

Disability Income

Choice Portfolio SM



Product and Underwriting Guide



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PRODUCT GUIDELINES

Short-Term Accident Only

Benefit Period (Months)	Elimination Period (Days)	Issue Ages	Occupational Classes
3	14, 30, 60, 90	18-61	All
6	14, 30, 60, 90	18-61	All
12	14, 30, 60, 90	18-61	All
24	14, 30, 60, 90	18-61	All

Premium Structure

Initial premiums will be based on issue age, occupation, benefit period, elimination period, monthly benefit amount and any optional coverage selected.

Preferential Rates

If your client is a member of a qualifying association or is self-employed, they may qualify for a preferential premium.

Underwriting

This product may qualify for Express Underwriting depending on age, occupation and income.

Renewability

This product guarantees the right to continue the coverage until age 67. During that time, we cannot cancel the policy as long as the required premiums are paid when due.

Maximum Benefit Amounts

The maximum monthly benefit amount available is \$5,000.

Total Disability Income Benefit

If an injury, not covered by workmen's compensation, prevents your client from performing the material and substantial duties of their regular occupation, and they aren't gainfully employed in another occupation, we will pay a monthly benefit once the elimination period has been met.

Partial Disability Benefit

If an injury prevents your client from performing the material and substantial duties of their regular occupation for more than 50 percent of the time usually spent in the daily performance of such duties, we will pay 50 percent of the total disability monthly benefit. These benefits commence after the elimination period has been satisfied and are payable for up to six months.

Survivor Benefit

If your client dies while they are disabled, we will pay their beneficiaries a lump sum amount equal to three times the total disability monthly benefit payable at the time of their death.

Recurrent Disability

If a related disability occurs within six months of returning to full-time employment, we will consider it a recurrent disability. A new elimination period will not need to be satisfied and the same benefit period will continue.

Presumptive Total Disability

We will presume your client to be totally and permanently disabled if an injury results in their complete and irrecoverable loss of hearing, speech, sight or use of both hands, both feet or one hand and one foot. We will pay your client total disability benefits for the full length of the benefit period even if they return to work in another occupation. We also will waive the elimination period.

Waiver of Premium

We will waive premium for the coverage and all optional riders after your client is disabled for 90 days. We also will refund any premiums paid during this 90-day period.

OPTIONAL RIDER (Available only at issue)

Accident Hospital Confinement Indemnity Benefits Rider

This optional rider pays a daily room benefit of \$125, \$250, \$350, or \$500 (x2 ICU) for each day of hospital confinement due to an accident. Benefits are payable for a maximum of 45 days for any period of confinement.

- Underwriting of the rider will be subject to the Underwriting Rules for the Policy Form, Health Manual and Occupational Guide
- Issue ages 18-61
- Only one Accident Hospital Confinement Indemnity Benefits rider may be attached to a given policy.
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- Neither the Association Group Discount nor the Self-Employed Discount applies to this rider

*Features and riders may not be available with all policies or approved in all states.

PRODUCT GUIDELINES

Short-Term Accident and Sickness

Benefit Period (Months)	Elimination Period (Days)	Issue Ages	Occupational Classes
3	14, 30, 60, 90	18-61	All
6	14, 30, 60, 90	18-61	All
12	14, 30, 60, 90	18-61	All
24	14, 30, 60, 90	18-61	All

Premium Structure

Initial premium will be based on issue age, tobacco status, gender, occupation, benefit period, elimination period, monthly benefit amount and any optional coverage selected. Before age 67, premiums may be changed, but only if the same change is made to all policies in the same class. After age 67, premiums will increase annually until policy terminates, and may also be changed on a class basis. In no event will premiums increase during the first 12 months.

Preferential Rates

If your client is a member of a qualifying association, or self-employed, they may qualify for a preferential premium.

Underwriting

This product may qualify for Express or Simplified Underwriting depending on age, income and benefit amount.

Renewability

This product guarantees the right to continue coverage until age 67. During that time, we cannot cancel the policy as long as the required premiums are paid when due. After age 67, coverage may continue to age 75 if full-time employment and the necessary premiums are paid when due.

Maximum Monthly Benefit Amounts

The maximum monthly benefit amount available is \$5,000.

Total Disability Benefits

If your client is unable to perform the material and substantial duties of their regular occupation due to injury or illness, not covered by workmen's compensation, and is not gainfully employed in another occupation, we will pay a monthly benefit once the elimination period has been met.

Partial Disability Benefit

If your client is able to perform the material and substantial duties of their regular occupation due to injury or illness for no more than 50 percent of the time usually spent in the daily performance of such duties, we will pay 50 percent of the total disability monthly benefit. These benefits commence after the elimination period has been satisfied and are payable for up to six months.

Survivor Benefit

If your client dies while they are disabled, we will pay their beneficiaries a lump sum amount equal to three times the total disability monthly benefit payable at the time of their death.

Terminal Illness Benefit

Your client has the option to accelerate up to 12 months of disability benefits if diagnosed with a terminal illness.

Recurrent Disability

If a related disability occurs within six months of returning to full-time employment, we will consider it a recurrent disability. A new elimination period will not need to be satisfied and the same benefit period will continue.

Presumptive Total Disability

We will presume your client to be totally and permanently disabled if sickness or injury results in their complete and irrecoverable loss of hearing, speech, sight, or use of both hands, both feet or one hand and one foot. We will pay total disability benefits for the full length of the benefit period even if they return to work in another occupation. We also will waive the elimination period.

Waiver of Premium

We will waive premium for the coverage and all optional riders after your client is disabled for 90 days. We also will refund any premiums paid during this 90-day period.

Transplant Donor Benefits

We will pay benefits on the same basis as any other sickness if your client becomes disabled as the result of a transplant of part of their body to the body of another person.

Rehabilitation Benefit

If your client is disabled and receiving disability benefits, they may be eligible to receive vocational rehabilitation services at our expense.

OPTIONAL RIDERS (Available only at issue)

Hospital Confinement Indemnity Benefits Rider

This optional rider pays a daily room benefit of \$125, \$250, \$350, or \$500 (x2 ICU) for each day of hospital confinement due to an accident or sickness, subject to a one-day elimination period. Benefits are payable for a maximum of 45 days for any period of confinement.

- Underwriting of the rider will be subject to the Underwriting Rules for the Policy Form, Health Manual and Occupational Guide
- Issue ages 18-61
- Only one Hospital Confinement Indemnity Benefits rider may be attached to a given policy
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- Neither the Association Group Discount nor the Self-Employed Discount applies to this rider

Critical Illness Benefits Rider

This optional rider pays a lump-sum benefit of \$5,000, \$10,000, \$15,000 or \$25,000 upon diagnosis of certain specified diseases. The combined benefits of this rider plus any stand-alone Mutual of Omaha critical illness policies may not exceed \$250,000.

- Underwriting of the rider will be subject to the Underwriting Rules for the Policy Form, Health Manual and Occupational Guide
- Adverse family history may affect rider availability
- Issue ages 18-61
- Only one Critical Illness Benefits rider may be attached to a given policy
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- Neither the Association Group Discount nor the Self-Employed Discount applies to this rider

Critical Illness Insured Conditions

- Alzheimer's Disease
- Blindness
- Deafness
- Heart Attack (Myocardial Infarction)
- Life-Threatening Cancer (when first symptoms appear and first Diagnosis occurs more than 30 days after the Rider Date or rider reinstatement date)
- Major Organ Transplant
- Paralysis
- Renal Failure or
- Stroke

Return of Premium Rider

This optional rider provides for the return of a specified percentage of premiums paid (80 percent or 50 percent) less any claims paid at the end of each term period (usually 10 years). Premium and claims for the Critical Illness Benefits rider, Hospital Confinement Indemnity Benefits rider, and Accident Hospital Confinement Indemnity Benefits rider are excluded from the return of premium calculation.

- The underwriting for this rider is the same as the policy to which it is attached
- Elimination Periods 30, 60, 90, 180, and 365 days only
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- The Association Group Discount and Self-Employed Discount apply to this rider

*Features and riders may not be available with all policies or approved in all states.

PRODUCT GUIDELINES

Long-Term Accident and Sickness

Benefit Period (Years)	Elimination Period (Days)	Issue Ages	Occupational Classes
2	60, 90, 180, 365	18-61	All
5	60, 90, 180, 365	18-61	All
10	60, 90, 180, 365	18-61	6A, 5A, 4A, 3A, 2A
To Age 67	60, 90, 180, 365	18-61	6A, 5A, 4A, 3A

Applicants may not apply for combinations of Elimination Periods and Benefit Periods using multiple accident and sickness policies with the intent to create total benefits where the Elimination Period is less than the minimum allowed for a particular Benefit Period. Example:

- Applying for a 30-day Elimination Period with a 1-year Benefit Period on one application and applying for a 365-day Elimination Period with a To Age 67 Benefit Period on another application

Premium Structure

Initial premium will be based on issue age, tobacco status, gender, occupation, benefit period, elimination period, monthly benefit amount and where both plans cover accidents and sicknesses. Before age 67, premiums may be changed, but only if the same change is made to all policies in the same class. After age 67, premiums will increase annually until policy terminates, and may also be changed on a class basis. In no event will premiums increase during the first 12 months.

Preferential Rates

If your client is a member of a qualifying association, or self-employed, they may qualify for a preferential premium.

Underwriting

This product is fully underwritten.

Renewability

This product is guaranteed renewable until age 67. During that time, the policy cannot be cancelled as long as required premiums are paid when due. After age 67 coverage may be continued to age 75 if working full time and the necessary premiums are paid when due.

Maximum Monthly Benefit Amounts

The maximum monthly base benefit amount available is \$10,000, or \$12,000 if the Social Insurance Supplement Benefits Rider is added. This amount may vary according to income and occupation.

Total Disability Benefits

If an injury or illness prevents your client from performing the material and substantial duties of their regular occupation, and they are not gainfully employed in another occupation, we will pay a monthly benefit once the elimination period has been met. After the first 24 months following the elimination period, if the maximum benefit period has not been met, we will continue to pay a monthly benefit as long as they are unable to perform the material and substantial duties of any occupation for which they are reasonably suited because of education, training or experience.

Proportionate Disability Benefit

If an injury or illness prevents your client from performing one or more of the material and substantial duties of their regular occupation, or is unable to perform such duties for as much time as it would normally take to do them, and the loss of monthly income is at least 20 percent, we will pay a percentage of the total disability monthly benefit that is proportionate to their loss of income once the elimination period has been met. These benefits are payable for up to 24 months.

Survivor Benefit

If your client dies while disabled, we will pay their beneficiaries a lump sum amount equal to three times the total disability monthly benefit payable at the time of their death.

Terminal Illness Benefit

Your client has the option to accelerate up to 12 months of disability benefits if diagnosed with a terminal illness.

Recurrent Disability

If a related disability occurs within six months of a return to full-time employment, we will consider it a recurrent disability. A new elimination period won't need to be satisfied and the same benefit period will continue.

Presumptive Total Disability

We will presume your client to be totally and permanently disabled if sickness or injury results in their complete and irrecoverable loss of hearing, speech, sight, or use of both hands, both feet or one hand and one foot. We will pay total disability benefits for the full length of the benefit period even if they return to work in another occupation. We also will waive the elimination period.

Waiver of Premium

We will waive premium for the coverage and all optional riders after your client is disabled for 90 days. We also will refund any premiums paid during this 90-day period.

Transplant Donor Benefits

We will pay your client benefits on the same basis as any other sickness if your client becomes disabled as the result of a transplant of part of their body to the body of another person.

Rehabilitation Benefit

If your client is disabled and receiving disability benefits, they may be eligible to receive vocational rehabilitation services at our expense.

OPTIONAL RIDERS (Available only at issue)

Hospital Confinement Indemnity Benefits Rider

This optional rider pays a daily room benefit of \$125, \$250, \$350, or \$500 (x2 ICU) for each day of hospital confinement due to an accident or sickness, subject to a one-day elimination period. Benefits are payable for a maximum of 45 days for any period of confinement.

- Underwriting of the rider will be subject to the Underwriting Rules for the Policy Form, Health Manual and Occupational Guide
- Issue ages 18-61
- Only one Hospital Confinement Indemnity Benefits rider may be attached to a given policy
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- Neither the Association Group Discount nor the Self-Employed Discount applies

Critical Illness Benefits Rider

This optional rider pays a lump-sum benefit of \$5,000, \$10,000, \$15,000 or \$25,000 upon diagnosis of certain specified diseases. The combined benefits of this rider plus any stand-alone Mutual of Omaha critical illness policies may not exceed \$250,000.

- Underwriting of the rider will be subject to the Underwriting Rules for the Policy Form, Health Manual and Occupational Guide
- Adverse family history may affect rider availability
- Issue ages 18-61
- Only one Critical Illness Benefits rider may be attached to a given policy
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- Neither the Association Group Discount nor the Self-Employed Discount applies to this rider

Critical Illness Insured Conditions

- Alzheimer's Disease
- Blindness
- Deafness
- Heart Attack (Myocardial Infarction)

- Life-Threatening Cancer (when first symptoms appear and first Diagnosis occurs more than 30 days after the Rider Date or rider reinstatement date)
- Major Organ Transplant
- Paralysis
- Renal Failure or
- Stroke

Return of Premium Rider

This optional rider provides for the return of a specified percentage of premiums paid (80 percent or 50 percent) less any benefits paid at the end of each term period (usually 10 years). Premium and claims for the Critical Illness Benefits rider, Hospital Confinement Indemnity Benefits rider, and Accident Hospital Confinement Indemnity Benefits rider are excluded from the return of premium calculation.

- The underwriting for this rider is the same as the policy to which it is attached
- Elimination Periods 30, 60, 90, 180, and 365 days only
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- The Association Group Discount and Self-Employed Discount apply to this rider

Social Insurance Supplement Rider

This optional rider offers disability income insurance at more affordable premiums than base coverage since disability benefits payable under this rider are offset dollar-for-dollar by other forms of social insurance.

- Underwriting rules for the rider will be subject to the underwriting rules for the Policy Form, Health Section, Occupational Section and Income Qualification Table
- The same Benefit Period/Elimination Period options and Issue Age/Occupational restrictions that apply to the base coverage also apply to the Social Insurance Supplement rider
- The Elimination Period and the Benefit Period must be the same for the base plan and the SIS rider
- Only one Social Insurance Supplement rider may be attached to a given policy
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- The Association Group Discount and Self-Employed Discount apply to this rider

Extended Own Occupation Disability Definition Amendment Rider

This optional rider extends the own occupation definition of disability applicable to the base and SIS rider past two years, to the duration of the Benefit Period.

- The underwriting for this rider is the same as the policy to which it is attached
- Issue ages 18-61
- Benefit Periods 5-Year, 10-Year, and To Age 67
- Occupational Classes 6A, 5A, 4A, and 3A (health care occupations and government employees are not eligible)
- Only one Extended Own Occupation Disability Definition Amendment rider may be attached to a given policy
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- The Association Group Discount and Self-Employed Discount apply to this rider

Future Insurability Option Rider (FIO)

This optional rider allows the policyholder to increase their base monthly benefit, at the policy's annual renewal date, subject only to proof of financial insurability. The maximum increase amount is two times the base benefit, but the total base plus FIO monthly benefit may never exceed the maximum base monthly benefit. The maximum allowable increase on any given notice date is 25 percent of the total disability monthly benefit (base only) at policy issue.

- The underwriting for this rider is the same as the policy to which it is attached
- Issue ages 18-51
- Benefit Periods 2, 5, and 10-Year and To Age 67
- Occupational Classes 6A, 5A, 4A, 3A, and 2A (government employees are not eligible)
- Health Risk Classes Standard, Standard with Exclusion, "L" or "7" and "M" or "8"
- Only one Future Insurability Option rider may be attached to a given policy
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 57
 - The date benefits have been increased to the maximum allowable
 - The date the policy terminates
- The Association Group Discount and Self-Employed Discount apply to this rider

Extended Proportionate Disability Benefits Rider

This optional rider extends the maximum duration Proportionate Disability benefits can be received past 24 months, to the duration of the Benefit Period.

- The underwriting for this rider is the same as the policy to which it is attached
- Issue ages 18-61
- Benefit Periods 5-Year, 10-Year, and To Age 67
- Only one Extended Proportionate Disability Benefits rider may be attached to a given policy
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- The Association Group Discount and Self-Employed Discount apply to this rider.

Cost-of-Living Adjustment Rider

This optional rider increases the disability benefits payable under the base policy and SIS rider by the lesser of:

- The CPI-U (Consumer Price Index – All Urban Consumers)
 - 5.0 percent compounded annually
- The underwriting for this rider is the same as the policy to which it is attached
- Issue ages 18-61
- Benefit Periods 2, 5, and 10-Year and To Age 67
- Only one Cost-of-Living Adjustment rider may be attached to a given policy
- The rider terminates on whichever of the following occurs first:
 - The first renewal date following age 67
 - The date the policy terminates
- The Association Group Discount and Self-Employed Discount apply to this rider

*Features and riders may not be available with all policies or approved in all states.

PRODUCT GUIDELINES

Business Operating Expense

Benefit Period (Years)	Elimination Period (Months)	Issue Ages	Occupational Classes
12	30, 60, 90, 180 and 365 days	20-59	All
18	30, 60, 90, 180 and 365 days	20-59	All

Premium Structure

Initial premiums will remain level until age 65 and are based on issue age, gender, occupation, benefit period, elimination period and monthly benefit amount.

Underwriting

This product may qualify for Express or Simplified Underwriting depending on age, occupation, income and benefit amount.

Renewability

This product guarantees the right to continue the coverage until your client retires, sells their business or otherwise discontinues their business or profession until age 65. During that time, we cannot cancel the policy as long as the required premiums are paid when due.

Maximum Benefit Amount

The maximum monthly benefit amount available is \$15,000. This amount may vary by income and occupational classification.

Total Loss of Time Benefit

If your client is completely unable to engage in their occupation and is not gainfully employed in another occupation, we will pay benefits for operating expenses incurred during this total loss of time.

Recurrent Total Loss of Time Benefit

If further loss of time results from injury or sickness for which benefits have already been paid, the maximum operating expense benefit and deductible period will be restored after return to full-time work for a period of six consecutive months.

Waiver of Premium

Premiums will be waived for the coverage after total loss of time benefits have been paid continuously for 90 days.

Eligibility Requirements

- May be issued to qualified professional and business persons in Occupation Class 6A, 5A, 4A, 3A, 2A, or 1A who incur operating expenses covered by this policy and have been in business for a minimum of two years. Persons operating businesses out of their own home are not eligible for this coverage. Examples of qualified applicants are:
 - Individuals, joint occupants, and members of a partnership. In the case of joint occupants and partners, the monthly benefit may not exceed the applicant's share of monthly operating expenses
 - Professional individuals who have incorporated solely for tax purposes and who, except for incorporation, would qualify under Rule 1 above
 - Officers of close corporations with not more than five employees including corporation officers, subject to the following:
 - Each officer insured must be an active full-time, salaried employee of the corporation
 - The maximum monthly benefit may not include salaries paid to officers or stockholders of the corporation
 - Coverage issued to any one officer may not exceed a share of expenses proportionate to that officer's share of out-standing stock
- Citizenship/Residency Requirements:
 - United States citizens permanently residing within the United States or its territories, or
 - Foreign Nationals who have a Permanent Resident Visa and have lived continuously in the United States or its territories for at least three (3) years [Proof of status will be required by submitting a copy of the permanent resident visa card, and completing the Foreign National/Travel Questionnaire (Form L5719_0107)]

Monthly Benefit Limits

- Minimum: \$500
- Maximum:

Occupation Class 6A, 5A, 4A	\$15,000
Occupation Class 3A	\$12,000
Occupation Class 2A	\$ 6,000
Occupation Class 1A	\$ 5,000
- The Maximum monthly benefit may not exceed the average monthly operating expenses for the 12-month period proceeding the date of the application
- The product may be sold annual, semiannual, quarterly, BSP or PRD – (PRD requires signed Acknowledgment Form)

GENERAL UNDERWRITING GUIDELINES

This section is designed to provide you with comprehensive information regarding our eligibility and employment requirements and medical guidelines.

For specific product information, please see the associated product section. In addition, you can talk directly to the underwriting staff. Contact your DI underwriting team for underwriting questions or pending case status at 1-800-715-4376.

Eligibility Requirements

Long-Term Accident and Sickness – D81

Short-Term Accident and Sickness – D82

Short-Term Accident Only – D83

- Working at least 30 hours per week in Occupation Classes 6A, 5A, 4A, 3A, 2A, or 1A
- Age 18 – 61
- Annual income of at least \$15,000
- Citizenship/Residency Requirements:
 - United States citizens permanently residing within the United States or its territories, or
 - Foreign Nationals who have a Permanent Resident Visa and have lived continuously in the United States or its territories for at least three (3) years [Proof of status will be required by submitting a copy of the permanent resident visa card, and completing the Foreign National/Travel Questionnaire (Form L5719_0107)]
 - Non-Resident Foreign Nationals or those persons anticipating residence in a foreign country, even temporarily, are ineligible for disability income insurance
- Self-employed individuals must be self-employed
 - At least 6 months, if engaged in the same occupation as they were prior to becoming self-employed, or
 - At least 12 months, if newly worked or engaged in a different occupation than they were prior to becoming self-employed

Business Operating Expense (BOE) – 150BE

- Working at least 30 hours per week in Occupation Classes 6A, 5A, 4A, 3A, 2A, or 1A
- Ages 20 – 59
- Business must have been in continuous operation for at least two years. Persons operating businesses out of their own home are not eligible for this coverage.
- Citizenship/Residency Requirements:
 - United States citizens permanently residing within the United States or its territories, or
 - Foreign Nationals who have a Permanent Resident Visa and have lived continuously in the United States or its territories for at least three (3) years [Proof of status will be required by submitting a copy of the permanent resident visa card, and completing the Foreign National/Travel Questionnaire (Form L5719_0305)]

- Self-employed individuals must be self-employed
 - At least 6 months, if engaged in the same occupation as they were prior to becoming self-employed, or
 - At least 12 months, if newly worked or engaged in a different occupation than they were prior to becoming self-employed

Minimum Benefit Amounts

The minimum monthly benefit amounts required are shown in the table below. These minimums may be satisfied with a combination of base and SIS coverage.

	Minimum Monthly Benefit Amounts/Increments			
	Short-Term Accident Only	Short-Term Accident and Sickness	Long-Term Accident and Sickness	Business Operating Expense
Minimum Benefit	\$300	\$300	\$300	\$500
Minimum Increment	\$100	\$100	\$100	\$50

Social Security Number

Applicants are considered for insurance by providing a valid Social Security number issued by the United States Social Security Administration.

Foreign Travel

Applicants who travel to foreign countries frequently, those who visit for a lengthy period of time, or those who travel to areas with political unrest, poor economic conditions, lack of modern living standards or modern medical facilities, are ineligible for disability income coverage.

Non-English Speaking Applicants

Applicants who do not speak the English language are considered for insurance provided the Agent serves as a 3rd-Party translator and completes Form MLU25947, Agent's Certification for Non-English Speaking Applicants. Reasonable efforts will be made to assist non-English speaking applicants in completing the telephone interview and other underwriting requirements.

Preferential Rates for Members of Qualifying Association Groups (Short-Term Accident Only, Short-Term Accident and Sickness and Long-Term Accident and Sickness only)

Members of associations may qualify for preferential rates that are 15 percent below normal individual rates. Please call 1-800-624-5554 to find out if your client qualifies for a discount.

State Sponsored Compulsory Disability Insurance

In some states residents are eligible for compulsory disability insurance programs with benefit periods ranging from 26 to 52 weeks. The benefits vary by state and will be considered when determining benefit amount eligibility.

Tobacco Use (Short-Term Accident and Sickness and Long-Term Accident and Sickness only)

Individuals who have used tobacco products within 12 months of application completion or those with positive nicotine (cotinine) urinalysis test results require tobacco user rates. Tobacco products include cigarettes, cigars, pipes, chewing tobacco, and nicotine gum and patches. Tobacco user rates are 25 percent higher than nontobacco rates. Tobacco users who stop using tobacco products for 12 consecutive months will qualify for a rate reduction. A nontobacco questionnaire and oral fluid or urinalysis will need to be completed.

Hazardous Avocations

Persons who engage in hazardous avocations on an amateur basis may still be eligible for disability income coverage. Avocations such as

- automobile/motorcycle/boat racing,
- hang gliding,
- skydiving/parachuting,
- scuba diving,
- rock climbing,

or similar activities should be identified during the application process and an Avocation Questionnaire (included in the application kit) must be completed. Typically, an amendment rider excluding the avocation will be attached to the policy if the application is approved.

MEDICAL UNDERWRITING GUIDELINES

Base Monthly Benefit Amount	Short-Term Accident Only	Short-Term Accident and Sickness	Long-Term Plan		Business Operating Expense
			2-Year and 5-Year Benefit Period	10-Year and To Age 67 Benefit Period	
\$300-\$3,000	Express Underwriting ¹	Express Underwriting ¹	Interview	Interview, Oral Fluid Test	Express Underwriting ¹
\$3,100-\$5,000		Interview	Interview, Oral Fluid Test	Interview, Physical Data, Blood and Urine	Interview
\$5,100-\$8,000			Interview, Physical Data, Blood and Urine	Interview, Long Form Paramed, Blood and Urine	Interview, Physical Data, Blood and Urine
\$8,100 and Above			Interview, Long Form Paramed, Blood and Urine, EKG ²	Interview, Long Form Paramed, Blood and Urine, EKG ²	Interview, Long Form Paramed, Blood and Urine, EKG ²

¹Underwriting decisions within 48 hours of initial underwriting review provided the following conditions are met:

- Applicant is in occupation class 6A, 5A, 4A, 3A, or 2A
- For Accident Only coverage: Applicant is age 55 or younger and medically standard
- For Accident and Sickness coverage: Applicant is nontobacco, age 45 or younger, and medically standard
- No adverse information from the Medical Information Bureau
- All application questions have been clearly and completely answered and required forms and financial documents have been submitted with the application

²Age 45 and over only

Possible Underwriting Outcomes

- Standard
- Impairment Rate-Up of L (25 percent), M (50 percent), N (75 percent) and/or a BL (Benefit Limitation) for a specific condition which will exclude such condition from coverage unless the loss begins at least 12 months after the policy effective date
- Impairment Rate-Up of 7 (25 percent), 8 (50 percent), 9 (75 percent) and a # (Disease Elimination Rider) for a specific condition which will exclude such condition from coverage for as long as the rider is on the policy
- BL (Benefit Limitation) for a specific condition, which will exclude such condition from coverage unless loss begins 12 months after the policy effective date
- # (Disease Elimination Rider) for a specific condition which will exclude such condition from coverage for as long as the rider is on the policy
- Reject – No coverage available

Pre-Existing Medical Conditions

Applicants who are acutely ill, currently disabled, have surgery pending, or are recuperating from an illness or injury are generally not eligible for coverage. The underwriter will evaluate applicants with residual illnesses or injuries. Applicants with controlled, chronic conditions with appropriate medical management may be eligible for coverage.

Below is a list of some of the conditions that will result in automatic rejection of an application for disability income coverage.

- AIDS/HIV/AIDS Related Complex (ARC)
- Alcohol or Drug Abuse/Dependence – treatment within the past 5 years
- Bipolar or Manic Depression
- Cardiomyopathy
- *Chronic Fatigue Syndrome
- Connective Tissue Disorders – Scleroderma and Polymyositis
- *Coronary Artery Bypass or Angioplasty
- *Coronary Artery Disease – ACC after 6 months
- *Diabetes – Type I, insulin-dependent, or juvenile
- *Gastric By-pass
- *Hepatitis – Present and/or chronic
- Multiple Sclerosis
- Muscular Dystrophy
- *Myocardial Infarction/Heart Attack
- Narcolepsy
- Parkinson's Disease
- Pending evaluation or Unconfirmed diagnosis
- *Polycystic Kidney Disease
- *Pregnancy
- *Rheumatoid Arthritis

**Persons with these conditions may be considered for accident only coverage.*

Coverage may be available for applicants with the following pre-existing medical conditions, however, their benefits may be limited. Medical records will be required in order to make the final underwriting determination.

- Diabetes – Type II, non-insulin dependent
 - Coverage will be limited to a maximum monthly benefit of \$2,000 with a 90-day waiting period, and a 2-year benefit period. Policy will have an exclusion rider for “Diabetes Mellitus and/or Complications”

- Mental/Nervous Conditions (Anxiety, Depression, Stress, etc.)
 - Coverage will be limited to a maximum monthly benefit of \$3,000 with a 90-day waiting period, and a 5-year benefit period. Policy will have an exclusion rider for “Neurosis, Psychoneurosis, Mental or Emotional, Personality or Psychotic Disorder of Any Kind”

Scheduling

After the application is completed, please schedule all required examinations with approved paramedical examination facilities. Paramedical facilities complete blood profile, urinalysis and long-form examinations. Oral fluid swabs need to be completed by the agent.

To order oral fluid kits:

Mutual of Omaha
Career agent: Contact Division Office
All other agents: Call **1-800-693-6083** (option #2)

Paramedical Facilities

Mutual of Omaha’s approved paramedical facilities have blood kits and the expertise to complete our blood profile requirements. All blood specimens must be drawn using Portamedic or APPS blood kits and mailing instructions. One of these paramedical facilities must be used when a blood profile is required or requested. All specimens are sent to the Clinical Reference Laboratory (CRL) for testing.

- Portamedic 1-800-765-1010
- APPS 1-800-635-1677

Blood Profile, Urinalysis and HIV Consent

Mutual of Omaha may require a blood profile, urinalysis or a fluid swab. See the Underwriting Requirements Chart for specific guidelines. Laboratory tests may be requested for lesser amounts. An HIV consent form may be required in some states, consent forms will be included in the application packet.

Client Interview (PHI)

A client interview will be required for certain benefit amount/benefit period combinations. They may also be ordered at the underwriter’s discretion. The interview should be completed at the time of the application or shortly thereafter. Please call **1-800-775-3000** and follow the prompts to complete a disability interview. The interviews are recorded and generally take only 10 to 20 minutes, depending on the applicant’s health history. Clients should be prepared to provide physician and medication information.

Attending Physician’s Statements (APS)

In order to render the most favorable decision possible, an APS may be required. The home office will initiate the request by contacting the doctor’s office or medical facility in advance to confirm the availability of the medical records, cost and requirements for release. The home office will advise you of our request and periodically follow-up with the medical facility. Timely release of the requested APS depends on the quality of the contact information and the degree of cooperation afforded by the medical facility. The agent and applicant can play a crucial role in securing the APS by contacting the medical facility to reiterate the urgency and significance of obtaining the necessary information.

Notice of Underwriting Action (Pending Report)

Notice of Underwriting Action correspondence is available on SPA to confirm the underwriting requirements that are necessary to underwrite the application. For assistance in viewing this report, please contact our sales support team. If you are a Mutual of Omaha career agent, please call **1-877-617-5589**. All other agents, please call **1-800-693-6083**.

Build Chart

The build chart used for disability income insurance categorizes applicants into different risk classes according to their Body Mass Index (BMI). The BMI is a number calculated from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems.

Use the Build Chart by first finding the applicant's height in the left-hand column and then looking across the row to find the applicant's weight in pounds. The column heading above their weight will determine their appropriate risk class.

BMI	16.4	16.5-32.4	32.5-34.9	35.0-37.4	37.5-39.9	40.0
	Substandard Rating					
Height	Decline	Standard	25%	50%	75%	Decline
4'8"	<74	74-145	146-156	157-167	168-178	179+
4'9"	<76	76-150	151-161	162-173	174-184	185+
4'10"	<79	79-155	156-167	168-179	180-191	192+
4'11"	<82	82-160	161-173	174-185	186-198	199+
5'0"	<84	84-166	167-179	180-192	193-204	205+
5'1"	<87	87-171	172-185	186-198	199-211	212+
5'2"	<90	90-177	178-191	192-205	206-218	219+
5'3"	<93	93-183	184-197	198-211	212-225	226+
5'4"	<96	96-189	190-203	204-218	219-232	233+
5'5"	<99	99-195	196-210	211-225	226-240	241+
5'6"	<102	102-201	202-216	217-232	233-247	248+
5'7"	<105	105-207	208-223	224-239	240-255	256+
5'8"	<109	109-213	214-230	231-246	247-262	263+
5'9"	<112	112-219	220-236	237-253	254-270	271+
5'10"	<115	115-226	227-243	244-261	262-278	279+
5'11"	<118	118-232	233-250	251-268	269-286	287+
6'0"	<122	122-239	240-257	258-276	277-294	295+
6'1"	<125	125-246	247-265	266-284	285-302	303+
6'2"	<129	129-252	253-272	273-291	292-311	312+
6'3"	<132	132-259	260-279	280-299	300-319	320+
6'4"	<136	136-266	267-287	288-307	308-328	329+
6'5"	<139	139-273	274-294	295-315	316-337	338+
6'6"	<143	143-280	281-302	303-324	325-345	346+
6'7"	<146	146-288	289-310	311-332	333-354	355+
6'8"	<150	150-295	296-318	319-340	341-363	364+
6'9"	<154	154-302	303-326	327-349	350-372	373+
6'10"	<158	158-310	311-334	335-358	359-382	383+
6'11"	<162	162-318	319-342	343-366	367-391	392+

FINANCIAL UNDERWRITING GUIDELINES

DEFINITIONS

Salary

Salary (wage) is defined as compensation received by an employee for services performed. A salary is a fixed sum paid for a specific period of time worked, such as weekly or monthly. (Federal Tax Form W-2)

Earned Income

Earned income is income earned from employment, which would include wages, salary, tips, bonuses and other compensation. Earned income is reported on a gross, or before-tax basis. Significant changes or fluctuation in earned income may require clarification to determine the appropriate benefit amount available.

Unearned Income

Unearned (passive) income is defined as income that does not come from employment. Sources of unearned income might include income from rental properties, dividends, interest, royalties, and capital gains. One-half of any amount of unearned income in excess of \$1,500 a month will be considered as other disability benefits at the time of underwriting.

Overtime Income

Overtime income is defined as income received for working in excess of a 40-hour workweek. Overtime income should not be included when calculating monthly benefit amount eligibility.

Income Documentation

Base Monthly Benefit Amount	Employee Non-Owner	Sole Proprietor	Partner in Partnership	Corporation Shareholder	S-Corp Shareholder
Up to \$5,000	Underwriter Discretion	Last Year's Schedule C*	Last Year's K1 or Schedule C*	Last Year's 1120 Form (Pages 1 and 2)*	Last Year's 1120S, K1 and W2 Form or Last Year's 1040 Form, Schedule E, and W2 Form*
Over \$5,000	First 2 Pages of Last 2 Years 1040 Form and W2 Form	First 2 Pages of Last 2 Years 1040 Form and Schedule C	First 2 Pages of Last 2 Years 1040 Form with K1 and Schedule C	First 2 Pages of Last 2 Years 1040 Form with W2 and Both Pages of 1120 Form	First 2 Pages of Last 2 Years 1040 Form, Both Pages of 1120S, K1, and W2 Form or Schedule E and W2 Form

*Financials are generally not required if applying for Short-Term Accident Only coverage up to \$3,000. Individual who have been self-employed less than 12 months must provide a Profit and Loss/Expense Statement.

Self-Employed

Self-employed is defined as an applicant who is operating as a sole proprietor, independent contractor, partnership or closely held corporation and has 20 percent or more ownership in a business.

Net Worth

Net Worth is defined as the value of a person's assets, including cash, minus all liabilities. The amount by which the individual's assets exceed their liabilities is considered the net worth of that person. In order to determine net worth for underwriting purposes, the primary personal residence and personal belongings may be ignored. Benefits may be limited for individuals with net worth in excess of \$2.5 million.

Bankruptcy

No coverage can be offered until two years after an applicant's bankruptcy discharge.

Depreciation

Depreciation is defined as a non-cash expense that reduces the value of an asset as a result of wear and tear, age, or obsolescence. Depreciation of assets such as furniture and equipment can be considered when determining the monthly benefit amount for a Business Operating Expense (BOE) policy.

Future Insurability Option (Long-Term Accident and Sickness only)

When exercising the Future Insurability Option proof of income must accompany the supplemental application.

Income Qualification Table

The income qualification table shows the maximum benefit amounts available for a given income level for Short-Term Accident Only, Short-Term Accident and Sickness and Long-Term Accident and Sickness policy forms. The maximums are intended to replace a sufficient percentage of a policyholder's income to allow them to sustain their standard of living during a disability while not completely removing the financial incentive to return to work.

The table is based on annual gross (before tax) earned income. The maximum base and maximum SIS benefits available do not sum to equal the total maximum benefit available. This gives clients the flexibility to maximize either base or SIS benefits in designing the income protection plan that fits their needs.

When looking up values in the table, move to the next lower Annual Earned Income value.

(Example: \$42,500 of earned income would use the \$41,000 table values)

NOTE: For Short-Term Accident Only and Short-Term Accident and Sickness plans, refer to the Total Maximum Monthly Benefit column since these coverages have no SIS benefits.

Annual Earned Income	Maximum Base Monthly Benefit	Maximum SIS Monthly Benefit with NO Dependents	Maximum SIS Monthly Benefit with Dependents	Total Maximum Monthly Benefit
\$15,000	\$600	\$400	\$400	\$900
17,000	600	500	500	1,000
19,000	700	500	500	1,100
21,000	700	700	700	1,200
23,000	700	800	900	1,300
25,000	700	900	1,000	1,400
27,000	700	1,000	1,200	1,500
29,000	800	1,000	1,200	1,600
31,000	800	1,100	1,300	1,700
33,000	900	1,100	1,300	1,800
35,000	1,000	1,200	1,400	1,900
37,000	1,100	1,200	1,400	2,000
39,000	1,100	1,300	1,500	2,100
41,000	1,200	1,300	1,600	2,200
43,000	1,300	1,400	1,600	2,300
45,000	1,300	1,400	1,700	2,400
47,000	1,400	1,500	1,800	2,500
49,000	1,500	1,500	1,800	2,600
51,000	1,600	1,500	1,800	2,700
53,000	1,600	1,500	1,900	2,800
55,000	1,600	1,600	1,900	2,800
57,000	1,700	1,600	1,900	2,900
59,000	1,800	1,600	2,000	3,000
61,000	1,900	1,600	2,000	3,100
63,000	2,000	1,600	2,000	3,200
65,000	2,000	1,600	2,100	3,300
67,000	2,100	1,700	2,100	3,400
69,000	2,200	1,700	2,100	3,400
71,000	2,200	1,700	2,200	3,500
73,000	2,300	1,700	2,200	3,600
75,000	2,400	1,700	2,200	3,700
80,000	2,600	1,800	2,300	3,900
85,000	2,800	1,800	2,300	4,100
90,000	3,000	1,800	2,300	4,300
95,000	3,100	1,800	2,300	4,400
100,000	3,300	1,800	2,300	4,600
105,000	3,500	1,800	2,300	4,800
110,000	3,700	1,800	2,300	5,000
115,000	3,900	1,800	2,300	5,100
120,000	4,100	1,800	2,300	5,300
125,000	4,200	1,800	2,300	5,400
130,000	4,400	1,800	2,300	5,600
135,000	4,600	1,800	2,300	5,800
140,000	4,700	1,800	2,300	5,900
145,000	4,900	1,800	2,300	6,100
150,000	5,100	1,800	2,300	6,200
155,000	5,200	1,800	2,300	6,300
160,000	5,400	1,800	2,300	6,500

Income Qualification Table (continued)

Annual Earned Income	Maximum Base Monthly Benefit	Maximum SIS Monthly Benefit with NO Dependents	Maximum SIS Monthly Benefit with Dependents	Total Maximum Monthly Benefit
\$165,000	\$5,500	\$1,800	\$2,300	\$6,600
170,000	5,600	1,800	2,300	6,700
175,000	5,800	1,800	2,300	6,900
180,000	5,900	1,800	2,300	7,000
185,000	6,000	1,800	2,300	7,100
190,000	6,200	1,800	2,300	7,300
195,000	6,400	1,800	2,300	7,400
200,000	6,500	1,800	2,300	7,500
210,000	6,700	1,800	2,300	7,700
220,000	7,000	1,800	2,300	8,000
230,000	7,200	1,800	2,300	8,200
240,000	7,400	1,800	2,300	8,400
250,000	7,700	1,800	2,300	8,600
260,000	8,000	1,800	2,300	8,900
270,000	8,200	1,800	2,300	9,100
280,000	8,400	1,800	2,300	9,300
290,000	8,600	1,800	2,300	9,500
300,000	8,800	1,800	2,300	9,700
310,000	9,000	1,800	2,300	9,900
320,000	9,200	1,800	2,300	10,100
330,000	9,300	1,800	2,300	10,200
340,000	9,600	1,800	2,300	10,400
350,000	9,800	1,800	2,300	10,600
360,000	10,000	1,800	2,300	10,800
370,000	10,000	1,800	2,300	10,900
380,000	10,000	1,800	2,300	11,100
390,000	10,000	1,800	2,300	11,300
400,000	10,000	1,800	2,300	11,400
410,000	10,000	1,800	2,300	11,600
420,000	10,000	1,800	2,300	11,700
430,000	10,000	1,800	2,300	11,800
440,000	10,000	1,800	2,300	11,900
450,000	10,000	1,800	2,300	12,000
460,000	10,000	1,800	2,300	12,100
470,000	10,000	1,800	2,300	12,200
480,000	10,000	1,800	2,300	12,200
490,000	10,000	1,800	2,300	12,300
500,000	10,000	1,800	2,300	12,300

Coordination with Group Long-Term Disability

In order to determine the maximum benefit amount that can be offered to clients with group disability insurance, multiply the Total Maximum Monthly Benefit column of the Income Qualification Table by 1.20, then subtract the total group disability monthly benefit amounts they are eligible for.

OCCUPATIONAL UNDERWRITING

These occupational guidelines are designed to assist in the proper occupational classification of applicants for disability income insurance. The classifications are based on factors such as

- degree of education, training, and skill demanded by the occupation,
- level of manual dexterity and physical effort required,
- environmental hazards to health and safety present in the workplace,
- employment stability,
- economic factors specific to the occupation/industry, and
- past company claims experience

Some occupations are not specifically listed in the Occupational Manual. In these cases, please refer to the General Description of Occupational Classes below or contact the Underwriting Support Unit at 1-800-715-4376.

It is important that applicants be classified accurately according to these guidelines since occupational class determines the premium rate and the amount of coverage that is available. As a result, each applicant's specific duties must be accurately described, as well as the percentage of time each of the duties is performed. This information, more frequently than the job title, will be the basis for a fair occupational classification. The occupational classes contained in the manual are guidelines only and Underwriting reserves the right to adjust these classifications if specific job duties or circumstances suggest such action is warranted.

In certain cases, additional requirements are included in the job description, such as minimum income tests. Unless otherwise noted, applicants who cannot comply with these additional requirements are generally not eligible for coverage, but check with an underwriter if you're not sure.

Occupations are grouped by general industry. To locate an occupation, look first alphabetically for the job description and, if unable to locate, then check by industry.

General Description of Occupational Classes

- Class 6A** Contains only the most stable executive and professional occupations where work is performed in an office setting with no environmental hazards, no direct supervision of persons with manual responsibilities and minimal travel.
- Class 5A** Contains executive and professional occupations where work is performed in an office setting with no environmental hazards, no direct supervision of persons with manual responsibilities and minimal travel.
- Class 4A** Contains other executive and professional occupations where most work is performed in an office setting with no environmental hazards and no direct supervision of persons with manual responsibilities.

Class 3A Contains a variety of managerial, professional, and technical occupations including many health care occupations. The majority of work is performed in a setting with minimal environmental hazards.

Class 2A Contains occupations that require more movement and travel or more manual dexterity or light physical effort. Some environmental hazards may be present in the work setting.

Class 1A Contains occupations with a greater emphasis on moderate to heavy physical labor and more direct exposure to workplace hazards.

Class N Contains occupations that are uninsurable due to excessive exposure to workplace hazards and relatively poor earned income or job stability.

Multiple Occupations

If the event an applicant has more than one occupation, the occupational classification will be based on the occupation involving the greatest level of environmental hazards. Income from the part-time or seasonal occupations will generally not be considered when determining benefit eligibility.

Maximum Benefit Amounts

The maximum base benefit amounts available by occupational class are shown in the table below.

Occupational Class	Maximum Base Benefit			
	Short-Term Accident Only	Short-Term Accident and Sickness	Long-Term Accident and Sickness	Business Operating Expense
6A, 5A, 4A	\$5,000	\$5,000	\$10,000	\$15,000
3A	\$5,000	\$5,000	\$8,000	\$12,000
2A	\$5,000	\$5,000	\$6,000	\$6,000
1A	\$5,000	\$5,000	\$5,000	\$5,000

Short-Term Accident Only, Short-Term Accident and Sickness and Long-Term Accident and Sickness are subject to additional limitations based on insurable income that are contained in the Income Qualification Table section of this guide.

The maximum BOE monthly benefit may not exceed the average monthly operating expenses for the 12-month period preceding the date of the application.

Benefit and Elimination Periods

There are no occupational-related benefit period restrictions on any of the short-term coverages, including the Business Operating Expense.

The maximum benefit periods by occupation class for the Long-Term Accident and Sickness coverage are shown in the table below, except where otherwise noted:

Occupational Classes	Benefit Period (Years)
All	2
All	5
6A, 5A, 4A, 3A, 2A	10
6A, 5A, 4A, 3A	To Age 67

Special Restrictions for Certain Types of Employees

Some employees are eligible for unusually generous disability income benefits through their employer. As a result, individual disability income benefits need to be carefully coordinated with these employer-sponsored plans before the policy is issued in order to avoid overinsurance.

Below are some of the restrictions that will apply to these types of employees.

Railroad Employees:

Railroad employees are eligible for up to:

- A maximum Base Monthly Benefit Amount of \$500, and
- A minimum 90-day Elimination Period, and
- A maximum 1-year Benefit Period

Government Employees (Federal, County, State and Municipal):

Government employees are eligible for up to:

- A maximum Base Monthly Benefit Amount of 20 percent of earned income up to \$2,000, and
- A minimum 90-day Elimination Period, and
- Applicants are ineligible for the Future Insurability Option Rider and Extended Own Occupation Disability Definition Amendment Rider, and
- Benefits applied for will be coordinated with other disability coverages currently in force

Home-Based Occupations

Business owners and self-employed professionals working from home must conform to the eligibility requirements for self-employed individuals in the General Underwriting Guidelines (Section 2).

Salaried (W2) employees and telecommuters working from home are normally eligible for disability income coverage.

Preferential Rates for Self-Employed Individuals (Does not apply to Business Operating Expense Coverage)

Self-employed individuals who meet the following eligibility criteria may qualify for preferential rates that are 15 percent below normal individual rates.

- Minimum two years in business, and
- A minimum income of \$32,000 after expenses and before taxes for each of the past two years, and
- Is not a member of a health care occupation

Self-employed individuals who do not qualify for preferential rates must conform to the eligibility requirements for self-employed individuals in the General Underwriting Guidelines (Section 2) and must provide the income documentation indicated in the Financial Underwriting Guidelines (Section 4).

Uninsurable Occupations

Some occupations are uninsurable due to excessive exposure to workplace hazards and relatively poor earned income or job stability. Here is a partial list of uninsurable occupations.

Acids/Alkalis/Carcinogens/Explosives Worker
Actor/Actress/Entertainer
Air Traffic Control Specialist
Animal Handler/Trainer
Armed Forces Personnel
Asbestos Removal Worker
Astrologer
Bartender
Bicycle Messenger
Bridge/Tunnel Construction Worker
Busboy/Busgirl
Chicken/Poultry Cleaner/Cutter/Dresser/Processor
Circus/Carnival Worker
City Police Officer (Metropolitan Area 2 Million or More)
Crew Member of Cargo/Passenger Ship
Crop Duster
Dairy Worker
Day Trader
Diver
Dockworker/Stevedore/Wharfworker/Merchant Marine
Explosive Handler/Blaster
Fashion Model
Firefighter/Emergency Medical Technician (Metropolitan Areas
With Population 200,000 or More)
Fishermen
Flight Attendant/Steward/Stewardess
Floor Trader (Stocks/Bonds/Commodities/Futures/Options)
Freelance Advertiser/Artist/Writer
Furniture Mover
Garbage/Sanitation Truck/Race Car/Taxicab/Bus/Limousine
Driver

Horse Breaker
Hunting/Fishing/Mountain Climbing/River Guide
Juvenile Detention Facility Worker
Lineman/Pole Climber
Martial Arts Instructor
Musician/Singer (Night Club/Restaurant/Lounge/Tavern)
Nanny/Au Pair
Nurse in Psychiatric Hospital/Prison/Jail
Packinghouse Worker
Painter (Exterior Non-Residential)
Parole/Probation Officer
Pawn Broker
Prison Guard/Jailer
Private Detective
Private Duty Nurse (Outside Hospital)
Professional Athlete/Jockey
Professional Gambler
Railroad Track and Section Worker
Railroad Yard Worker
Rendering Plant Worker
Retired Person
Rodeo Performer
Roofer
Sandblaster
Ski Instructor
Steeplejack
Student (Full-Time)
Stuntlady/Stuntman
Tattoo Artist/Body Piercing
Temporary/Seasonal Worker
Tower Erector
Train Crew
Tree Trimmer/Tree Surgeon
Waiter/Waitress
Welder
Window Cleaner (More Than 2 Stories)

OCCUPATIONAL CLASSIFICATION MANUAL

OCCUPATIONAL CLASSES	
Occupational Title	Occupational Class
ACCOUNTANT	
Certified Public Accountant	6A
4-Year Accounting Degree	5A
Auditor	4A
Other Accountant/Bookkeeper	3A
ACTUARY	
FSA/FCAS	6A
ASA/ACAS/EA	5A
Others	3A
ACUPUNCTURIST	
Minimum 3 Years Experience and \$35,000 Income Each of Last 2 Years	3A
Other Licensed	2A
ADVERTISING	
Account Executive (Minimum \$75,000 Income in Each of Last 2 Years)	5A
Account Executive (Other)	3A
Art Director/Graphic Artist/Copywriter	3A
Freelance	N
AGENT (See INSURANCE INDUSTRY)	
AGRICULTURE (See FARMING AND RANCHING)	
ANESTHESIOLOGIST (See HEALTH CARE – PHYSICIANS)	
ANIMALS	
Attendants/Trainers	
Animal Handlers (Zoo)	N
Kennel Operator	1A
Pet Groomer/Pet Shop Worker	1A
Dog/Cat Breeder	N
Other Zoo Workers	1A
APARTMENT HOUSE MANAGER	
Not Living on Premises, No Maintenance Work	3A
Living On or Off Premises with Maintenance Work	1A
ARCHITECT	
Bachelor's Degree (90% Office and Consulting)	6A
Draftsman (90% Office and Consulting)	4A
Others (90% Office and Consulting)	3A
ARMED FORCES PERSONNEL	
N	
ART DEALER	
Minimum \$50,000 Income Each of Last Two Years	3A
ARTIST	
Cartoonist/Illustrator (Salaried Only)	3A
Commercial Artist/Graphic Artist/Commercial Designer (Salaried Only)	3A
Self-Employed/Freelance	N
ASTROLOGER	
N	

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
ASTRONOMER (See SCIENTIST)	
ATHLETICS	
Professional or Collegiate Athletics	
Athletic Director	3A
Coach	3A
Trainer	2A
Professional Athlete/Jockey	N
ATTORNEY (See LEGAL)	
AUTHOR (See WRITER)	
AUTOMOBILE DEALERSHIP	
New	
Owner, Administrative Duties Only	5A
General Manager/Finance Manager/Business Manager	4A
Salesperson/Sales Manager (Minimum \$35,000 Income Each of Last 2 Years)	4A
Washer/Polisher	1A
Parts/Supply Clerk (See CLERICAL)	
Service Manager (See SERVICE/REPAIR/INSTALLATION – AUTOMOBILE)	
Used	
General Manager/Finance Manager/Business Manager	3A
Owner, Administrative Duties Only (Minimum \$50,000 Income Each of Last 2 Years)	3A
Salesperson/Sales Manager (Minimum \$35,000 Income Each of Last 2 Years)	3A
Washer/Polisher	1A
Parts/Supply Clerk (See CLERICAL)	
Service Manager (See SERVICE/REPAIR/INSTALLATION – AUTOMOBILE)	
AVIATION	
Ticket Agent/Administrative Personnel	3A
Pilot/Officer, Commercial Scheduled Airline	2A
Pilot/Officer, Corporation or Executive Carriers	2A
Freight or Baggage Handler/Bellhop/Porter	1A
Pilot/Officer, Nonscheduled Airline/Charter	1A
Air Traffic Control Specialist	N
Crop Duster/Other Pilots	N
Flight Attendant/Steward/Stewardess	N
Air Marshal (See LAW ENFORCEMENT)	
BAIL BONDSMAN	
Office Duties Only	2A
All Others	N
BAKERY	
Owner (Office Duties Only)	3A
Baker	1A
Delivery	1A

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
BANKING	
Officer/Bank Examiner	5A
Cashier/Teller	3A
Loan Originator/Credit Analyst (Office Duties Only)	3A
BARBER/BEAUTICIAN	
Not in Home	
Cosmetologist/Hairstylist (Shopowners Only)	3A
Cosmetologist/Hairstylist (Other)	2A
Barber	1A
Electrologist/Manicurist	1A
BIOCHEMIST (See SCIENTIST)	
BLACKSMITH/FARRIER/HORSESHOER	1A
BOTANIST (See Scientist)	
BRICK WORKER (See Construction – General)	
BROKER	
Commodities/Futures/Options	
At Least 3 Years in Business and \$90,000 Income in Each of Last 2 Years	4A
At Least 3 Years in Business and \$45,000 Income in Each of Last 2 Years	3A
Floor Trader	N
Others	N
Insurance	
(See Insurance INDUSTRY)	
Stocks/Bonds	
At Least 3 Years in Business and \$90,000 Income in Each of Last 2 Years	5A
Minimum 3 Years Experience and \$45,000 Income Each of Last 2 Years	4A
Others	2A
Floor Trader	N
Other Brokers	
At Least 3 Years in Business and \$45,000 Income in Each of Last 2 Years	3A
Others	N
BUTCHER	
BUTLER	
CARPENTER/CABINET MAKER	
CARPET CLEANER OR INSTALLER	
CARTOGRAPHER	
CARTOONIST (See ARTIST)	
CASINO WORKERS	
Manager/Supervisor/Operator (No Floor Duties)	3A
Cashier (Not on Floor)	2A
Dealers/Pit Boss/Workers on Floor (Minimum 1 Year with Employer)	1A
Others	N
CATERER	
Minimum \$35,000 Income in Each of Last 2 Years	3A

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
CHEMICAL INDUSTRY	
Acids, Alkalis, Carcinogens, or Explosives	
All Workers	N
No Acids, Alkalis, Carcinogens, or Explosives	
Lab Technician	3A
Skilled Worker	2A
Machine Operator	1A
Tester	1A
CHEMIST (See SCIENTIST)	
CHIMNEYSWEEP	1A
CHIROPRACTOR (See HEALTH CARE – Other)	
CIRCUS/CARNIVAL WORKERS	N
CIVIC CENTERS/CONVENTION CENTERS/ARENAS	
Administrator/Manager	4A
Clerical/Office Personnel	3A
Concession Workers	1A
Production Workers (Lights, Property, Sound)	1A
CLEANING	
Business Owner (Supervisory/Administrative Duties Only)	3A
Custodians/Janitors/Other Clean-Up Workers	1A
Window Cleaner (2 Stories or Less)	1A
Window Cleaner (More Than 2 Stories)	N
CLERGY	
Minister/Rabbi/Pastor	3A
CLERICAL	
Data Entry	3A
General	3A
Quality Control	3A
Shipping and Receiving (No Freight Handling)	3A
Inventory Control	2A
Parts or Stock Clerk	2A
CLOTHING INDUSTRY	
Cloth/Clothing/Fashion Designer	2A
Tailor/Dressmaker/Seamstress (Not in Home)	1A
Fashion Model	N
COACH (See ATHLETICS)	
COLUMNIST (See Writer)	
COMPUTER INDUSTRY	
Engineer/Architect (Degree in Computer Science or 3 Years Experience)	6A
Web Developer/Designer (Degree in Computer Science or 3 Years Experience)	6A
Programmer/Systems Analyst/Security Specialist/Engineer	5A
Administrator	4A
Capacity Management Specialist	4A

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
CONSTRUCTION	
Bridge	
Painter	N
Structural Steel Workers	N
General	
Job Supervisor/Building Contractor (90% of Duties are Supervisory)	3A
Superintendent/Foreman (90% of Duties are Supervisory)	3A
Painter (Interior)	2A
Dry Wall Worker/Plasterer	1A
Floor Covering Layer/Linoleum Worker	1A
General Laborer	1A
Heavy Equipment Operator (Grader/Bulldozer/Earth Mover/Crane)	1A
Mason/Brickworker/Cement Worker/Tilesetter	1A
Monument Worker/Stone Carver	1A
Paperhanger	1A
Upholsterer	1A
Painter (Exterior Residential)	1A
Painter (Exterior Non-Residential)	N
Asbestos Removal Workers	N
Explosive Handler/Blaster	N
Roofer	N
Sandblaster	N
Steeplejack	N
Tower Erectors	N
Welder	N
Carpenter (See CARPENTER/CABINET MAKER)	
Electrician (See ELECTRICAL INDUSTRY)	
Plumber (See PLUMBER)	
Road	
Highway, Road or Street Construction Worker/Laborer	1A
Sewer	
Sewer Construction (Except Tunnel)	1A
Tunnel	
Tunnel Workers (Shaft or Subway)	N
CONSULTANT	
At Least \$90,000 Income in Each of Last 2 Years	4A
At Least \$45,000 Income in Each of Last 2 Years	3A
Others	1A
CORPORATE OFFICER/EXECUTIVE	
Administrative Duties Only, Minimum \$90,000 Income Each of Last 2 Years, Minimum 10 Employees	6A
Others (Administrative Duties Only)	3A

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
DAYCARE	
Adult	
Not in Home or on Property (Owner/Director, Administrative Duties Only)	3A
Not in Home or on Property	2A
Child	
Not in Home or on Property (Owner/Director, Administrative Duties Only)	3A
In Home (State Licensed, Minimum 2 Years in Business, Minimum 3 Children Unrelated to Provider)	2A
Not in Home or on Property	2A
Nanny/Au Pair	N
DAY TRADER	N
DENTIST (See HEALTH CARE – Dentistry)	
DERMATOLOGIST (See HEALTH CARE – Physicians)	
DISPATCHER	
Airlines/Auto/Bus/Truck/Taxi (Office Duties Only)	2A
DIVER	N
DRESSMAKER (See CLOTHING INDUSTRY)	
DRIVER	
Armored Car	1A
Delivery or Route (Local, No Loading or Unloading)	1A
Emergency Vehicle	1A
Fork Lift Operator	1A
Tractor Trailer/Truck (Minimum 90-Day Elimination Period)	1A
Garbage/Sanitation Truck	N
Racing (All Types)	N
Taxicab/Bus/Limousine	N
Heavy Equipment Operator (See CONSTRUCTION)	
DRY CLEANING/LAUNDRY	
Owner/Manager/Supervisor	3A
Workers	1A
ECONOMIST	
Masters/Ph.D. (90% Office Duties)	5A
Other (90% Office Duties)	3A
EDITOR (See PRINTING AND PUBLISHING)	
EDUCATION (See TEACHING/INSTRUCTION)	
ELECTRICAL INDUSTRY	
Electrician (Commercial or Residential)	3A
Engineer (Office Duties Only)	3A
Field Supervisor/Estimator	2A
Meter Installer	1A
Meter Reader or Inspector	1A
Overhead Lines/Conduits/Tunnels	N

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
ENERGY INDUSTRY	
Electric/Solar/Nuclear/Oil/Gas	
Manager/Supervisor/Engineer (Office Duties Only)	3A
Other Employees	N
ENGINEER	
Registered Professional Engineer (Office Duties Only)	5A
Other Professional Degrees (Office Duties Only)	4A
Others With No Degree (Office Duties Only)	3A
Inspector/Supervisor (With Field Duties)	1A
ENTERTAINMENT INDUSTRY	
Announcer/Disc Jockey/Commentator (Studio Duties Only)	3A
Director	3A
Producer	3A
Studio Engineer	3A
Technician	3A
Reporter (No Field Duties)	3A
Reporter (With Field Duties)	2A
Production Workers (Light/Property/Sound)	1A
Actor/Actress/Entertainer	N
Camera Operator/Photographer (See PHOTOGRAPHER)	
Writer, Script (See WRITER)	
EXECUTIVE (See CORPORATE OFFICER/EXECUTIVE)	
EXTERMINATOR/FUMIGATOR	1A
FAMILY PRACTICE (See HEALTH CARE – Physicians)	
FARMING AND RANCHING	
Farm Implement Dealer (Office Duties Only)	3A
Auctioneer, Retail or Wholesale (Includes Livestock)	2A
Beekeeper (Apiarist)	2A
Buyer, Agricultural and Livestock Products	2A
Chicken/Poultry Grower or Raiser	2A
Citrus Fruit Grower	2A
Dairy Farmer	2A
Farmer/Tree Farmer	2A
Grain Elevators or Mills (Office Workers)	2A
Livestock Raiser or Feeder/Rancher	2A
Manager/Superintendent	2A
Orchardist	2A
Tobacco Farmer or Grower	2A
Horse Trainer or Owner (No Racing or Jumping)	1A
Millwright	1A
Winery Worker	1A
Dairy Workers	N
Grain Elevators or Mills (Non-Office Workers)	N
Horse Breaker	N
Blacksmith (See BLACKSMITH/FARRIER/HORSESHOER)	
Farrier (See BLACKSMITH/FARRIER/HORSESHOER)	
Horseshoer (See BLACKSMITH/FARRIER/HORSESHOER)	

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
FINANCIAL PLANNER	
At Least 3 Years in Business and \$75,000 Income in Each of Last 2 Years	5A
At Least 3 Years in Business and \$45,000 Income in Each of Last 2 Years	4A
All Others	2A
FIRE FIGHTER/EMERGENCY MEDICAL TECHNICIAN	
Rural Areas or Metropolitan Areas with Populations Less Than 200,000	1A
Metropolitan Areas with Population 200,000 or More	N
FISHING INDUSTRY	
Captain, Sport Fishing Boat (Tourist)	1A
Fish Hatchery Worker	1A
Fishermen and Surface Workers	N
FLORIST	
Administrative or Sales Only (No Greenhouse Work)	3A
Others With Greenhouse Work	1A
FOREST RANGER	
FUMIGATOR (See EXTERMINATOR/FUMIGATOR)	
GAMBLER	
Professional	N
GARBAGE COLLECTOR	
GARDENER (See HORTICULTURIST)	
GEOLOGIST (See SCIENTIST)	
GLASS INDUSTRY	
Lens Grinder/Polisher	3A
Glass Products Worker	1A
Glazier	1A
GOLF COURSE/COUNTRY CLUB	
Club Professional, Golf or Tennis (Full-time Only)	2A
Manager/Proprietor	2A
Supervisor of Grounds Crew (Light Physical Activity)	2A
Greenskeeper/Groundskeeper	1A
GUIDE	
Tour Guide	2A
Hunting/Fishing	N
Mountain Climbing or River	N
HEALTH CARE	
Dentistry	
Dentist, General	3A
Dentist, Specialty (Orthodontist/Periodontal)	3A
Dental Assistant	2A
Dental Hygienist	2A
Lab Technician	2A
Midwife	
Registered Nurse (Hospital/Clinic/Doctor's Office Only)	3A
Others	N

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
HEALTH CARE (cont.)	
Nurses	
Nurse Anesthetist	4A
Nurse Practitioner	3A
School Nurse (Full-time Only)	3A
RN/LPN/LVN: Doctor's Office or Clinic Only	3A
RN/LPN/LVN: Hospital, Nursing Home, Hospice or HHC (Minimum 60-day Elimination Period)	2A
Certified Nurse Aide (CNA): Doctor's Office or Clinic Only	2A
CNA: Hospital, Nursing Home, Hospice or HHC (Minimum 60-day Elimination Period)	1A
Home Health Care Provider Other Than RN/LPN/LVN/CNA (Minimum 60-day Elimination Period)	1A
Nurse in Psychiatric Hospital/Prison/Jail	N
Private Duty Nurse (Outside Hospital)	N
Other	
Administrator	3A
Naturopath	3A
Nutritionist or Dietician (No Food Preparation)	3A
Optometrist	3A
Osteopath	3A
Physician Assistant (At Least \$50,000 Income)	3A
Chiropractor	2A
Physician Assistant (Less Than \$50,000 Income)	2A
Podiatrist	2A
Pharmacy	
Registered Pharmacist	6A
Pharmacy Technician	3A
Physicians	
Internal Medicine	4A
Anesthesiologist	3A
Dermatologist	3A
Emergency Room	3A
Family Practice/Pediatrician	3A
Obstetrics/Gynecology	3A
Ophthalmologist	3A
Pathologist	3A
Psychiatrist	3A
Radiologist	3A
Surgeon	3A
Urologist	3A
Specialty Not Listed, No Surgery and No Emergency Room Work	3A
Technicians	
Dialysis, ECG, Laboratory, Ultrasound, X-ray (Minimum \$45,000 Income)	3A
Dialysis, ECG, Laboratory, Ultrasound, X-ray (Less Than \$45,000 Income)	2A

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
HEALTH CARE (cont.)	
Therapists (Hospital, Clinic, Doctor's Office)	
Audiologist	3A
Physical	3A
Psychologist (Licensed and Ph.D.)	3A
Speech (Registered or Licensed)	3A
Occupational	2A
Psychologist (Licensed Only)	2A
Respiratory	2A
Massage (Certified or Licensed)	1A
Others	N
HORTICULTURIST	
Gardener/Greenhouse Worker/Nursery Worker	1A
HOTEL/MOTEL/INN	
Manager/Owner (Office Duties Only)	3A
Desk Clerk	2A
Caretaker	1A
Maid/Housekeeper (See MAID)	
ILLUSTRATOR (See ARTIST)	
INNKEEPER (See Hotel/Motel/Inn)	
INSURANCE INDUSTRY	
Agent/Broker (3 Years Experience and Minimum \$45,000 Income Each of Last 2 Years)	4A
Claims Examiner/Underwriter (Office Duties Only)	4A
General Agent	4A
Claims Examiner/Underwriter (With Field Duties)	3A
Office Manager	3A
Agent (Less Than 3 Years Experience)	2A
Clerk	2A
INTERIOR DESIGNER/DECORATOR	
4-Year Degree (Consulting Only)	3A
Others	1A
INTERNAL MEDICINE (See HEALTH CARE – Physicians)	
INTERPRETER/TRANSLATOR	3A
JEWELRY	
Certified Gemologist/Certified Gemologist Appraiser	3A
Others (Office Duties Only)	3A
Goldsmith/Silversmith/Diamond Cutter	2A
JOURNALIST (See WRITER)	
LANDSCAPING	
Business Owner (90% Supervisory/Administrative Duties)	3A
Landscape Architect (90% Supervisory/Administrative)	3A
Tree Trimmer/Tree Surgeon	N
Other Workers Including Lawn Mowers	1A

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
LAW ENFORCEMENT	
City/County/State Police	
Dispatcher, Communications	2A
City Police Officer (Metropolitan Area Less Than 2 Million)	1A
Detective/Inspector	1A
Marshals/Sheriffs/Deputies	1A
Meter Person (Not Making Arrests)	1A
State Highway Patrol Officer	1A
City Police Officer (Metropolitan Area 2 Million or More)	N
Customs and Immigration	
Inspector (Inside Duties Only)	3A
Juvenile Detention Facility	
All Workers	N
Prison or Correctional Facility	
Warden	3A
Guard/Jailer/Matron	N
Other	
Air Marshall	2A
Fish and Game Warden	1A
Guard, Security or Bank	1A
Process Server	1A
Parole/Probation Officer	N
LAWYER (See LEGAL)	
LEGAL	
Attorney	5A
Judge	5A
Legal Assistant (Certified)	4A
Paralegal	4A
Legal Assistant (Other)	3A
Secretary	3A
Stenographer	3A
Court Reporter	2A
Bailiff	1A
LIBRARIAN	4A
LIQUOR DISTRIBUTION	
Wholesaler	3A
Liquor Store Owner/Manager	2A
Bartender	N
LOCKSMITH/KEY MAKER	3A
LUMBER INDUSTRY	
Office Duties Only	3A
Others	N
MAID	1A

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
MANUFACTURING/PROCESSING/PACKAGING	
Automobile Manufacturing	
All Workers	N
Other Manufacturing	
Administrative/Supervisory Duties Only	3A
Foreman/Inspector/Superintendent	2A
Lab Technician	2A
Receiving/Shipping Clerk	2A
Other Skilled Worker	2A
Assembler/Benchworker/Toolmaker	1A
Crane Operator	1A
Diemaker/Engraver	1A
Installer/Tester	1A
Machine Operator/Machinist/Mechanic/Milwright	1A
Alcohol/Brewery/Distillery/Winery Plant Workers	1A
Creamery/Dairy Plant Workers	1A
Factory Canning/Preserving Workers	1A
Refrigeration Plant Workers	1A
Sugar Refinery Worker	1A
Chicken/Poultry Cleaner/Cutter/Dresser or Processor	N
Packinghouse Worker	N
Rendering Plant Workers	N
MARINE INDUSTRY	
Inland Vessels	
Pilot	1A
Large Seagoing Vessels/Freighters	
Passenger Ship: Pilot/Officers	4A
Cargo Ship: Pilot/Officers	3A
Passenger Ship: Radio Operator/Purser/Chief Steward	2A
Harbor Master	2A
Harbor Pilot	1A
Cargo Ship: Crew	N
Dockworker, Stevedore, Wharfworker, Merchant Marine	N
Passenger Ship: Crew	N
MASON (See CONSTRUCTION – General)	
MASSAGE (See HEALTH CARE – Therapists (Hospital, Clinic, Doctor’s Office))	
MECHANIC (See SERVICE/REPAIR/INSTALLATION)	
MESSENGER	
Inside the Office	2A
Outside or Between Offices	1A
Bicycle	N
MIDWIFE (See HEALTH CARE – Midwife)	
MINERALOGIST (See SCIENTIST)	

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
MINING	
Manager/Owner (Office Duties Only)	3A
Outside Foreman (Surface Only)	1A
Others	N
MINISTER (See CLERGY)	
MORTICIAN	
No Embalming	4A
With Embalming	2A
MOTEL (See HOTEL/MOTEL/INN)	
MOVING AND STORAGE	
Owner/Manager (Office Duties Only)	3A
Estimator/Foreman (No Manual Duties)	2A
Mover, Furniture and Household Goods	N
MUSIC	
Musician/Singer (Full-Time Orchestra/Studio Composer/Arranger)	3A
Piano Tuner	3A
Musician/Singer (Night Club/Restaurant/Lounge/Tavern)	N
NATURAL GAS (See PETROLEUM INDUSTRY)	
NURSE (See HEALTH CARE – Nurse)	
OBSTETRICS/GYNECOLOGY (See HEALTH CARE – Physicians)	
OFFICE WORKER	
Administrative Duties Only (Minimum \$40,000 Income)	4A
Administrative Duties Only (Less Than \$40,000 Income)	3A
Administrative Assistant	3A
Receptionist	3A
Secretary	3A
Others	2A
OIL (See PETROLEUM INDUSTRY)	
OPHTHALMOLOGIST (See HEALTH CARE – Physician)	
OPTOMETRIST (See HEALTH CARE – Other)	
PAINTER (See CONSTRUCTION – General)	
PARALEGAL (See LEGAL)	
PATHOLOGIST (See HEALTH CARE – Physicians)	
PAWN BROKER	N
PEDIATRICIAN (See HEALTH CARE – Physicians)	
PETROLEUM INDUSTRY	
Foreman	2A
Manager/Superintendent (Supervisory Only)	2A
Others	N
PHARMACIST (See HEALTH CARE – Pharmacy)	
PHOTOGRAPHER	
Camera Operator, Motion Picture/Television	3A
Commercial, Studio	3A
PHYSICAL THERAPIST (See HEALTH CARE – Therapists)	

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
PHYSICIAN ASSISTANT (See HEALTH CARE – Other)	
PHYSICIST (See SCIENTIST)	
PIPEFITTER/STEAMFITTER	1A
PLUMBER	2A
PODIATRIST (See HEALTH CARE – Others)	
POSTAL EMPLOYEES	
Postal Inspector (Office Only)	2A
Driver/Letter Carrier/Mail Handler/Clerk (Minimum 90-Day Elimination Period)	1A
PRINTING AND PUBLISHING	
Books/Newspapers/Periodicals	
Editor/Publisher	4A
Photographer	3A
Copywriter (Office Duties Only)	2A
Foreman	2A
Graphic/Lithographic Artist	2A
Proofreader	2A
Compositor/Lithographer/Pressman/Typesetter	1A
Engraver, Photoengraver	1A
Machine Operator	1A
Maintenance Mechanic	1A
Bookbinder	1A
Newspaper Delivery (See DRIVER)	
PRIVATE DETECTIVE	N
PSYCHIATRIST (See HEALTH CARE – Physicians)	
PSYCHOLOGIST (See HEALTH CARE – Therapists)	
PUBLISHER (See PRINTING AND PUBLISHING)	
RABBI (See CLERGY)	
RADIOLOGIST (See HEALTH CARE – Physicians)	
RAILROAD	
Conductor	2A
Dispatcher	2A
Foreman	2A
Inspector	2A
Signalman	2A
Tower Electronic Switching and Traffic Controller	2A
Yard Master	2A
Other (Office Duties Only)	2A
Engineer	1A
Maintenance Mechanic	1A
Track and Section Workers	N
Train Crew	N
Yard Workers	N

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
REAL ESTATE	
Agent/Broker (3 Years Experience and Minimum \$35,000 Income Each of Last 2 Years)	4A
Abstractor/Abstract Clerk	3A
Appraiser	3A
Escrow/Title Clerks	3A
Agent/Broker (Others)	2A
Home Inspector	1A
REPORTER (See ENTERTAINMENT INDUSTRY)	
RESTAURANT/BAR	
Chef (3 Years in Profession with Minimum \$50,000 Income Each of the Last 2 Years)	4A
Host/Hostess/Cashier (Sole Duties)	3A
Owner/Operator/Manager (No Bartending Duties)	3A
Cook	2A
Busboy/Busgirl	N
Waiter/Waitress	N
Baker (See BAKER)	
Bartender (See LIQUOR DISTRIBUTION – Bartender)	
RETAIL SALES	
Convenience Store	
Owner/Manager/Supervisor	1A
Other Employees	N
General Merchandise	
Buyer or Purchasing Agent	3A
Owner/Manager/Supervisor	3A
Salesperson/Sales Clerk/Receiving Clerk	2A
Other Employees	1A
Grocery Store	
Manager (Supervisory Duties Only)	4A
Stock Clerk	2A
Others	1A
RETIRED PERSON	
RODEO PERFORMER	
ROOFER (See CONSTRUCTION – General)	
SCIENTIST	
Geologist (Office Duties Only)	5A
Astronomer (Salaried Only)	4A
Biochemist	4A
Biologist (Not Teaching, Not Marine Biologist with Diving)	4A
Botanist	4A
Chemist	4A
Meteorologist	4A
Physicist	4A
Zoologist	4A
Geologist (With Field Duties)	3A
Mineralogist (Above Ground Only)	3A

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
SCIENTIST (cont.)	
Others (No Field Duties)	3A
Lab Assistant or Technician (Not in Physician's or Dentist's Office/Clinic)	2A
Others (With Field Duties)	2A
SEAMSTRESS (See CLOTHING INDUSTRY)	
SEPTIC AND SEWAGE	
Installation	1A
Servicing	1A
SERVICE/REPAIR/INSTALLATION	
Automobile	
Service Manager (Supervisory Only)	3A
Body Repair Worker	1A
Mechanic	1A
Cable/Satellite Television	
Equipment Repairer/Installer/Service (No Line Work, Pole Climbing or Digging)	3A
Lineman/Pole Climber	N
Service Stations	
Owner/Manager	1A
Others	1A
Telephone	
Equipment Repairer/Installer/Service (No Line Work, Pole Climbing or Digging)	3A
Lineman/Pole Climber	N
Tower Service/Installation	N
Other	
Computer Servicer/Repairer	3A
Security Systems (No Line Work, Pole Climbing or Digging)	3A
Clock/Watch Repairer	2A
Computer Installer	2A
Musical Instrument Repairer	2A
Office Machines	2A
Shoe Repairer	2A
Heating, Ventilation and Air Conditioning	1A
Household Appliances	1A
Mechanic (Aircraft/Boat/Truck/Small Engine)	1A
Vending Machines	1A
SOCIAL WORKER	
Office Duties Only	3A
Field Duties	1A
STUDENT	
Full Time	N
STUNTLADY/STUNTMAN	
SURGEON (See HEALTH CARE – Physicians)	
SURVEYOR	
Office Duties Only	4A
Field Duties	3A

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
TAILOR (See CLOTHING INDUSTRY)	
TATOO ARTIST/BODY PIERCING	N
TAXIDERMIST	3A
TEACHING/INSTRUCTION	
College/University	
Dean	5A
Professor (Full-Time Classroom Only, Degree Required)	5A
Registrar	3A
Other (Administrative Duties Only)	3A
K-12	
Administrator/Guidance Counselor/Special Education/ Driver Education	4A
Principal/Superintendent	4A
Teacher (Full-Time Classroom Only, Not in Home, Degree Required)	4A
Teacher (Physical Education/Shop/Others with Duties Outside of the Classroom)	3A
Athletic Director	3A
School Nurse (See HEALTH CARE – Nurses)	
Preschool	
Teacher (Not in Home)	2A
Vocational	
Teacher/Professor	3A
Other	
Aerobics/Yoga Instructor	2A
Dancing Instructor	2A
Martial Arts Instructor	N
Ski Instructor	N
TEMPORARY/SEASONAL WORKER	
TRAVEL AND TRANSPORTATION	
Travel Bureau Worker	2A
TREE TRIMMER/TREE SURGEON (See LANDSCAPING)	
ULTRASOUND TECHNICIAN (See HEALTH CARE – Technicians)	
UROLOGIST (See HEALTH CARE – Physicians)	
VETERINARIAN	
DVM (Small Animal)	5A
DVM (Large Animals)	3A
Assistant (Small Animal)	2A
Assistant (Large Animal)	1A
WAREHOUSE WORKERS	
Checker/Crater/Foreman/Packer	2A
Fork Lift or Power Truck Operator/Skilled Worker	1A
Others	N
WELDER (See CONSTRUCTION – General)	

OCCUPATIONAL CLASSES

Occupational Title	Occupational Class
WRITER	
Books/Newspapers/Periodicals	
Columnist	4A
Author/Novelist/Writer/Proofreader (Salaried Only)	3A
Journalist On Staff of Newspaper/Periodical	3A
Scriptwriter (Salaried Only)	3A
Technical Writer (Salaried Only)	3A
Freelance	N
X-RAY TECHNICIAN (See HEALTH CARE – Technicians)	
ZOOLOGIST (See SCIENTIST)	

BUSINESS SUBMISSION PROCESS

Mutual of Omaha provides a disability income insurance application that agents will find easy to use. All applications and required forms can be found on our Sales Professional Access (SPA) Web site.

Trial Inquiries

Although we do not accept trial applications, fax or mail all available information to the Underwriting Department with appropriate authorization where necessary, for a preliminary opinion base on the information provided. Of course, Underwriting has the final approval authority and any offer is subject to full underwriting, including confirmation and clarification of the information provided. Inquiries can also be made using the underwriting template in Sales Professional Access (SPA).

Mutual of Omaha provides a simplified disability income insurance application that agents will find easy to use. All applications and required forms can be found on our Sales Professional Access (SPA) Web site.

Complete and accurate information is critical in providing timely service and underwriting decisions. When completing the medical portion of the application, provide details of medical history.

Application Processing

Incomplete Applications

If we are unable to complete our underwriting requirements with 45 days of the application date, we must close the file as incomplete and return premiums paid. A letter of explanation is sent to the agent and the applicant to inform them that insurance is not in force as a result of an incomplete application.

When outstanding underwriting requirements are received, we outline our preliminary offer in writing to the agent, subject to a new application.

Time Service

Our goal is to make underwriting decisions on the majority of applications within 15 days. Express Underwriting should be complete in 48 hours.

Applications issued other than applied for

If we need to adjust the benefits, add a premium increase or an exclusion rider or make other adjustments to the policy, we will notify you of our handling prior to issue to confirm that the policy can be placed as offered.

Declined Applications

When an application is denied, a letter with a refund check in the amount of any premiums paid is sent to the applicant.

Application Completion

- Applications must be completed in ink. Typewritten applications bearing the applicant's handwritten signature will be accepted
- While in the presence of the applicant, agents must ask all of the application questions of the applicant and complete

the application with full, explicit and accurate answers. "N/A" is not an acceptable application answer; where applicable, please use "no" or "none" instead

- Any corrections or alterations to the application must be made in the presence of, or initiated by the applicant, not the agent. Changes made with corrective tape or fluids will not be accepted
- No application will be accepted that has been altered or corrected with regard to the signature of the proposed insured, the date signed, or the licensed agent's signature
- Backdating on the application will not be accepted
- The applicant's home and business phone numbers must be completed on the application to expedite the personal history interview that may be necessary

Application Sections

Section A – General, Other Coverage, and Income Information

- Must be complete for all applicants
- Complete all questions in this section
- Be specific when describing job duties of applicant.
- If applicant is not a citizen, complete form Foreign National/Travel Questionnaire (Form L5719_0107). This form is available on our Sales Professional Access (SPA) Web site
- Show gross annual income for hourly and salaried employees. Show net annual income for self-employed individuals

Section B – Complete if applying for Accident Only coverage

- Complete all questions in this section
- Give specific details of any treatment including dates of treatment, degree of recovery and doctor information
- Complete a drug or alcohol use questionnaire and/or an Avocation Questionnaire, if necessary. These forms are included in the application kit and are available on our Sales Professional Access (SPA) Web site

Section C – Complete if applying for Short-Term or Long-Term Disability or Business Operating Expense Coverage

- Answer all questions in this section
- Give specific details of any treatment including dates of treatment, degree of recovery and doctor information
- Complete a drug or alcohol use questionnaire and/or an Avocation Questionnaire, if necessary. These forms are included in the application kit and are available on our Sales Professional Access (SPA) Web site

Section D – Complete only if applying for Business Operating Expense Coverage

- Answer all questions in this section
- Average monthly expenses need to be shown in the spaces provided

Section E – Plan Information

- Must be completed for all applicants
- Complete appropriate section(s) for coverage being applied for
- Must show monthly benefit amount, elimination period, benefit period, and any optional riders being applied for

Section F – Premium Collection

- Must be completed for all applicants
- Show amount of premium collected with the application as well as the initial and renewal premium amounts
- Indicate preferred billing method – policies are not issued on a direct monthly mode, but can be changed to direct monthly upon the first renewal date. A \$2.00 monthly fee is added to the premium for this mode of payment
- If PRD mode, need to submit Payroll Deduction Authorization

Section G – Complete for BSP Billing

- Complete only if mode of payment is requested

Section H – Agreements and Signature

- All applicants must read this section
- Applicant must sign and date the application
- Producer must answer the In-Person interview question, then sign and date the application

HIPAA Compliance

The health information authorization form must be completed at the time of application as required by the Health Insurance Portability and Accountability Act of 1996. The authorization form is included in the application packet.

Replacements

- Replacement of present insurance must conform to the replacement regulations for the applicant's state of residence
- You should advise the proposed insured to continue premium payments on any present insurance until underwriting is completed and a policy is issued
- Make sure the proper forms are fully completed, pay special attention to the replacement questions, agent certification, the existing policy number and issuing company
- Replacement forms can be obtained from Sales Professional Access (SPA)

Premium Processing

Initial Premiums

Initial premiums should be collected at the time the application is taken and should accompany the application to the home office. If money is collected, give the Disability Income Receipt to the applicant and advise them that coverage is effective subject to the terms of the receipt.

Mutual of Omaha does not accept individually billed monthly business. If an application is submitted on a quarterly, semi-annual or annual basis without money or without the full first premium, the application is underwritten and, when the policy is issued, premium is to be paid within 30 days.

When the full premium on C.O.D. cases, or the balance of the premium on a partial pay case is not received in the home office within 30 days from the date of issue, the policy is void and the applicant is notified by letter.

Bank Service Plan (BSP)

It's easy and convenient to use the Bank Service Plan to pay premiums on new and existing policies. Have your client complete the authorization in Section G of the application. Send a voided check with the application. For in-force policies, send the form listing the policies already in force and a voided check. If your client has more than one policy, we will establish a convenient combined payment plan for all the policies to keep them in force with one monthly authorized payment.

We will establish contact with the bank. The withdrawal will then appear on the client's bank statement.

Payroll Deduction (PRD)

If PRD mode is selected on the application Section F, Payroll Deduction Authorization must be submitted. To find out if your client qualifies for PRD billing, please call **1-800-877-1050**. PRD is only available on Short-Term Accident Only product.

Policy Issue and Delivery

Delivering the policy

Delivering the policy in person is important to building relationships with your clients. It also ensures that they receive their policies in a prompt and reliable manner. We ask all of our agents to deliver policies in person.

If any change in health occurs after the application date, communicate this information to Underwriting immediately. You must not deliver a policy when a change in health has occurred. Please contact Underwriting for further instructions.

Policies Issued as Other Than Applied for

A policy is conditionally issued as a counteroffer of insurance when the policy cannot be issued as applied for and coverage is rated modified and/or conditions are excluded. Policies issued other than as applied for may require an amendment rider which will be sent with the policy package.

Delivering a Policy Issued Other Than Applied for

- The requested form must be signed and the first full premium paid for the policy to become effective
- Any exclusion riders or benefit-limitation riders will be shown on the policy schedule
- Witness and secure the signature of the applicant
- Delivery and acceptance of the conditionally issued policies should be completed promptly. Contact Underwriting if special circumstances require an extension of delivery time
- The policy will be rescinded if the signed amendment rider is not received in the home office within 30 days
- Any rescissions will be explained by letter to the applicant and any premiums paid refunded. A copy of this letter will be sent to you. The policy and unsigned forms should be returned to the home office

Sample Application

Accident Only Short-Term Coverage

Complete Sections: A, B, E, F and H

Short- or Long-Term Accident and Sickness Coverage

Complete Sections: A, C, E, F and H

Business Operating Expense Coverage

Complete Sections: A, C, D, E, F and H

Manager/Commission Code (Required Field for Brokerage)	District Sales Manager/Associate Marketer	Application Reviewed By



Section A – General Information

- Complete for all applicants
- Complete all questions in this section
- Be specific when describing job duties of applicant
- If applicant is not a citizen, complete for Foreign National/Travel Questionnaire (Form L5719_0107). This form is available on our Sales Professional Access (SPA) Web site
- Under Income Information show gross annual income for hourly and salaried employees. Show net annual income for self-employed individuals

Application For:

Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175

- ACCIDENT ONLY DISABILITY INSURANCE
- SHORT-TERM DISABILITY INSURANCE
- LONG-TERM DISABILITY INSURANCE
- BUSINESS OPERATING EXPENSE DISABILITY INSURANCE

SECTION A GENERAL INFORMATION - COMPLETE FOR ALL CASES

PROPOSED INSURED INFORMATION

<p>1. Proposed Insured's Name (First, Middle, Last) _____</p> <p>2. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>3. Age _____ DOB ____/____/____</p> <p>4. Birth State _____</p> <p>5. Height (Ft & In) _____ Weight (Lbs) _____</p> <p>6. Home Tel. Number (_____) _____</p> <p>Daytime Tel. Number (_____) _____</p> <p>Best Time to Call _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> <p>Residence Address (Number, Street, City, State, Zip) _____</p> <p>8. E-Mail Address (optional) _____</p> <p>9. Mailing Address for Premium Notices (Number, Street, City, State, Zip) _____</p> <p>10. Full name of beneficiary _____ Relationship to Proposed Insured _____</p> <p>11. Social Security Number _____-_____-____</p> <p>12. Drivers License Number _____</p> <p>13. Are you a citizen of the United States?.....<input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please include your Permanent Resident Card form I-551 (also known as an "Alien registration Receipt Card" or "Green Card") number _____ and Visa Type _____</p>	<p>If not a citizen of the United States, have you resided in the United States at least 3 consecutive years?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Employer _____ Address _____ Business Phone Number _____ Occupation _____ List exact duties _____</p> <p>15. How long have you been employed in your current position? _____ Years _____ Months</p> <p>16. Proposed Insured's Employment Status: <input type="checkbox"/> Employee (No Ownership) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner in Partnership _____ % Ownership <input type="checkbox"/> Shareholder in Sub "S" Corp. _____ % Ownership <input type="checkbox"/> Owner of C - Corp. _____ % Ownership Number of Full-time Employees _____ Do you have any part-time or off-season occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," describe duties) _____</p> <p>17. Are you a member of an Association Group or Franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," full name of organization _____ Date joined (Mo./Yr.) _____</p>
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OTHER COVERAGE AND REPLACEMENT INFORMATION

1. Are you covered under or eligible for the Federal Employee's Compensation Act (FERS or CSRS) or the Railroad Retirement Act?..... Yes No

2. Are you currently applying for, or do you have in force other disability income coverage, such as: (1) Individual Disability Income; (2) Sick Pay, Association, or Group Disability Plan; or (3) Business Expense or Buy/Sell Insurance? Yes No
If "Yes," complete the following information:

Company or Source	Pending or Inforce (P/I)	Type (1,2,3)	Benefit Amt. or % of Income	Elim. Period	Benefit Period	% of Premium Paid by Employer	Will coverage be replaced?
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Complete only if replacing Mutual of Omaha Insurance Company in-force coverage with another Mutual of Omaha Insurance Company policy.
I am requesting termination of my Policy No. _____ on the effective date of the new policy for which I am applying. I understand that all benefits under the policy being terminated will cease on the effective date of the new policy. **NOTE:** Benefits for which you apply may not take effect whenever there is duplication of benefits which would result in excess coverage.

INCOME INFORMATION

<p>1. Income information (Attach financial records if required. See underwriting guide for details)</p> <p>(a) Gross Annual Earned Income \$ _____ \$ _____</p> <p>(b) If self employed, net annual earned income from your occupation (after business expenses and before taxes)..... \$ _____ \$ _____</p> <p>(c) Bonus, First Year Commissions and other incentive payments \$ _____ \$ _____</p> <p>(d) Other Earned Income (Part-time, off-season, etc.) \$ _____ \$ _____</p> <p>Total \$ _____ \$ _____</p> <p>2. During the last 12 months did you receive unearned income (such as dividends, interest, net rentals, pension or renewal commissions) reportable for federal tax purposes or does your tax exempt unearned income exceed \$1,500 per month?<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," average over last 12 months..... \$ _____</p>	<p>Current Year</p> <p>Prior Year</p>
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Section B – Complete if applying for Accident Only coverage

- Complete all questions in this section
- Give specific details of any treatment including dates of treatment, degree of recovery and doctor information
- Complete a drug or alcohol use questionnaire and/or an Avocation Questionnaire, if necessary. These forms are available on our Sales Professional Access (SPA) Web site

SECTION B Complete only if applying for Accident Only Disability Insurance

1. During the last 5 years, have you been treated for alcoholism or have you used unlawful drugs (such as cocaine, methamphetamine and hallucinogens) or used prescription drugs (such as sedatives, tranquilizers, or narcotics) other than as prescribed? Yes No (If "Yes," submit a Drug or Alcohol Use Questionnaire)
2. During the last 3 years, have you participated in any hazardous activities more than once, such as motor sports racing, boat racing, rock or mountain climbing, sky diving, hang gliding, skin or scuba diving? Yes No (If "Yes," submit an Avocation Questionnaire)
3. During the last 3 years, have you had your drivers license suspended or revoked? Yes No If "Yes," please provide details _____
4. During the last 3 years, have you received or been advised by a healthcare provider (including chiropractor) to have treatment for any injury, impairment or disability? Yes No If "Yes," give details below. (Attach a separate signed sheet if necessary.)

Diagnosis of injury, disability or impairment	Month and Year	Details of Treatment	Was surgery performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree of recovery	Name and address of doctor/hospital
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section C – Complete if applying for Short-Term or Long-Term Disability or Business Operating Expense Coverage.

- Answer all questions in this section
- Give specific details of any treatment including dates of treatment, degree of recovery and doctor information
- Complete a drug or alcohol use questionnaire and or an Avocation Questionnaire, if necessary. These forms are available on our Sales Professional Access (SPA) Web site

SECTION C Complete only if applying for SHORT-TERM DISABILITY, LONG-TERM DISABILITY or BUSINESS OPERATING EXPENSE Insurance.	
<p>1. During the last 10 years, have you received medical care for or had any disease or disorder associated with the following? Check all that apply. Provide explanation for all checked boxes in number 9.</p>	
<input type="checkbox"/> Kidney or Urinary Tract <input type="checkbox"/> Cancer or Tumor <input type="checkbox"/> Heart or Coronary Arteries <input type="checkbox"/> Alcohol or Drug Abuse <input type="checkbox"/> Liver or Hepatitis <input type="checkbox"/> Stroke or Cerebral Vascular condition <input type="checkbox"/> Diabetes or Glandular condition <input type="checkbox"/> Psychological, Emotional or Psychiatric condition <input type="checkbox"/> Upper or Lower Digestive Tract <input type="checkbox"/> Spine, Neck or Back <input type="checkbox"/> High Blood Pressure, Arteries or Veins <input type="checkbox"/> Arthritis or Joints (including replacements)	<input type="checkbox"/> Anemia or Blood <input type="checkbox"/> Lung or Breathing Problem <input type="checkbox"/> Breast or Male/Female Reproductive Organs (such as implants, infertility, irregular menstruation, complication of pregnancy) <input type="checkbox"/> Neurological condition (such as Multiple Sclerosis, Parkinson's, seizures, Alzheimer's) <input type="checkbox"/> Chronic Fatigue Syndrome <input type="checkbox"/> Skin or Connective Tissue <input type="checkbox"/> Fibromyalgia or Myalgia <input type="checkbox"/> Epstein-Barr Viral Infection <input type="checkbox"/> None of These

SECTION C Complete only if applying for SHORT-TERM DISABILITY, LONG-TERM DISABILITY or BUSINESS OPERATING EXPENSE Insurance. - continued																					
<p>2. Have you been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection (symptomatic or asymptomatic)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. During the last 6 months, have you (a) been prescribed medication(s), or (b) taken any medication(s) prescribed by a physician, or (c) regularly used over-the-counter medication(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list below. (Attach a separate signed sheet if necessary.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Medication Name (copy from pharmacy label, if applicable)</td></tr> <tr><td style="padding: 2px;">Dosage/Frequency</td></tr> <tr><td style="padding: 2px;">Date</td></tr> <tr><td style="padding: 2px;">Reason</td></tr> <tr><td style="padding: 2px;">Prescribing Physician (if applicable)</td></tr> <tr><td style="padding: 2px;">Phone Number (if applicable)</td></tr> </table>	Medication Name (copy from pharmacy label, if applicable)	Dosage/Frequency	Date	Reason	Prescribing Physician (if applicable)	Phone Number (if applicable)	<p>4. During the last 12 months, have you used any form of tobacco or any form of nicotine replacement therapy (such as nicotine gum, patch or spray)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. During the last 10 years, have you been treated for alcoholism or have you used unlawful drugs (such as cocaine, methamphetamines and hallucinogens) or used prescription drugs (such as sedatives, tranquilizers, or narcotics) other than as prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," submit a Drug or Alcohol Use Questionnaire)</p> <p>6. Have you: (a) ever been declined, postponed, limited or asked to pay an extra premium for disability benefits by any insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide details _____ (b) ever applied for or received disability benefits of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide details _____</p> <p>7. Are you pregnant?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Other than previously answered, during the last 10 years have you (a) been advised to have any medical test or surgical operation that was not performed, or (b) had any medical test or surgical operation performed, or (c) gone to a hospital, doctors' office (including chiropractic), clinic, dispensary or sanatorium for observation, examination or treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
Medication Name (copy from pharmacy label, if applicable)																					
Dosage/Frequency																					
Date																					
Reason																					
Prescribing Physician (if applicable)																					
Phone Number (if applicable)																					
<p>9. Complete this section to expand on questions 1 and 8 in Section C. (Attach a separate signed sheet if necessary.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Condition, Injury, Symptom of Ill Health or Findings of Examination (If operation is performed, state type)</th> <th style="width: 10%;">Month and Year</th> <th style="width: 10%;">Duration of the Condition</th> <th style="width: 10%;">Degree of Recovery</th> <th style="width: 20%;">Name, Address, ZIP and Telephone Number of Hospital, and/or Attending Physician</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Condition, Injury, Symptom of Ill Health or Findings of Examination (If operation is performed, state type)	Month and Year	Duration of the Condition	Degree of Recovery	Name, Address, ZIP and Telephone Number of Hospital, and/or Attending Physician															
Condition, Injury, Symptom of Ill Health or Findings of Examination (If operation is performed, state type)	Month and Year	Duration of the Condition	Degree of Recovery	Name, Address, ZIP and Telephone Number of Hospital, and/or Attending Physician																	

Section D – Complete only if applying for Business Operating Expense Coverage

- Answer all questions in this section
- Average monthly expenses need to be shown in the spaces provided

SECTION D		Complete only if applying for BUSINESS OPERATING EXPENSE Insurance	
1. Is your business conducted at your place of residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. If "Yes," what percent of your duties are performed outside of your place of residence?		_____ %	
3. Date business established?		____/____/____	
3. What average monthly operating expenses do you incur (or your portion if a joint tenant) for the following? (Use the average monthly operating expenses incurred for the preceding 12 months.)			
		Average Monthly Expenses:	
No. of employees	_____	Water	\$ _____
Employees' salaries	\$ _____	Telephone	\$ _____
Interest on loans	\$ _____	Postage and stationery	\$ _____
Mortgage interest payments	\$ _____	Equipment rental	\$ _____
Insurance (casualty/liability)	\$ _____	Laundry	\$ _____
Property taxes (real and personal)	\$ _____	Other fixed operating expenses (please itemize)	_____
Depreciation (office equipment only)	\$ _____		\$ _____
Rent (including land rental)	\$ _____		\$ _____
Electricity	\$ _____		\$ _____
Heat	\$ _____	Total Monthly Expenses	\$ _____

Section E – Plan Information

- Must be completed for all applicants
- Complete appropriate section(s) for coverage being applied for
- Must show monthly benefit amount, elimination period, benefit period, and any optional riders being applied for

SECTION E		PLAN INFORMATION	
ACCIDENT ONLY DISABILITY INSURANCE			
Monthly Benefit Amount \$ _____			
Elimination Period: <input type="checkbox"/> 14 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days			
Benefit Period: <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> 24 Months			
Optional Riders:			
<input type="checkbox"/> Hospital Confinement Accident Indemnity Benefits Rider <input type="checkbox"/> \$125 <input type="checkbox"/> \$250 <input type="checkbox"/> \$350 <input type="checkbox"/> \$500			

SHORT-TERM DISABILITY INSURANCE		
Monthly Benefit Amount \$ _____		
Elimination Period Accident/Sickness: <input type="checkbox"/> 14 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days		
Benefit Period: <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> 24 Months		
Optional Riders:		
<input type="checkbox"/> Return of Premium Benefit Rider (check one option) <input type="checkbox"/> 50% <input type="checkbox"/> 80%		
<input type="checkbox"/> Hospital Confinement Indemnity Benefits Rider <input type="checkbox"/> \$125 <input type="checkbox"/> \$250 <input type="checkbox"/> \$350 <input type="checkbox"/> \$500		
<input type="checkbox"/> Critical Illness Benefits Rider (check one option) <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000		
If applying for Critical Illness Benefits Rider, complete additional health question below:		
Have your natural parents, brothers or sisters, either living or deceased, been diagnosed prior to age 60 with any of the conditions from the following list? Diabetes, heart disease, stroke, kidney disease or cancer (other than non-melanoma skin cancer)? If "Yes," please give detail below. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Member/Relationship	Diagnosis	Age at Time of Diagnosis

LONG-TERM DISABILITY INSURANCE		
Base Monthly Benefit Amount \$ _____		SIS Monthly Benefit Amount \$ _____
Elimination Period: <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days <input type="checkbox"/> 365 Days		
Benefit Period: <input type="checkbox"/> 2 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> 10 Years <input type="checkbox"/> To Age 67		
Optional Riders:		
<input type="checkbox"/> SIS (Social Insurance Supplement) Benefits Rider Do you have any dependent children age 17 or under? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you covered under the Social Security Act? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Return of Premium Benefit Rider (check one option) <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> Hospital Confinement Indemnity Benefits Rider (check one option) <input type="checkbox"/> \$125 <input type="checkbox"/> \$250 <input type="checkbox"/> \$350 <input type="checkbox"/> \$500 <input type="checkbox"/> Critical Illness Benefits Rider (check one option) <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000		<input type="checkbox"/> Extended Proportionate Disability Benefits Rider <input type="checkbox"/> Future Insurability Option (FIO) Rider <input type="checkbox"/> Extended Own-Occ. Disability Defin. Amend. Rider <input type="checkbox"/> Cost-of-Living Adjustment (COLA) Rider
If applying for Critical Illness Benefits Rider, complete additional health question below: Have your natural parents, brothers or sisters, either living or deceased, been diagnosed prior to age 60 with any of the conditions from the following list? Diabetes, heart disease, stroke, kidney disease or cancer (other than non-melanoma skin cancer)? If "Yes," please give detail below. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Member/Relationship	Diagnosis	Age at Time of Diagnosis

BUSINESS OPERATING EXPENSE DISABILITY INSURANCE	
Monthly Benefit Amount \$ _____	
Elimination Period: <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days <input type="checkbox"/> 365 Days	
Benefit Period: <input type="checkbox"/> 12 Months <input type="checkbox"/> 18 Months	

Section F – Premium Collection

- Must be completed for all applicants
- Show amount of premium collected with the application as well as the initial and renewal premium amounts
- Indicate preferred billing method – policies are not issued on a direct monthly mode, but can be changed to direct monthly upon the first renewal date. A \$2.00 monthly fee is added to the premium for this mode of payment.
- If PRD mode, need to submit Payroll Deduction Authorization. Call 1-800-877-1050 to find out if your client qualifies for PRD Billing

SECTION F		PREMIUM COLLECTION	
Amount Collected \$ _____	Initial Premium \$ _____	Renewal Premium \$ _____	
Billing Mode:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semiannual <input type="checkbox"/> Annual
Payroll Deduction (BSP) - Complete "Authorization to Withdraw Funds" (If BSP is selected, collect 2 months of premium.)			
<input type="checkbox"/> Payroll Deduction	Add to Existing PRD – Group Number.....	_____	
	First Deduction Date	_____	
	Number of Deductions.....	_____	
	Effective Date of Payroll Deduction	_____	

Section G – Complete for BSP Billing

- Complete only if BSP mode of payment is requested

SECTION G		Complete only if Billing Mode is BSP	
AUTHORIZATION TO WITHDRAW FUNDS BY MUTUAL OF OMAHA INSURANCE COMPANY ("MUTUAL OF OMAHA")			
As a convenience to me, I authorize you, my financial institution, to pay from my account any checks, drafts or preauthorized electronic fund transfers from my account to Mutual of Omaha. Your rights with each charge will be the same as if personally paid by me. This authorization will be effective until I give you at least three business days' notice to cancel it. If notice is given verbally, you may require written confirmation from me within 14 days after my verbal notice.			
Effective date the premiums will be withdrawn: <input type="checkbox"/> 1st of the Month or <input type="checkbox"/> 15th of the Month			
Check your check from the account from which premiums will be withdrawn.			

Section H – Agreements and Signature

- All applicants must read this section
- Applicant must sign and date the application
- Producer must answer the In-Person interview question, then sign and date the application

I have (a) read and understand the Agreement and Fraud Warning Section and any Receipt provided; (b) read and approved the answers as recorded on this application; and (c) received the appropriate Outline/Summary of Coverage.		
Signature of Proposed Insured _____	Printed Name of Proposed Insured _____	Date _____
Signature of Payor as shown on bank account _____ (If Billing Mode is BSP and Payor is other than Proposed Insured)	Printed Name of Payor _____	Date _____
We certify that during an in-person interview with the Proposed Insured(s), I/we asked each question exactly as written and recorded the answers provided by the Proposed Insured(s) completely and accurately..... <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain.) _____		
Signature of Producer _____	Producer's Printed Name _____	Date _____
Office Name _____	Office Address _____	
Signature of Producer _____	Producer's Printed Name _____	Date _____
Office Name _____	Office Address _____	

Disability income insurance underwritten by
MUTUAL OF OMAHA INSURANCE COMPANY

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