plus risk classes: Ages 30-70, minimum 1,000 total hours of piloting experience and flying between 50-250 hours annually, IFR/ATP rating, no FAA violations within the past 5 years and must be a Standard aviation risk
- 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 \$5,000,000 (\$10,000,000 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 Supplement 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
- 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, 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 \$100,000 and above – you will need a signed HIV consent form
- You will need a signed Accelerated Death Benefit Disclosure Form unless applying 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
- If face amount is over \$5,000,000, an IRS 4506T-EZ form will need to be filled out and 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, Notice of Information Practices, and Life Insurance Buyers Guide
- 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
- 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 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 United Express Products and all Companion Products)

- A check or electronic transaction authorization for the full initial modal premium must be submitted with the application
(**Note:** initial draft via the client's bank account is available only for monthly mode)

No Conditional Coverage is provided:

If a completed Conditional Receipt is not submitted with the application.

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, credit card, or Bank Service Plan (BSP) 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/Companion 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 the home office.

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)

TIA Eligibility Requirements:

- A check, credit card, or Bank Service Plan (BSP) authorization for the full initial modal premium must be submitted with the application
(**Note:** initial draft via the client's bank account is available only for monthly premium mode)
- All 6 TIA eligibility questions must be answered "no." If an eligibility question is answered "yes," do not collect a check from the client. The TIA does not need to be submitted, but the electronic transaction authorization may still be submitted
- Maximum Face Amount eligible for coverage is \$1,000,000. TIA's are not allowed on any face amount over \$1,000,000*

*Maximum Benefit Amount is \$1,000,000

No Temporary Insurance is provided:

- If a completed TIA is not submitted with the application
- If a TIA eligibility question is answered "yes"

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 81-85
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	\$65,000,000
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 at 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 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 \$2,000,000 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	Up to 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 which now provides exemptions exceeding \$5,000,000 at this time.**

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.
Where the applicant provides support, coverage is limited to the greater of \$50,000 or $\frac{1}{2}$ (50 percent) of the amount carried by the applicant including in force coverage on the minor.
2. Minors less than age 4 years 6 months.
Where the applicant provides support, coverage is limited to the greater of \$50,000 or $\frac{1}{4}$ (25 percent) of the amount carried by the Applicant including the in force coverage on the minor.
3. If the applicant does not provide support for the minor less than age 14 years 6 months, the \$100,000 guidelines would apply.

Note: Coverage applied for in excess of \$100,000 will require an APS.

Initial Underwriting Requirements – Fully Underwritten

Age:	Amount Being Underwritten: Effective 2-1-15				
	\$25,000- \$99,999	\$100,000- \$249,999	\$250,000- \$499,999	\$500,000- \$750,000	
Under 18	Nonmedical	Nonmedical*	N/A	N/A	
18-30	Nonmedical Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	
31-35	Nonmedical Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	
36-45	Nonmedical Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	
46-55	Nonmedical Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	
56-60	Nonmedical Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	
61-65	Nonmedical Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS Rx	Paramed Blood & HOS BNP Rx	
66-70	Nonmedical APS Rx	Paramed Blood & HOS APS Rx	Paramed Blood & HOS BNP APS Rx	Paramed Blood & HOS BNP APS Rx	
71 and Over	Nonmedical APS Rx	Paramed Blood & HOS APS Rx	Paramed Blood & HOS BNP APS PHI Rx	Paramed Blood & HOS BNP APS PHI MVR Rx	

Key:
APS Attending Physician's Statement
Blood & HOS Blood & Urine collection
EIR Electronic Inspection Report (Ordered by H.O.)
EKG Electrocardiogram
IR Inspection Report
MD Exam Blood & HOS w/M.D. Exam
 (Specializing in Internal Medicine)
MVR Motor Vehicle Report (Ordered by H.O.)

Nonmedical A Fully Completed Application
Paramed Long Form Exam (form MLU21727)
PHI Personal History Interview taken over telephone (Ordered by H.O.)
Rx Pharmaceutical Check
TEKG Treadmill Electrocardiogram
 (may be ordered for cause)
BNP NT-Pro BNP (Part of the blood profile)
TT Tax Transcripts (4506T-EZ)

	\$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
	N/A	N/A	N/A	N/A	N/A
	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS EIR MVR Rx	Paramed Blood & HOS APS IR MVR Rx TT	Paramed Blood & HOS APS IR MVR Rx TT
	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS EIR MVR Rx	Paramed Blood & HOS APS IR MVR Rx TT	Paramed Blood & HOS APS IR MVR Rx TT
	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS MVR Rx	Paramed Blood & HOS EIR MVR Rx	Paramed Blood & HOS APS IR MVR Rx TT	Paramed Blood & HOS EKG APS IR MVR Rx TT
	Paramed Blood & HOS Rx	Paramed Blood & HOS BNP EIR MVR Rx	Paramed Blood & HOS BNP APS (> age 50) EIR MVR Rx	Paramed Blood & HOS EKG APS IR MVR Rx TT	Paramed Blood & HOS EKG APS IR MVR Rx TT
	Paramed Blood & HOS BNP Rx	Paramed Blood & HOS BNP EIR MVR Rx	Paramed Blood & HOS BNP APS EIR MVR Rx	Paramed Blood & HOS EKG APS IR MVR Rx BNP TT	Paramed Blood & HOS EKG APS IR MVR Rx BNP TT
	Paramed Blood & HOS BNP Rx	Paramed Blood & HOS EKG EIR MVR Rx BNP	Paramed Blood & HOS EKG APS EIR MVR Rx BNP	Paramed Blood & HOS EKG APS IR MVR Rx BNP TT	Paramed Blood & HOS EKG APS IR MVR Rx BNP TT
	Paramed Blood & HOS BNP APS Rx	Paramed Blood & HOS EKG APS EIR MVR Rx BNP	Paramed Blood & HOS EKG APS EIR MVR Rx BNP	Paramed Blood & HOS EKG APS IR MVR Rx BNP TT	MD Exam Blood & HOS EKG APS IR MVR Rx BNP TT
	Paramed Blood & HOS BNP APS PHI MVR Rx	Paramed Blood & HOS EKG APS PHI MVR Rx BNP	Paramed Blood & HOS EKG APS PHI MVR Rx BNP	MD Exam Blood & HOS EKG APS IR MVR Rx BNP TT	MD Exam Blood & HOS EKG APS IR MVR Rx BNP TT

Paramedical Vendors:

American Para Professional Services (APPS) – 1-800-635-1677

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
FAMILY HISTORY (Does not apply if age 60 and older.)	No death of a parent or sibling prior to age 60 due to Cancer or Heart Disease
BLOOD PRESSURE	Treatment allowed with good control Ages 18-55 Avg BP $\leq 135/85$; Ages 56 and above $\leq 140/85$
CHOLESTEROL Averaged 3 cholesterol over past 12 months. If available*	Cholesterol ratio <4.5 Ages 18-55. (<5.0 above Age 55.) 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 three (3) years
AVOCATION²	No participation in any hazardous occupation, avocation or sport in the last five (5) years
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

*Total cholesterol cannot exceed 300.

¹An occasional celebratory 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 guidelines.

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.

PREFERRED Underwriting Criteria

NICOTINE Tobacco	No nicotine x 24 months Occasional cigar, nontobacco available with negative HOS ¹ (Note: Preferred Tobacco is an available class)
FAMILY HISTORY (Does not apply if age 60 and older.)	No death of a parent prior to age 60 due to Cancer or Heart Disease With good risk factors and negative cardiac work up appropriate for age group, one cardiac death allowed
BLOOD PRESSURE	Treatment allowed with good control Ages 18-55 Avg BP $\leq 145/90$; Ages 56 and above $\leq 150/90$
CHOLESTEROL Averaged 3 cholesterol over past 12 months. If available*	Cholesterol ratio < 5.5 Ages 18-55. (< 6.0 above Age 55.) 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
AVIATION^{3,4}	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

*Total cholesterol cannot exceed 300.

¹An occasional celebratory 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 guidelines.

⁴Certain private pilots may qualify for Preferred and Standard Plus risk classes: Ages 30-70, minimum 1,000 total hours of piloting experience and flying between 50-250 hour annually, IFR/ATP rating, no FAA violations within the past 5 years and must be a Standard aviation risk.

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.

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 60 and older.)	One death of a parent prior to age 60 due to Heart Disease
BLOOD PRESSURE	Treatment allowed with good control Ages 18-55 Avg BP $\leq 152/90$; Ages 56 and above $\leq 156/92$
CHOLESTEROL Averaged 3 cholesterols over past 12 months. If available*	Cholesterol ratio <7.0 Ages 18-55. (<7.5 above Age 55.) 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 three (3) moving violations within the last three (3) years
AVOCATION²	Flat extras are allowed
AVIATION^{3,4}	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

*Total cholesterol cannot exceed 300.

¹An occasional celebratory 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 guidelines.

⁴Certain private pilots may qualify for Preferred and Standard Plus risk classes: Ages 30-70, minimum 1,000 total hours of piloting experience and flying between 50-250 hour annually, IFR/ATP rating, no FAA violations within the past 5 years and must be a Standard aviation risk.

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.

Build Chart – Fully Underwritten

					Table 1	Table2	
	Preferred Plus	Preferred	Standard Plus	Standard	+25	+50	
Height							
4 Feet							
8"	125	134	143	152	170	184	
9"	131	140	150	157	176	189	
10"	135	145	155	162	182	194	
11"	141	150	160	168	187	199	
5 Feet	146	156	167	174	193	205	
1"	152	163	175	180	199	211	
2"	158	169	180	186	205	215	
3"	164	174	185	191	213	220	
4"	169	179	190	197	221	225	
5"	174	184	195	204	226	231	
6"	180	190	200	210	232	239	
7"	185	195	205	217	239	245	
8"	189	199	210	223	246	251	
9"	195	205	215	230	254	258	
10"	200	211	222	236	262	266	
11"	206	217	227	243	269	274	
6 Feet	211	222	234	250	275	281	
1"	217	229	242	257	282	289	
2"	222	234	247	264	289	296	
3"	228	240	252	272	296	303	
4"	233	245	258	279	301	311	
5"	239	251	264	287	307	319	
6"	246	258	270	298	313	328	
7"	252	264	276	302	320	336	
8"	–	–	–	310	327	345	
9"	–	–	–	317	335	352	
10"	–	–	–	325	343	359	

	Table 3	Table 4	Table 5	Table 6	Table 8	Table 10	Table 12
	+75	+100	+125	+150	+200	+250	+300
Weight							
	190	197	204	212	221	230	240
	195	202	209	216	225	234	244
	201	208	214	222	231	240	249
	207	214	220	228	237	245	254
	213	220	226	235	244	253	262
	218	226	233	242	250	259	269
	223	232	239	248	257	266	277
	228	238	246	255	264	275	284
	235	245	252	261	270	281	292
	242	251	259	268	277	286	299
	248	258	268	276	285	293	308
	254	265	275	284	293	303	316
	262	274	283	291	300	312	324
	270	282	291	299	309	319	331
	278	289	300	307	316	327	340
	287	298	307	315	325	339	349
	292	305	315	322	333	348	356
	300	313	322	330	340	355	365
	308	321	331	339	349	366	374
	317	329	339	348	358	376	383
	325	338	348	357	367	385	394
	334	347	357	366	376	393	402
	345	358	366	375	385	405	413
	354	367	375	384	394	413	422
	363	376	385	395	405	422	431
	372	385	395	406	415	435	444
	382	395	407	418	427	444	462

Underwriting Requirements – Express Only

Term Life Express (TLE) GUL Express (GULE)		
Issue Ages 18-50	Issue Ages 51-65	
TLE – \$25,000-\$300,000 GULE – \$25,000-\$300,000	TLE – \$25,000-\$250,000 GULE – \$25,000-\$250,000	
Simplified Underwriting Build Chart MIB Pharmaceutical Check MVR (Mandatory Ages 18-35) MVR (As Needed Ages 36-50) Random Phone Interview Mandatory Phone Interview for \$250,001+	Simplified Underwriting Build Chart MIB Pharmaceutical Check MVR (As Needed) Random Phone Interview Mandatory Phone Interview for Ages 61-65	
*May vary by state		
If an individual has a previous offer from United of Omaha or Companion Life Insurance Company with a risk class greater than Table 4 or has been declined, they will not qualify for Express products.		

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

	Living Promise Level Benefit Plan	Living Promise Graded Benefit Plan
	Issue Ages 45-85*	Issue Ages 45-80*
	\$2,000-\$40,000*	\$2,000-\$20,000*
	Simplified Underwriting Build Chart MIB Pharmaceutical Check Random Phone Interview	

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	
4 Feet				
8"	74	197	170	
9"	77	202	176	
10"	79	208	182	
11"	82	214	187	
5 Feet	85	220	193	
1"	88	226	199	
2"	91	232	205	
3"	94	238	213	
4"	97	245	221	
5"	100	251	226	
6"	103	258	232	
7"	106	265	239	
8"	109	274	246	
9"	112	282	254	
10"	115	289	262	
11"	119	298	269	
6 Feet	122	305	275	
1"	126	313	282	
2"	129	321	289	
3"	133	329	296	
4"	136	338	301	
5"	140	347	307	
6"	143	358	313	
7"	147	367	320	
8"	151	376	327	
9"	154	385	335	
10"	158	395	343	

	Table 2 Maximum Weight (Multiple Impairments)	Living Promise Level Benefit Maximum Weight	Living Promise Graded Benefit Maximum Weight
	184	204	221
	189	209	225
	194	214	231
	199	220	237
	205	226	244
	211	233	250
	215	239	257
	220	246	264
	225	252	270
	231	259	277
	239	268	285
	245	275	293
	251	283	300
	258	291	309
	266	300	316
	274	307	325
	281	315	333
	289	322	340
	296	331	349
	303	339	358
	311	348	367
	319	357	376
	328	366	385
	336	375	394
	345	385	405
	352	395	415
	359	407	427

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 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, Enbrel or Methotrexate	Decline
Muscular Dystrophy	Decline
Sickle Cell Anemia	Decline

Note: This is not a complete list. Please refer to pages 30-39 for additional impairments.

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

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 or Companion Life Insurance Company 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

Arteriovenous (AV) Malformations

Cerebral unoperated Decline

Surgery, stable 6 months Table 4 – 8

Arthritis

Osteoarthritis Standard

Fit program may apply.

These are general ranges for best case scenarios and final offers are dependent upon the merits of the case.

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Asbestosis

Mild degree of respiratory impairment Standard – Table 4
 Severe impairment. Decline

Ascites Decline

Asthma

Mild intermittent Standard
 Persistent, depends on severity able 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

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

Fit program may apply.

Impairments, continued

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
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Chronic Heart Failure Decline

Cardiac Pacemaker (Artificial) Standard – Decline

Cardiomyopathy Table 4 – Decline

Carotid Bruits

Asymptomatic & no other related history	Standard – Table 2
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Celiac Disease

Controlled with diet	Standard – Table 4
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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

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
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Christmas Disease (Factor IX Deficiency) Table 2 – 8

Chronic Obstructive Pulmonary Disease (COPD) Standard – Table 8

Cirrhosis

Confirmed diagnosis	Decline
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Cocaine

No current use, postponed 3 years then	Standard to Table 8
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Colitis (Ulcerative)

Controlled with medication	Table 2 – 8
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Colon Polyps

Benign	Standard
Malignant	Indiv. Consideration

Congestive Heart Failure (Chronic) Decline

Fit program may apply.

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
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

Impairments, continued

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

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.....Indiv. 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

Fit program may apply.

Hypothyroidism

Controlled with medication.....Standard

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

M

Mallory-Weiss Syndrome

Present.....Decline

Marfan's Syndrome.....Table 2 – Decline

Impairments, continued

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

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

Fit program may apply.

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

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

Fit program may apply.

Impairments, continued

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

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

Fit program may apply.

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
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

These are general ranges for best case scenarios and final offers
 are dependent upon the merits of the case.
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Fit program may apply.

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.

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	
Building and Construction ☐ Bridge, structural iron workers, tower workers, roofers	
Electric Power Industry ☐ Line construction	
Fire Department ☐ Municipal and volunteer ☐ Fire and smoke jumpers	
Fishing Industry – Officers and crew not coming ashore daily ☐ Inshore, harbors, lakes, rivers ☐ Gulfs, Oceans, seas ☐ Grand Banks, sealers, whalers, Alaskan crab fisherman	
Law Enforcement ☐ Armed car guards, bank guards, municipal police, penal guards, border patrol ☐ Federal Agencies: FBI, DEA, CIA, SWAT, Secret Service, Federal Air Marshal	
Liquor Industry ☐ Bartenders	
Lumber Industry ☐ Explosive handlers, boommen, climbers, raftsmen, riggers, rivermen, topmen	
Mining and Quarrying ☐ Assayers, chemists, detectives, guards, mining engineers, surveyors ☐ Underground mines – Surface workers ☐ Underground mines – Underground workers ☐ Open Pit and Surface mine workers	
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	

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

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

	Life	ADB	WP
	Std 3.50 per M	D D	D D
	Std – 2.50 per M	D	D
	2.50 per M	2x	Std
	Std	2x	Std
	Std 3.50 per M	2x 3x	Std 2x
	Std Std – 2.50 per M 2.50 per M	Std 2x – 3x 2x	Std Std Std
	Std IC	2x IC	Std IC
	Std – 2.50 per M	Std – 2x	Std
	2.50 per M	2x	Std
	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
	Std – 2.50 per M 5.00 per M	2x 3x	Std 2x
	2.50 – 5.00 per M 7.50 per M	3x D	2x D

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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
- AccumUL Answers
- GUL
- GUL Plus
- GUL Survivor

Here's where the program fits:

- Ages: 18-75
- Minimum face amount: \$100,000
- Maximum face amount: \$5,000,000* (total coverage in force and applied for with United of Omaha and Companion Life Insurance Company)
*(Maximum face amount \$10,000,000 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 or Type 1 diabetes

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.**

Note: No more than two lifestyle characteristics can be applied toward credits

Medical

- Great family history – no deaths of parents or siblings 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 within the past two years
- GXT exercise performance >10 METS within the past two years
- Optimal blood pressure control-treated or untreated average of 135/85 or better
- Preferred or better build, ages 18-60, Standard Plus or better build, age 61-75
- BNP <100 ages 61-75
- Normal CBC ages 61-75

Lifestyle

- Regular preventative medical care and compliant follow-up for treated impairments within the past 12 months
- No Tobacco in past 10 years
- Income >\$100,000, or net worth >\$1,000,000
- Preferred or better driving record

Three of the above characteristics equals 1 table credit.

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/Companion 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: \$1,000,000 and above for Universal Life or a minimum premium of \$25,000. \$2,000,000 or 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

Term Conversion Guidelines

Products Available for Term Conversions:

- Clients can convert to available permanent life insurance products offered at time of conversion within face amount, issue age, and risk class guidelines for the permanent product. Exceptions are noted below:
- Certain permanent products are not available for term conversions: Children's Whole Life, GUL Survivor

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

Term Life Answers (Fully Underwritten)	
Product	Minimum Face Amount
GUL/GUL Plus	\$100,000*
GUL Express	\$25,000
AccumUL Plus/AccumUL Answers	\$25,000
Whole Life Express	\$5,000
Living Promise	\$2,000
Term Life Express (Simplified Issue) Note: Simplified Issue Term products(Term Life Express) cannot be converted into a fully underwritten permanent product.	
Product	Minimum Face Amount
GUL Express	\$25,000
Whole Life Express	\$5,000
Living Promise	\$2,000

*\$50,000 for ages 66+

Product limitations for substandard policies:

- GUL 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 Plus, AccumUL Answers, GUL/GULP)
- Whole Life Express will be available for a substandard Term Conversion below \$25,000. All substandard Term Conversions into a Whole Life Express will carry the same rate up percentage

Riders:

- 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
- Term Life Answers Other Insured Rider guidelines if Primary insured converts base coverage: 1) The Other Insured Rider can be converted into a separate permanent policy if other insured also meets conversion eligibility requirements, or 2) Other Insured Rider can continue as a term policy under a new policy number at original issue age at same rider premium plus policy fee

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.



UNITED OF OMAHA LIFE INSURANCE COMPANY

Home Office: 3300 Mutual of Omaha Plaza
Omaha, NE 68175

COMPANION LIFE INSURANCE COMPANY

Home Office: Hauppauge, NY 11788-2934
mutualofomaha.com