

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY



UNITED LTCi SOLUTIONS

WORKPLACE SOLUTIONS

Long-Term Care Insurance



FEATURING THE **CASH-FIRST**SM ADVANTAGE

AGENT and UNDERWRITING GUIDE

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Contact Information

Mailing Addresses

United of Omaha Life Insurance Company
LTC Multi-Life Underwriting – 6th Floor
Mutual of Omaha Plaza
Omaha, NE 68175

Premium Submission (no premium should be submitted with the application)

General Mail

United of Omaha
P.O. Box 30190
Omaha, NE 68103-1290

Expedited Mail

1st National Bank
Attn: Stop 2203
Box 30190
1620 Dodge St.
Omaha, NE 68197-2203

LTC Service Office Fax Numbers

888-539-4672

■ Application Requirements

800-921-9335

- Medical Information
- Delivery Requirements
- Policy Change Requests
- Correspondence

United of Omaha Licensing

Phone: 800-867-6873

Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday

Sales Support

Phone: 877-617-5589 or 800-693-6083

Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday

E-mail: sales.support@mutualofomaha.com

- Appointments
- Contracting & Licensing
- Proposals
- Sales/Product Support

Underwriting

Phone: 800-551-2059

Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday

E-mail: ltcunderwriting@mutualofomaha.com

- Prequalification
- Risk Selection

Multi-Life Underwriting Coordinator

Phone: 877-778-0838

Fax: 402-351-5958

Hours: 8 a.m. to 4:30 p.m. Central time Monday – Friday

E-mail: LTC.Multi.Life@mutualofomaha.com

- Case Quoting
- Group Approval
- Multi-Life Inquiries

Workplace Solutions

Program Overview

What is United of Omaha's Workplace Solutions?

Workplace Solutions is a multi-life program for businesses with three or more employees.

- Each participant applies for and, if approved, is issued an individual long-term care insurance policy
- Premium allowances make the coverage less expensive than if participants purchased individual long-term care insurance policies on their own

How does it work?

Employers decide who participates in the program – all employees or a select group of employees (i.e. all managers). They also determine how they would like to fund the program.

- Employer-paid – the employer pays the entire cost of the program – either for all employees or a select group of employees
- Voluntary (employee-paid) – the employer makes the coverage available to employees on a voluntary basis, with each employee paying his or her own premium
- Executive carve-out – the employer pays the cost for a select group of employees. If this option is selected, the employer also may make the program available to other employees on a voluntary basis

Who is eligible to participate?

Coverage is available for the business owner, employees, spouses and extended family members (parents, children, siblings, grandparents, in-laws and all step equivalents). A minimum of three insured employees is required.

What types of businesses make good prospects?

Look for small to mid-sized businesses with the following characteristics:

- Stable or high-growth companies with few locations
- Average employee age of 40 or older
- Mid to high average employee salaries (\$40,000+)

Also, look for business owners with a desire to create employee loyalty and retain valued employees. They also must be:

- Committed to supporting the program
- Agreeable to on-site employee meetings and enrollment during company time

Typically Acceptable Business Types	Typically Unacceptable Business Types
<ul style="list-style-type: none"> ■ Law firms ■ Engineering firms ■ Architectural firms ■ Accounting firms ■ Health care professionals ■ Banking and financial services professionals ■ Educators ■ Insurance professionals 	<ul style="list-style-type: none"> ■ Athletes (professional, jockey, rodeo, racing) ■ Aviation (crop dusters) ■ Chemical industries (acids, alkalis, carcinogens, explosives) ■ Construction/asbestos workers ■ Law enforcement, prison or correctional facility workers ■ Marine (diving, salvage, towing, fishing) ■ Manufacturing (warehouse, packing house) ■ Petroleum and gas workers (drilling, removal, off-shore) ■ Seasonal workers

What are the benefits of offering long-term care at work?

Benefits to the Employer	Benefits to Employees
<ul style="list-style-type: none"> ■ Helps attract and retain quality employees ■ Enhances a company's reputation as a place people want to work ■ Builds morale and develops a workforce of loyal employees ■ Improves productivity and reduces absenteeism ■ Provides tax advantages to the business 	<ul style="list-style-type: none"> ■ Helps protect retirement savings from the high cost of care ■ Allows them to purchase coverage for extended family members ■ Provides the ease of purchasing insurance at work and paying through payroll deduction ■ Allows them to take their policy with them, even if they leave the company

Underwriting Programs

Workplace Solutions offers three underwriting programs that allow you to suit the needs of any group.

Underwriting Program	Advantages	Premium Allowance	Underwriting Classes
Modified Guaranteed Issue	<ul style="list-style-type: none"> ■ Three insurability questions ■ Ease of doing business 	10%	Select
Simplified Issue	<ul style="list-style-type: none"> ■ Six insurability questions ■ Spouses can apply if actively at work 30+ hours per week ■ Increased available benefits 	10%	Select
Full Underwriting	<ul style="list-style-type: none"> ■ All issue ages and benefit levels available ■ Preferred health allowance (15%) available 	5%	Preferred Select Class I Class II

Modified Guaranteed Issue

- Available only with employer-paid programs
- Minimum group size is 10 eligible employees; minimum participation is 10 insured employees (program must be taken by 100 percent of the group to which the offer is made, including carve-out groups)
- Spouses are eligible for simplified issue underwriting with a 10 percent premium allowance if actively at work, regardless of employer funding for the spouse
- Extended family members are eligible for full underwriting with a 5 percent premium allowance
- Maximum monthly benefit of \$1,500 to \$4,500 available in \$500 increments
- Maximum lifetime benefit of \$150,000 (cannot exceed a three-year benefit period)
- Available premium allowances include:
 - 10 percent multi-life program allowance
 - 15 percent married allowance
 - 10 percent two-person household allowance

Simplified Issue

- Available with employer-paid and voluntary programs
- Minimum group size is 10 eligible employees; minimum participation is three insured employees
- Spouses are eligible for simplified issue underwriting with a 10 percent premium allowance if actively at work, regardless of employer funding for the spouse/employee
- Extended family members are eligible for full underwriting with a 5 percent premium allowance
- Maximum monthly benefit of \$1,500 to \$9,000 available in \$500 increments
- Maximum lifetime benefit of \$400,000 (cannot exceed a five-year benefit period)
- Available premium allowances include:
 - 10 percent multi-life program allowance
 - 35 percent spouse allowance
 - 15 percent married allowance
 - 10 percent two-person household allowance

Full Underwriting

- Available with employer-paid or voluntary programs
- Minimum group size is three eligible employees; minimum participation is three insured employees
- Spouses and extended family members are eligible for full underwriting with a 5 percent premium allowance
- Maximum monthly benefit of \$1,500 to \$15,000 available in \$500 increments
- Maximum lifetime benefit of \$500,000 or Lifetime
- Available premium allowances include:
 - 5 percent multi-life allowance
 - 15 percent preferred allowance
 - 35 percent spouse allowance
 - 15 percent married allowance
 - 10 percent two-person household allowance

Additional Details

- New hires are allowed to purchase within 60 days after completing six months of employment
- Re-enrollment is allowed if the employer decides to offer coverage to an employee class not previously offered, or if the employee is new to an employee class to which an offer was previously made
- New family members (life event) can enroll within 60 days from the date of the life event with full underwriting, provided the employee qualified at the time of the original offer

Program Options

For Businesses with 10 or More Employees

Businesses with 10 or More Employees Employer-Paid Coverage – Option 1			
Minimum Participation	10 Insured Employees (Constituting 100% of employee group to which offer is made)		
Eligibility	Employees*	Spouses*	Other Participants**
Underwriting Program: Funded Participants	Modified guaranteed issue	Simplified issue	Full underwriting
Underwriting Program: Voluntary Participants	Voluntary simplified issue or full underwriting	Simplified issue	Full underwriting
Underwriting Class	Select		Preferred, Select, Class I, Class II
Program Allowance	10%		5%
Maximum Monthly Benefit	\$1,500 to \$4,500	\$1,500 to \$9,000	\$1,500 to \$15,000
Maximum Lifetime Benefit	\$150,000	\$400,000	\$500,000 or lifetime
Buy-up within program limits	No additional underwriting		Allowed above employer-imposed limits
Buy-ups outside program limits	Full underwriting with offer details defined by corresponding full underwriting column. Applicant may revert to buy up within program limits.		Not applicable

Businesses with 10 or More Employees Employer-Paid Coverage – Option 2			
Minimum Participation	3 Insured Employees		
Eligibility	Employees*	Spouses*	Other Participants**
Underwriting Program: Funded Participants	Simplified issue		Full underwriting
Underwriting Program: Voluntary Participants	Voluntary simplified issue or full underwriting	Simplified issue	Full underwriting
Underwriting Class	Select		Preferred, Select, Class I, Class II
Program Allowance	10%		5%
Maximum Monthly Benefit	\$1,500 to \$9,000		\$1,500 to \$15,000
Maximum Lifetime Benefit	\$400,000		\$500,000 or lifetime
Buy-up within program limits	No additional underwriting		Allowed above employer-imposed limits
Buy-ups outside program limits	Full underwriting with offer details defined by corresponding full underwriting column. Applicant may revert to buy up within program limits.		Not applicable

*Age 18-64, actively at work 30+ hours per week

**Employees age 65+, retirees, spouses age 65+ (or not working full-time), children (age 18 and older), parents, grandparents, in-laws, siblings and all step equivalents

Businesses with 10 or More Employees Employer-Paid Coverage – Option 3			
Minimum Participation	3 Insured Employees		
Eligibility	Employees*	Spouses*	Other Participants**
Underwriting Program: Funded Participants	Full underwriting		
Underwriting Program: Voluntary Participants	Voluntary simplified issue or full underwriting	Full underwriting	
Underwriting Class	Preferred, Select, Class I, Class II		
Program Allowance	5%		
Maximum Monthly Benefit	\$1,500 to \$15,000		
Maximum Lifetime Benefit	\$500,000 or lifetime		
Buy-up within program limits	Allowed above employer-imposed limits		
Buy-ups outside program limits	Not applicable		

Businesses with 10 or More Employees Voluntary Coverage (Employee-Paid) – Option 1			
Minimum Participation	3 Insured Employees		
Eligibility	Employees*	Spouses*	Other Participants**
Underwriting Program	Simplified issue		Full underwriting
Underwriting Class	Select		Preferred, Select, Class I, Class II
Program Allowance	10%		5%
Maximum Monthly Benefit	\$1,500 to \$9,000		\$1,500 to \$15,000
Maximum Lifetime Benefit	\$400,000		\$500,000 or lifetime
Buy-up within program limits	No additional underwriting		Not applicable
Buy-ups outside program limits	Full underwriting with offer details defined by corresponding full underwriting column. Applicant waives right to any previous offer.		

*Age 18-64, actively at work 30+ hours per week

**Employees age 65+, retirees, spouses age 65+ (or not working full-time), children (age 18 and older), parents, grandparents, in-laws, siblings and all step equivalents

Businesses with 10 or More Employees Voluntary Coverage (Employee-Paid) – Option 2			
Minimum Participation	3 Insured Employees		
Eligibility	Employees*	Spouses*	Other Participants**
Underwriting Program	Full underwriting		
Underwriting Class	Preferred, Select, Class I, Class II		
Program Allowance	5%		
Maximum Monthly Benefit	\$1,500 to \$15,000		
Maximum Lifetime Benefit	\$500,000 or lifetime		
Buy-up within program limits	Not applicable		
Buy-ups outside program limits	Not applicable		

*Age 18-64, actively at work 30+ hours per week

**Employees age 65+, retirees, spouses age 65+ (or not working full-time), children (age 18 and older), parents, grandparents, in-laws, siblings and all step equivalents

Note:

- Spouse cannot select benefit limits higher than those selected by the eligible employee
- More than one program option can be selected for a group depending on funding and desired program limits
- To qualify as employer-paid, the employer must fund the minimum benefit level (e.g., \$1,500 maximum monthly benefit, 2 year benefit period)

Program Options

For Businesses with 3 to 9 Employees

Businesses with 3 to 9 Employees Employer-Paid and Voluntary Coverage			
Minimum Participation	3 Insured Employees		
Eligibility	Employees*	Spouses*	Other Participants**
Underwriting Program	Full underwriting		
Underwriting Class	Preferred, Select, Class I, Class II		
Program Allowance	5%		
Maximum Monthly Benefit	\$1,500 to \$15,000		
Maximum Lifetime Benefit	\$500,000 or lifetime		
Buy-up within program limits	Allowed above employer-imposed limits		
Buy-ups outside program limits	Not applicable		

*Age 18-64, actively at work 30+ hours per week

**Employees age 65+, retirees, spouses age 65+ (or not working full-time), children (age 18 and older), parents, grandparents, in-laws, siblings and all step equivalents

Note:

- Spouse cannot select benefit limits higher than those selected by the eligible employee
- More than one program option can be selected for a group depending on funding and desired program limits
- To qualify as employer-paid, the employer must fund the minimum benefit level (e.g., \$1,500 maximum monthly benefit, 2 year benefit period)

Tax Advantages

Depending on the tax-structure of the business, there may be significant tax savings when using business dollars to purchase long-term care insurance. Additionally, employees may enjoy tax savings on the long-term care insurance policy they purchase under a company-sponsored program.

Premiums may be tax-deductible

Under current tax laws, the business and its employees may be able to deduct a portion of the premium paid on a tax-qualified long-term care insurance policy.

Policy benefits may be tax-free

Benefits paid by a tax-qualified long-term care insurance policy are tax-free as long as they do not exceed the greater of qualified long-term care daily expenses or the per-day limitation, which is \$280 in 2009. Source: Section 7720B and Section 106 of the Internal Revenue Code (IRC)

The Tax Advantages of Long-Term Care Insurance		
For the Business	<p>Self-Employed Business Owners</p> <ul style="list-style-type: none"> ■ Sole proprietor ■ Partnership ■ LLC ■ S corporation <p>Long-term care insurance premiums paid by the company for the owner, spouse and dependents may be tax deductible as a business expense.</p> <p>The deductible amount is based on eligible premium guidelines.</p>	<p>Owners of C Corporations</p> <p>Long-term care insurance premiums paid by the company for the owner/employee, a designated class of employees, spouse and dependents may be tax deductible as a business expense.</p> <p>The deductible amount is not subject to eligible premium guidelines.</p>
For Employees	<p>Employees may be able to claim the long-term care insurance premiums they pay as a medical expense as long as these expenses exceed 7.5 percent of adjusted gross income and deductions are itemized on individual's income tax return.</p> <p>The deductible amount is based on eligible premium guidelines.</p>	

Eligible Premium Guidelines for 2009*	
At age:	You can deduct:
40 and younger	\$320
41-50	\$600
51-60	\$1,190
61-70	\$3,180
71 and older	\$3,980

*IRS Revenue Procedure 2008-66.

Eligible premiums are established annually based on the medical care components of the Consumer Price Index.

Tax implications for limited pay options

Business owners who select a limited pay option, may not be able to deduct the entire amount during the year in which the premium was paid. Typically, the IRS allows a business to deduct only the insurance expenses for the year in which they are allocable. Be sure to advise your client to consult with a tax advisor on premium deductibility.

The information provided is not intended to be tax advice. Consult your tax advisor to determine the tax benefits for your business.

Getting Started

Step 1: Generate a Case Quote

Complete a case quote and present it to the organization. You have two options for generating a quote:

- **Use United of Omaha's LTCi Quote Solution Proposal Software**
 - Allows you to compare multiple plans side-by-side
 - Allows you to import an employee census
- **Contact United of Omaha's Multi-Life Underwriting Coordinator**
 - Send an e-mail to LTC.Multi.Life@mutualofomaha.com
 - Fax 402-351-5958
 - Call 877-778-0838

United LTCi Solutions Quote Software

LTCi Solutions Quote Software gives you the capability to select proposals based on your client and the specific sales needs of each case.

- **Detailed Report** – Provides a detailed listing of each individual employee showing their names, ages and premiums for the plan or plans selected.
- **Summary Report** – Provides a list of each age from the census, the number of employees at each age, the aggregate cost per age and the totals.
- **Rate Sheets for Employee Meetings** – Allows you to create rate sheets for the plans you are offering. The rate sheets show the premiums for each age from 18 to 64, for as many as five plans.
- **Buy-up Rate Sheets** – Use the buy-up reports to show employees what the balance of premium will be for them to buy-up to a more benefit rich plan from the employer paid plan.

Step 2: Submit the Group for Approval

Once the organization is ready to proceed based on the case quote, complete the Multi-Life Group Approval Request Form (G627) and submit it, along with a copy of the case quote and a census, to United of Omaha's Multi-Life Department for review.

Mail to: United of Omaha Life Insurance Company
LTC Multi-Life Underwriting – 6th Floor
Mutual of Omaha Plaza
Omaha, NE 68175
Fax: 402-351-5958
E-mail: LTC.Multi.Life@mutualofomaha.com

Step 3: Group Approval

Within one to two business days, the Multi-Life Underwriting Coordinator will review the Group Approval Request Form and:

- Approve the group
- Request additional information
- Or decline the group

If the group is approved, an Offer Letter containing the details of the program will be sent to you and your marketer.

Step 4: Deliver the Offer Letter

When you receive the Offer Letter, you should immediately deliver it to the organization.

- Review the letter with the organization
- Obtain signatures from the appropriate person at the organization
- Return the signed form to the Multi-Life Underwriting Coordinator within 30 days
- If group is utilizing List Bill/Payroll Deduction, please complete a LTC New Employer Questionnaire (G630) and return completed form to the Multi-Life Underwriting Coordinator

The group cannot be activated until the signed Offer Letter is returned to the Multi-Life Underwriting Coordinator.

Step 5: The Implementation Call

Upon receipt of the signed Offer Letter, the Multi-Life Underwriting Coordinator will issue an invitation for an Implementation Call. The call will include:

- The Multi-Life Underwriting Coordinator
- The agent and/or marketer
- The organization's benefits administrator
- The organization's billing contact
- Long-Term Care Service Office

During the call, the implementation process will be discussed, including billing set-up and the enrollment start date.

Following the call, the Multi-Life Underwriting Coordinator will assign a group number and send an Implementation Memo to you or your marketer via e-mail. The Implementation Memo will contain the details of the program.

Step 6: Enrollment

Once you receive the Implementation Memo, you may begin taking applications on the date selected for enrollment to begin.

- Applications can be solicited during the 60-day open enrollment period specified during the Implementation Call
- Submit your multi-life applications using your normal channel. Then the applications will be sent to United of Omaha's Multi-Life Underwriting Department.

Mail to: United of Omaha Life Insurance Company
 LTC Multi-Life Underwriting – 6th Floor
 Mutual of Omaha Plaza
 Omaha, NE 68175
 Fax: 402-351-5958

Product Details

Workplace Solutions

The following charts contain the built-in and optional benefits of United of Omaha's Workplace Solutions, which vary by state. Please see the State Differences Matrix (section 7).

Pre-packaged Plans

	Base	Bronze	Silver	Gold	Platinum
Standard Benefits	<ul style="list-style-type: none"> ■ Nursing Home, Assisted Living Facility and Home Health Care – up to 100% of Maximum Monthly Benefit ■ Cash Benefit is 40% of Home Health Care ■ 90 Calendar Day Elimination ■ Additional Benefit for Injury ■ 5 Year Rate Guarantee ■ Lifetime Premium 				
Maximum Monthly Benefit	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000
Maximum Lifetime Benefit	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000
Inflation Protection	<ul style="list-style-type: none"> ■ 5% Compound Lifetime ■ 4.5% Compound Lifetime with Buy Up ■ 4% Compound Lifetime with Buy Up ■ 3.5% Compound Lifetime with Buy Up ■ 3% Compound Lifetime with Buy Up ■ No Inflation 				
Nonforfeiture Benefit – Shortened Benefit Period	Option	Option	Option	Option	Option
Spouse Shared Care	Option	Option	Option	Option	Option

*Please see Program Options Grids in Section 2 for program limits based on underwriting program.

Flex Plan

	Flex Plan		
Standard Benefits	<ul style="list-style-type: none"> ■ Nursing Home, Assisted Living Facility and Home Health Care are each up to 100% of the Maximum Monthly Benefit ■ Cash Benefit is 40% of Home Health Care Benefit ■ Additional Benefit for Injury ■ 5 Year Rate Guarantee 		
Maximum Monthly Benefit	\$1,500 to \$15,000 in \$500 increments		
Maximum Lifetime Benefit	\$50,000 to \$500,000 in \$25,000 increments or Lifetime		
Calendar Day Elimination	90, 180 or 365 calendar days		
Inflation Protection	<ul style="list-style-type: none"> ■ 5% Compound Lifetime ■ 5% Simple Lifetime ■ 5% Compound (20-year) ■ 5% Compound Lifetime (2x Maximum Increase) ■ 5% Compound Lifetime (3x Maximum Increase) ■ 5% Compound Lifetime (4x Maximum Increase) ■ 4.5% Compound Lifetime with Buy Up ■ 4% Compound Lifetime with Buy Up ■ 3.5% Compound Lifetime with Buy Up ■ 3% Compound Lifetime with Buy Up ■ No Inflation 		
Monthly Benefit Options	Assisted Living Facility 75%, or 50%	Home Health Care 75% or 50%	Nursing Home 100%
Spousal Benefits	<ul style="list-style-type: none"> ■ Spouse Shared Care ■ Spouse Survivorship ■ Spouse Waiver of Premium 		
Return of Premium	<ul style="list-style-type: none"> ■ Return of Premium at Death (Less Claims) ■ Full Return of Premium at Death 		
Additional Years of Rate Guarantee	6, 7, 8, 9 or 10 years		
Other Optional Benefits	<ul style="list-style-type: none"> ■ Nonforfeiture Benefit – Shortened Benefit Period ■ Waiver of Elimination Period – Home Health Care ■ Cash Benefit Increase – 40% to 50% ■ Spouse Security Benefit ■ Restoration of Benefits 		

*Please see Program Options Grids in Section 2 for program limits based on underwriting program.

Benefit Descriptions

This section contains an explanation of the built-in and optional benefits of United of Omaha's Workplace Solutions.

Additional Benefit for Injury

Pays an additional benefit if the insured sustains an injury resulting in need for long-term care services (home health care, assisted living facility or nursing home). The injury must be sustained while the policy is in force and the insured is not chronically ill. The additional benefit for injury is payable any month the insured incurs eligible expenses in excess of the nursing home, assisted living facility or home health care benefits paid that month.

- Not available for issue ages over 60

Additional Years of Rate Guarantee

Guarantees the initial rate for additional years. Available options are 6, 7, 8, 9 or 10 years.

- Not available with Class I or II risks

Cash Benefit

When elected, pays a cash benefit (equal to 40 percent of the home health care maximum monthly benefit) in advance each month. The elimination period does not need to be satisfied for the insured to receive the cash benefit.

If we determine the insured is eligible for a cash benefit for less than an entire month, we will adjust the cash benefit for that month. We will assume such a month consists of 30 days, regardless of the actual number of days in the month. If in any month, the insured receives a cash benefit in excess of the amount for which they are eligible, we will reduce any future benefits paid under the policy by the amount of the unearned cash benefit.

When the insured is receiving a cash benefit, no other benefits are payable under the policy. The insured may elect to discontinue the cash benefit by providing written notice to us. After the cash benefit is discontinued, other eligible policy benefits may be payable on a reimbursement basis. The insured may elect to receive the cash benefit one month and reimbursement the next.

We reserve the right to require a new plan of care at least once every 60 days when the insured is receiving the cash benefit.

Please note: Days in which the cash benefits are utilized do not count toward the elimination period for reimbursement benefits.

Cash Benefit Increase

When elected, Cash Benefit amount increases from 40 percent of the home health care maximum monthly benefit to 50 percent of the home health care maximum monthly benefit.

Elimination Period

Once the policy's elimination period has been satisfied, the policy pays up to the maximum monthly benefit amount for covered long-term care services.

- No elimination period to satisfy when the cash benefit is elected (if insured changes to reimbursement benefits, elimination period must be satisfied)

Five-Year Rate Guarantee

Guarantees the initial rate for a five-year period.

Inflation Protection

Automatically increases the insured's current maximum monthly benefit and maximum lifetime benefit on each policy anniversary date to help keep pace with inflation.

Inflation Protection Options

The insured has the choice of the following inflation protection options:

Prepackaged Plans

- 5 percent Compound Lifetime
- 4.5 percent Compound Lifetime with Buy Up
- 4 percent Compound Lifetime with Buy Up
- 3.5 percent Compound Lifetime with Buy Up
- 3 percent Compound Lifetime with Buy Up
- No Inflation

Flex Plan

- 5 percent Compound Lifetime
- 5 percent Simple Lifetime
- 5 percent Compound (20-year)
- 5 percent Compound Lifetime (2x Maximum Increase)
- 5 percent Compound Lifetime (3x Maximum Increase)
- 5 percent Compound Lifetime (4x Maximum Increase)

- 4.5 percent Compound Lifetime with Buy Up
- 4 percent Compound Lifetime with Buy Up
- 3.5 percent Compound Lifetime with Buy Up
- 3 percent Compound Lifetime with Buy Up
- No Inflation

An inflation protection option may be removed after issue with no refund of premium. The maximum monthly benefit and remaining maximum lifetime benefit will remain at the level to which they had been increased by this benefit as of the date the benefit is removed. The premium will be changed to the appropriate premium amount for the increased benefit amount provided, based on the age at issue.

- Compound Lifetime with Buy Up is not available with 10-pay, 20-pay or To-Age-65
- Compound Lifetime with Maximum Increase is not available with Flex-to-Age 85SM

Non-Forfeiture/Shortened Benefit Period

As long as the policy has been in force for a specified time, this optional rider allows coverage to continue on a reduced basis in the event the policy is terminated.

- If not selected, Contingent Non-Forfeiture is the default

Restoration of Benefits

If benefits have been paid under the policy and the insured no longer requires long-term care services for 180 consecutive days, we will restore the maximum lifetime benefit to the amount that would have applied if no benefits had been paid under the policy (except for benefits paid for the spouse under the Spouse Shared Care Benefit). This restoration may occur one time during the term of the policy.

- Not available with Lifetime benefits

Return of Premium – at Death Less Claims Paid

If the insured dies while the policy is in force, we will return the total amount of premium paid for the policy, less the amount of claims paid under the policy.

- Not available with Spouse Shared Care
- Not available for issue ages over 64

Return of Premium – Full

If the insured dies while the policy is in force, we will return the total amount of premium paid for the policy.

- Not available with Spouse Shared Care
- Not available for issue ages over 64

Spouse Security Benefit

Pays a benefit equal to 60 percent of other policy benefits payable each month (excluding the cash benefit, if any). Spouse security benefits will not reduce the maximum lifetime benefit of the policy.

- Not available for Class I and II risks
- Not available with other spouse benefits (Spouse Shared Care, Spouse Waiver of Premium or Spouse Survivorship)
- Not available with Spouse or Two-Person Household premium allowances
- Not available for issue ages over 69

Spouse Shared Care Benefit

Once benefits have been exhausted under the insured's policy but the need for long-term care services continues, the insured may access benefits under his or her spouse's identical policy until a minimum of 12 times the currently monthly benefit remains.

In addition, if one spouse dies while both policies are in force, the surviving spouse will receive the deceased spouse's remaining maximum lifetime benefit with no effect on the surviving spouse's premium.

This optional benefit is available only when both spouses or domestic partners apply at the same time and are issued identical coverage.

- Not available with Married or Two-Person Household premium allowances
- Not available for Class II risks
- Not available for Class I risks with a maximum lifetime benefit greater than 3 years
- Not available with the Spouse Security Benefit
- Not available with Return of Premium at Death Less Claims Paid or Full Return of Premium
- Not available with Lifetime benefits
- Not available if underwriting determines one or both applicants pose a greater than normal risk of premature death

Spouse Survivorship Benefit

If the policy has been in force for 10 years or more, no further premiums are due and payable on the policy from and after the date the spouse dies.

- Not available for Class I or II risks
- Not available with the Spouse Security Benefit
- Not available with 10-Year, 20-Year, To-Age-65 or Flex-to-Age 85SM payment options
- Not available with Married or Two-Person Household premium allowances

Spouse Waiver of Premium

We will waive the payment of premium for the insured when and for as long as the premium for the spouse's policy is waived. When the waiver period under the spouse's policy ends, premium payments will resume for the insured's policy and must be paid to keep the policy in force.

Note: If premiums are increased after policy issue due to an increase or addition of coverage, the increased premium must be in effect for 10 years or more before the increased amount will be waived.

- Not available for Class I or II risks
- Not available with the Spouse Security Benefit
- Not available with 10-Year, 20-Year, To-Age-65 or Flex-to-Age 85SM payment options
- Not available with Married or Two-Person Household premium allowances

Waiver of Elimination Period for Home Health Care

No elimination period must be satisfied in order to receive home health care benefits under the policy.

- Not available for Class I or II risks

Additional Policy Details

Issue Ages

Modified Guaranteed Issue and Simplified Issue – issue ages are 18-64
 Full Underwriting – issue ages are 18-79

Tax Status

All Workplace Solutions policies are intended to be tax-qualified.

Partnership Qualified Policies

Workplace Solutions policies may qualify for partnership based on the state of issue and the aged based inflation requirements of those states where United of Omaha partnership sales are available.

Premium Allowances

All Workplace Solutions policies offer the following premium allowances:

Spouse/Partner – 35 percent each if both the insured and spouse or domestic partner purchase long-term care insurance from United of Omaha

- Not available with Spouse Security Benefit
- Not available with Modified Guaranteed Issue underwriting

Preferred – 15 percent for being in good health

- Only available with Full Underwriting
- Can be combined with all household allowances

Married – 15 percent if the insured is married, but the spouse or domestic partner does not purchase long-term care insurance from United of Omaha

- Not available with Spouse Waiver of Premium, Spouse Survivorship or Spouse Shared Care benefits

Two-Person Household – 10 percent each if both the insured and another adult living in the same household for a continuous 12 months (not the insured’s spouse or domestic partner) purchase long-term care insurance from United of Omaha

- Not available with Spouse Waiver of Premium, Spouse Survivorship, Spouse Security or Spouse Shared Care benefits

	Program Allowance*	Preferred Health	Spouse	Married	2-Person Household
		15%	35%	15%	10%
MGI	10%	No	No	Yes	Yes
SI	10%	No	Yes	Yes	Yes
Full	5%	Yes	Yes	Yes	Yes

*Program Allowances are available at issue and cannot be changed after 60-day period following policy issue.

Premium Payment Options

Lifetime – Premium payments are level and made over the life of the insured

- Default option if no other premium option is selected

10-Year Pay – Premium payments are made over a 10-year period

- Only available at issue
- A limited pay option may be removed at the request of the insured. The premium removal will be based on the original issue age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with Compound Inflation with Buy-up Options

20-Year Pay – Premium payments are made over a 20-year period

- Only available at issue
- A limited pay option may be removed at the request of the insured. The premium removal will be based on the original issue age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with Compound Inflation with Buy-up Options

To-Age-65 – Premium payments are made until the insured reaches age 65

- Only available at issue
- Maximum issue age is through age 54
- A limited pay option may be removed at the request of the insured. The premium removal will be based on the original issue age. No premium credit (refund or advance of the paid-to-date) will be given
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Not available with Compound Inflation with Buy-up Options

Flex-to-Age-85SM – premium payments begin as a percentage of the fixed premium and increase each year until age 65, where premiums become fixed. The policy is paid up at age 85.

- Only available at issue
- Maximum issue age is through age 60
- Premium increases may be discontinued at the request of the insured. Annual premiums will remain fixed from the date of the request and the Compound Inflation Protection – Lifetime Benefit will terminate
- Not available with Class I or II risks
- Not available with Spouse Waiver of Premium or Spouse Survivorship
- Only available with Compound Lifetime (with or without Buy-up Option) Inflation Options

Administrative Information

Application Requirements

You may begin taking applications on the date selected for enrollment to begin.

- Submit your Multi-Life Applications using your normal channel. Then applications will be sent to Mutual of Omaha's Multi-Life Department
- Minimum participation levels for each program must be met within the 60-day enrollment period. See the Program Options grids (section 2) for participation requirements for each underwriting program

The Multi-Life application can be used for all three underwriting programs.

- A Multi-Life Application must be completed for each applicant, however, the same application can be used as a two-person application in the case that a spouse or other eligible family/household member will be applying for coverage with the employee

Application Completion Requirements

- Applications must be completed based upon the applicant's resident state. If you submit a nonresident state application, you will be required to submit the correct application form prior to policy issue
- The agent must be licensed in the signing state
- Please see the Sample Application section to determine required application sections for the Underwriting Program selected. All required sections must be filled out completely to ensure timely and accurate processing
- Applications must be received in our home office within 30 days of the end of the open enrollment period. Be sure that all applications have been signed within the 60-day open enrollment period. No applications will be taken after the enrollment period has expired except in the cases listed below, in which a 60-day enrollment period will apply
- Please include the Employer Name and Employer Group number at the top of the first page of the application. You will also need to select the applicable Underwriting Program for each applicant under the section "Producer Use Only" also located at the top of the first page. The Employer Group number and Underwriting Program can be located on the Implementation Memo

Applications Outside of Open Enrollment

Applications will only be taken outside of the specified 60-day enrollment period in the case of new hires, life events or when an employee becomes part of an employee class to which an offer was previously made (e.g., an employee is promoted to the management group which is an executive carve-out group).

- New hires are eligible to apply for coverage within a 60-day enrollment period following six months of employment
- Life events (e.g., marriage, new household member) will also be eligible within a 60-day enrollment period following the date of the life event provided the employee was or is eligible for coverage at the time of initial enrollment
- An employee who becomes part of an employee class to which an offer was previously made (e.g., an employee is promoted to the management group which is an executive carve-out group) will be eligible within a 60-day enrollment period

Application Collection

Submit your Multi-Life Applications using your normal channels. Then the applications may be sent as a bundle or separately as new applications are collected, to the Multi-Life Department at:

United of Omaha Life Insurance Company
LTC Multi-Life Underwriting
6th Floor
Mutual of Omaha Plaza
Omaha, NE 68175

Sample Applications

The sample application for United of Omaha's Workplace Solutions is based on the National Application form. Application questions may vary by state.

Modified Guaranteed Issue

- Complete Underwriting Section: D

Simplified Issue

- Complete Underwriting Sections: D & E

Full Underwriting

- Complete Underwriting Sections: D, E & F

Section A – General Information

- Complete section for all applicants
- Complete all questions in this section
- Select Underwriting Program for each applicant
- Enter Multi-Life Group Number and employer name as stated on the Implementation Memo

MULTI-LIFE LONG-TERM CARE INSURANCE APPLICATION

UNITED OF OMAHA LIFE INSURANCE COMPANY
 A MUTUAL OF OMAHA COMPANY
 Mutual of Omaha Plaza, Omaha, NE 68175

For Home Office Use Only
 Reviewed by MAE

Submit Application To: United of Omaha Life Insurance Company.
 Attn: 6th Floor - LTC Multi-Life Underwriting, Mutual of Omaha Plaza, Omaha, NE 68175

Fax Number: 402-351-5958

New Business Reinstatement

Producer Use Only:

Applicant A	Applicant B
Underwriting Program: <input type="checkbox"/> Modified Guaranteed <input type="checkbox"/> Simplified <input type="checkbox"/> Full	Underwriting Program: <input type="checkbox"/> Modified Guaranteed <input type="checkbox"/> Simplified <input type="checkbox"/> Full
Multi-Life Group Number	Employer Name

Section A GENERAL INFORMATION

Applicant A	Applicant B
1 I am: <input type="checkbox"/> Employee/Member <input type="checkbox"/> Retiree OR Name of Employee/Member _____ Relationship to Employee/Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner* <input type="checkbox"/> Parent (includes in-laws) <input type="checkbox"/> Adult Child <input type="checkbox"/> Grandparent (includes in-laws)	1 I am: <input type="checkbox"/> Employee/Member <input type="checkbox"/> Retiree OR Name of Employee/Member _____ Relationship to Employee/Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner* <input type="checkbox"/> Parent (includes in-laws) <input type="checkbox"/> Adult Child <input type="checkbox"/> Grandparent (includes in-laws)
2 Name: Last Name _____ First Name _____ Middle Initial _____	2 Name: Last Name _____ First Name _____ Middle Initial _____
3 Legal Residence Address: Number, Street, Apartment Number _____ City, State, ZIP Code _____	3 Legal Residence Address (If Different than Applicant A): Number, Street, Apartment Number _____ City, State, ZIP Code _____
4 Contact Information: () - () - Daytime Phone Number _____ Evening Phone Number _____ : a.m. : p.m. Best Time to Call _____ E-mail Address _____	4 Contact Information (If Different than Applicant A): () - () - Daytime Phone Number _____ Evening Phone Number _____ : a.m. : p.m. Best Time to Call _____ E-mail Address _____
5 Birth Date, Age and Gender: [] [] / [] [] / [] [] [] [] [] [] Month Day Year Age <input type="checkbox"/> Male <input type="checkbox"/> Female	5 Birth Date, Age and Gender: [] [] / [] [] / [] [] [] [] [] [] Month Day Year Age <input type="checkbox"/> Male <input type="checkbox"/> Female

* Domestic Partner means either of the following: (a) an adult person with whom you have registered or filed for domestic partnership in a civil union with a government agency or office where such registration is available, or (b) an adult person who meets the following criteria: (1) has a serious and committed personal relationship with you that is intended to be lifelong, (2) has shared a common permanent residence on a continuous basis with you for the most recent three years, and (3) is not married or legally separated, a Domestic Partner to anyone else or related to you in any way that would bar marriage in the state where you and he or she reside.

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Section A – General Information

- Complete section for all applicants
- Complete all questions in this section
- Be specific when describing job duties
- If applicant is not a citizen of the U.S. and does not have a “Green Card” or “Alien Registration Receipt,” please do not continue with application

Section B – Allowances

- Answer all questions in this section
- Applicant may be eligible for premium allowances based on answers

Section A GENERAL INFORMATION (continued)			
Applicant A		Applicant B	
6 Social Security Number: [][]-[][]-[][][][]		6 Social Security Number: [][]-[][]-[][][][]	
7 Are you actively at work* 30 hours per week or more? Yes <input type="checkbox"/> No <input type="checkbox"/>		7 Are you actively at work* 30 hours per week or more? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of your Employer _____		Name of your Employer _____	
* Actively at work shall mean you are an employee whom, on the date of this application and throughout the prior six months (1) is age 18 to 64, (2) is and has been currently paid by the employer, (3) is and has been regularly scheduled to work at least 30 hours per week, (4) is not and has not been on an authorized absence due to illness, injury, or on leave without pay, and (5) is and has been performing the material and substantial duties of your job at your place of your employment or an alternative work site designated by your employer. In addition, if you work from home, you are considered actively at work if on the date of this application and throughout the prior six months you are not and have not been hospital confined or disabled to a degree that you could not have performed the material and substantial duties of your job at least 30 hours per week at the employer's usual place of business.			
Applicant A		Applicant B	
8 If Applicant A is Employee: Date of Hire [][]/[][]/[][][][] If Returning from Leave Date of Return [][]/[][]/[][][][]		8 If Applicant B is Employee: Date of Hire [][]/[][]/[][][][] If Returning from Leave Date of Return [][]/[][]/[][][][]	
9 Occupation and Duties: Occupation _____ Occupational Duties _____		9 Occupation and Duties: Occupation _____ Occupational Duties _____	
10 U.S. Citizenship: Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” do you have a Permanent Resident Card – Form I-551 (also known as an “Alien Registration Receipt Card” or “Green Card”)? <input type="checkbox"/> Yes. Card Number _____ and Date of Arrival in the U.S. _____ <input type="checkbox"/> No. You are not eligible for this coverage.		10 U.S. Citizenship: Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” do you have a Permanent Resident Card – Form I-551 (also known as an “Alien Registration Receipt Card” or “Green Card”)? <input type="checkbox"/> Yes. Card Number _____ and Date of Arrival in the U.S. _____ <input type="checkbox"/> No. You are not eligible for this coverage.	
11 Beneficiary: First Name, Middle Initial, Last Name _____ Number, Street, Apartment Number _____ City, State, ZIP Code _____ Relationship to you _____		11 Beneficiary (If Different than Applicant A): First Name, Middle Initial, Last Name _____ Number, Street, Apartment Number _____ City, State, ZIP Code _____ Relationship to you _____	

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Section B ALLOWANCES				
You may be eligible for allowances based on your answers to the following questions in this Section B.				
	Applicant A		Applicant B	
	Yes	No	Yes	No
1 Are you married?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Domestic Partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If “No,” go to question 2. If “Yes,”:				
(a) Is your Spouse or Domestic Partner also applying for this coverage? If “Yes,” provide name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Does he/she have an existing United of Omaha Life Insurance Company or Mutual of Omaha Insurance Company long-term care policy/certificate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If “Yes,” provide existing long-term care policy/certificate number(s)	[][][][]		[][][][]	
2 Are you single and have you been continuously residing with another person for the last 12 months and are they also applying for this coverage? If “Yes,” provide name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	[][][][]		[][][][]	

Section C – Replacement Coverage

- All applicants must answer questions 1 through 3
- If any questions 1-4 are answered “Yes” please complete question 5. Please be as detailed as possible
- All applicants must answer question 6. If either applicant answers “Yes” please provide details in the section below

Section C		REPLACEMENT COVERAGE			
Provide Replacement Coverage Information.					
1	Do you currently have another long-term care insurance policy/certificate in force (including health care service contracts or health maintenance organization contracts)?	Applicant A		Applicant B	
		Yes	No	Yes	No
2	Did you have another long-term care insurance policy/certificate in force during the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you intend to replace other long-term care coverage or any of your medical or health insurance coverage with this policy? If “Yes,” please read and sign the Notice to Applicant Regarding Replacement form included with this application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Question to be answered by the Producer: Have you, the Producer, sold any health insurance, including long-term care policies, to Applicant A or Applicant B which: are still in force; or were sold in the last five years but are no longer in force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any question 1-4 was answered “Yes,” in the above Section C, please provide details in CS below. (Attach additional signed page(s) if more space is needed.)

5	Applicant	Company Name/Address	Policy/Certificate #	Plan Type *	Daily or Monthly Benefit	Status of Policy/Certificate	Annual Premium	To be Replaced by this Coverage	Sold by this Producer
<input type="checkbox"/> A <input type="checkbox"/> B					\$	<input type="checkbox"/> Pending <input type="checkbox"/> In Force <input type="checkbox"/> Terminated <input type="checkbox"/> Lapsed Ending Date: / /	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	<input type="checkbox"/> Pending <input type="checkbox"/> In Force <input type="checkbox"/> Terminated <input type="checkbox"/> Lapsed Ending Date: / /	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> B					\$	<input type="checkbox"/> Pending <input type="checkbox"/> In Force <input type="checkbox"/> Terminated <input type="checkbox"/> Lapsed Ending Date: / /	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Provide Plan Type abbreviation: LTC=Long-Term Care, MS=Medicare Supplement, MM=Major Medical, OH=Other Health

6	Applicant A	Applicant B
Have you ever been declined, rated, or denied reinstatement for long-term care insurance? If “Yes,” provide details below. (Attach additional signed page(s) if more space is needed.) Please note, if you answered “Yes,” you are not eligible for the modified guaranteed or simplified underwriting program.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant	Company Name(s)	When	Why
<input type="checkbox"/> A			

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Section D – Complete for Modified Guaranteed Issue, Simplified Issue or Full Underwriting

All applicants must complete all questions in this section. If any question(s) is answered “Yes” please do not continue.

Section D Complete for MODIFIED GUARANTEED, SIMPLIFIED or FULL UNDERWRITING

- If you answer “Yes” to questions in this section, do not continue. We will be unable to offer you Long-Term Care coverage.
- If you answer “No” to questions in this section and are in the Modified Guaranteed Underwriting program, SKIP to Section G.

	Applicant A	Applicant B
1 Do you currently use any of the following: • wheelchair • walker • nebulizer • electric scooter • quad cane • oxygen	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Do you require the assistance or supervision of another person or a device of any kind for any of the following: • bathing • toileting • dressing • eating • medication management • getting in and out of a chair or bed • your inability to control your bowel or bladder	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 Are you currently eligible for benefits under, or covered by, Medicaid (not Medicare), disability income, workers’ compensation, Social Security disability or any federal or state disability plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section E Complete for SIMPLIFIED or FULL UNDERWRITING

- If you answer “Yes” to questions in this section, do not continue. We will be unable to offer you Long-Term Care coverage.
- If you answer “No” to questions in this section and are in the Simplified Underwriting program, SKIP to Section G.

	Applicant A	Applicant B
1 Within the past 6 months have you been confined to, or been advised to have, any of the following: • residential care, assisted living or adult day care facility services • nursing home or home health care services • physical, occupational or speech therapy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Have you ever had, been diagnosed as having, or received medical advice or medical care from a physician or health care provider for any of the following: • Alzheimer’s Disease • Amyotrophic Lateral Sclerosis (ALS) • Chronic Hepatitis • Dementia • Huntington’s Chorea • Cirrhosis • Memory Loss • Kidney Failure or received Dialysis • Myasthenia Gravis • Mental Retardation • Parkinson’s Disease • Paralysis • Schizophrenia • Multiple Sclerosis • Scleroderma • Psychosis • Muscular Dystrophy • Systemic Lupus • Organ Transplant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 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)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Section E – Complete for Simplified Issue or Full Underwriting

All Simplified Issue and Full Underwriting applicants must complete all questions in this section. If any question(s) is answered “Yes” please do not continue.

Section F – Complete for Full Underwriting

All questions in this section must be completed for Full Underwriting applicants.

Section F		Complete for FULL UNDERWRITING			
Applicant A		Applicant B			
1 Provide the name, address and phone number of your primary care physician:		1 Provide the name, address and phone number of your primary care physician (If Different than Applicant A):			
Primary Care Name _____		Primary Care Name _____			
Address _____		Address _____			
City, State, ZIP Code _____		City, State, ZIP Code _____			
Phone Number _____		Phone Number _____			
2 Date & Reason for Last Visit:		2 Date & Reason for Last Visit:			
_____		_____			
3 Are you taking or have you taken any prescription medication(s) within the past 12 months, or are you currently taking any over-the-counter medication(s) on a weekly basis or more frequently? ... If "Yes," please list below all the medication name(s) using pharmacy label, dosage/frequency and reason prescribed. (Attach additional signed page(s) if more space is needed.)		Applicant A		Applicant B	
		Yes	No	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant A		Applicant B			
Medication Name _____		Medication Name _____			
Dosage/Frequency _____		Dosage/Frequency _____			
Disease/Disorder/Condition _____		Disease/Disorder/Condition _____			
Medication Name _____		Medication Name _____			
Dosage/Frequency _____		Dosage/Frequency _____			
Disease/Disorder/Condition _____		Disease/Disorder/Condition _____			
Medication Name _____		Medication Name _____			
Dosage/Frequency _____		Dosage/Frequency _____			
Disease/Disorder/Condition _____		Disease/Disorder/Condition _____			

Section F		Complete for FULL UNDERWRITING (continued)			
4 Do you have, or have you ever received any advice, treatment, consultation or diagnosis from a physician or health care provider for, any of the following conditions?		Applicant A		Applicant B	
		Yes	No	Yes	No
Alcohol or Drug Use		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anemia or Blood Disease/Disorder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis, Back, Bone or Joint Disorder or Broken Bones		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance Disorder, Difficulty Walking or Falls		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel or Bladder Disease/Disorder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circulatory Disease/Disorder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or other Mental Disorder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness or Fainting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fibromyalgia, Weakness or Fatigue		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease/Disorder or High Blood Pressure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immune System Disease/Disorder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney or Liver Disease/Disorder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological Disease/Disorder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Disease/Disorder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures, Epilepsy or Tremors		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Disorder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you received inpatient or outpatient treatment at a hospital, surgical center or rehabilitation facility in the past 12 months?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Are you scheduled for, or have you been advised by a physician or health care provider to have additional testing, surgery or consultation(s) to evaluate your health?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Are there any pending test results which you have not yet received?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Have you been seen by your physician, health care provider or any specialist more than three times in the past 12 months?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have, for your use, a handicap parking sticker or handicap license plate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Have you used tobacco in any form in the past 2 years?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 What is your height?		'	"	'	"
12 What is your weight?		lbs		lbs	

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Section F – Complete for Full Underwriting

If question(s) in the previous section (4 – 12) are answered “Yes” please provide detailed responses in this section.

Section G – Base, Bronze, Silver, Gold and Platinum Packages

- All questions in this section must be answered
- For question 1, please note program limits described in the Program Options Grids in Section 2

Section F Complete for FULL UNDERWRITING (continued)

If “Yes” to any additional health questions of Section F, please provide the following for each “Yes” answer below. (Attach additional signed page(s) if more space is needed.)

Applicant A	Applicant B
Disease/Disorder/Condition	Disease/Disorder/Condition
Date of Occurrence	Date of Occurrence
Date of Last Visit	Date of Last Visit
Physician/Facility Name	Physician/Facility Name
Address	Address
City, State, ZIP Code	City, State, ZIP Code
Phone Number	Phone Number
Disease/Disorder/Condition	Disease/Disorder/Condition
Date of Occurrence	Date of Occurrence
Date of Last Visit	Date of Last Visit
Physician/Facility Name	Physician/Facility Name
Address	Address
City, State, ZIP Code	City, State, ZIP Code
Phone Number	Phone Number
Disease/Disorder/Condition	Disease/Disorder/Condition
Date of Occurrence	Date of Occurrence
Date of Last Visit	Date of Last Visit
Physician/Facility Name	Physician/Facility Name
Address	Address
City, State, ZIP Code	City, State, ZIP Code
Phone Number	Phone Number

– OR – Section H for FLEX.

Section G BASE, BRONZE, SILVER, GOLD AND PLATINUM PACKAGES

Applicant A	Applicant B (If selecting Spouse Shared Care Benefit, benefits must be identical to Applicant A)
<p>Standard Base, Bronze, Silver, Gold and Platinum Package Benefits:</p> <ul style="list-style-type: none"> • Nursing Home, Assisted Living Facility and Home Health Care Benefits are each up to 100% of the Maximum Monthly Benefit (MMB) • Cash Benefit is 40% of Home Health Care Benefit • 90 Calendar Day Elimination Period • Additional Benefit for Injury • 5 Year Rate Guarantee • Lifetime Premium 	
<p>1 Select a Benefit Package and Maximum Monthly Benefit (MMB):</p> <p><input type="checkbox"/> Base \$50,000 Maximum Lifetime Benefit/\$2,000 MMB</p> <p><input type="checkbox"/> Bronze \$100,000 Maximum Lifetime Benefit/\$3,000 MMB</p> <p><input type="checkbox"/> Silver \$150,000 Maximum Lifetime Benefit/\$4,000 MMB</p> <p><input type="checkbox"/> Gold \$200,000 Maximum Lifetime Benefit/\$5,000 MMB</p> <p><input type="checkbox"/> Platinum \$250,000 Maximum Lifetime Benefit/\$6,000 MMB</p>	<p>1 Select a Benefit Package and Maximum Monthly Benefit (MMB):</p> <p><input type="checkbox"/> Base \$50,000 Maximum Lifetime Benefit/\$2,000 MMB</p> <p><input type="checkbox"/> Bronze \$100,000 Maximum Lifetime Benefit/\$3,000 MMB</p> <p><input type="checkbox"/> Silver \$150,000 Maximum Lifetime Benefit/\$4,000 MMB</p> <p><input type="checkbox"/> Gold \$200,000 Maximum Lifetime Benefit/\$5,000 MMB</p> <p><input type="checkbox"/> Platinum \$250,000 Maximum Lifetime Benefit/\$6,000 MMB</p>
<p>2 Inflation Protection: 5% Compound (Lifetime) (must check “YES” or “NO”):</p> <p><input type="checkbox"/> YES, I am selecting the 5% Compound Inflation Protection (Lifetime)</p> <p><input type="checkbox"/> NO, 5% Compound Inflation Protection (Lifetime) is NOT desired: I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound and Simple Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.</p> <p>If you selected “NO” to the 5% Compound (Lifetime), check one Inflation Option below:</p> <p><input type="checkbox"/> 4.5% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 4% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 3.5% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 3% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> No Inflation Protection</p>	<p>2 Inflation Protection: 5% Compound (Lifetime) (must check “YES” or “NO”):</p> <p><input type="checkbox"/> YES, I am selecting the 5% Compound Inflation Protection (Lifetime)</p> <p><input type="checkbox"/> NO, 5% Compound Inflation Protection (Lifetime) is NOT desired: I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound and Simple Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.</p> <p>If you selected “NO” to the 5% Compound (Lifetime), check one Inflation Option below:</p> <p><input type="checkbox"/> 4.5% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 4% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 3.5% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 3% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> No Inflation Protection</p>
<p>3 Nonforfeiture Benefit – Shortened Benefit Period (must check “YES” or “NO”):</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired: I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.</p>	<p>3 Nonforfeiture Benefit – Shortened Benefit Period (must check “YES” or “NO”):</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired: I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.</p>
<p>OPTIONAL BENEFIT FOR BASE, BRONZE, SILVER, GOLD OR PLATINUM PACKAGES</p>	
<p>Applicant A</p> <p>4 Spouse Shared Care Benefit Only available when both Spouses or Domestic Partners apply at the same time and both policies are issued with identical benefits.</p>	<p>Applicant B</p>

If you completed Section G for BASE, BRONZE, SILVER, GOLD OR PLATINUM PACKAGES – SKIP SECTION H AND CONTINUE TO SECTION I.

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Section H – Flex

- Questions 1-5 must be answered by all applicants
- Questions 6 – 15 are optional benefit selections. These questions only need to be completed if applicant desires these optional benefits

Section H FLEX (continued)	
Applicant A	Applicant B
<p>1 Nonforfeiture Benefit – Shortened Benefit Period (must check "YES" or "NO"):</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired. I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.</p>	<p>1 Nonforfeiture Benefit – Shortened Benefit Period (must check "YES" or "NO"):</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired. I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.</p>
OPTIONAL BENEFITS FOR FLEX	
<p>2 Assisted Living Facility Benefit Reduced from 100% of Maximum Monthly Benefit to:</p> <p><input type="checkbox"/> 75% <input type="checkbox"/> 50%</p>	<p>2 Assisted Living Facility Benefit Reduced from 100% of Maximum Monthly Benefit to:</p> <p><input type="checkbox"/> 75% <input type="checkbox"/> 50%</p>
<p>3 Home Health Care Benefit Reduced from 100% of Maximum Monthly Benefit to:</p> <p><input type="checkbox"/> 75% <input type="checkbox"/> 50%</p>	<p>3 Home Health Care Benefit Reduced from 100% of Maximum Monthly Benefit to:</p> <p><input type="checkbox"/> 75% <input type="checkbox"/> 50%</p>
<p>4 Waiver of Elimination Period for Home Health Care Benefit</p>	<p>4 Waiver of Elimination Period for Home Health Care Benefit</p>
<p>5 Cash Benefit Increase from 40% to 50%. Monthly Cash Benefit increases from 40% of the Home Health Care Benefit to 50% of the Home Health Care Benefit.</p>	<p>5 Cash Benefit Increase from 40% to 50%. Monthly Cash Benefit increases from 40% of the Home Health Care Benefit to 50% of the Home Health Care Benefit.</p>
<p>6 Special Benefits: The Spouse Waiver of Premium, Spouse Survivorship Benefit and Spouse Shared Care Benefit are only available when both Spouses or Domestic Partners apply at the same time and both policies are issued.</p> <p><input type="checkbox"/> Spouse Waiver of Premium</p> <p><input type="checkbox"/> Spouse Survivorship Benefit</p> <p><input type="checkbox"/> Spouse Shared Care Benefit The Spouse Shared Care Benefit is only available when both policies are issued with identical benefits.</p>	<p>6 Special Benefits: The Spouse Waiver of Premium, Spouse Survivorship Benefit and Spouse Shared Care Benefit are only available when both Spouses or Domestic Partners apply at the same time and both policies are issued.</p> <p><input type="checkbox"/> Spouse Waiver of Premium</p> <p><input type="checkbox"/> Spouse Survivorship Benefit</p> <p><input type="checkbox"/> Spouse Shared Care Benefit The Spouse Shared Care Benefit is only available when both policies are issued with identical benefits.</p>
<p>7 Spouse Security Benefit Not available for issue ages 70 and older, with other Spousal Benefits or if Spouse or Domestic Partner is applying for this coverage.</p> <p>Spouse's or Domestic Partner's Name _____</p>	<p>7 Spouse Security Benefit Not available for issue ages 70 and older, with other Spousal Benefits or if Spouse or Domestic Partner is applying for this coverage.</p> <p>Spouse's or Domestic Partner's Name _____</p>
<p>8 Restoration of Benefits Not available with Lifetime Benefits.</p>	<p>8 Restoration of Benefits Not available with Lifetime Benefits.</p>

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Complete Section H for FLEX if package was not selected in Section G

Section H FLEX	
Applicant A	Applicant B (if selecting Spouse Shared Care Benefit, benefits must be identical to Applicant A)
<input type="checkbox"/> Flex	<input type="checkbox"/> Flex
<p>Standard Flex Benefits:</p> <ul style="list-style-type: none"> • Nursing Home, Assisted Living Facility and Home Health Care Benefits are each up to 100% of the Maximum Monthly Benefit (MMB) • Cash Benefit is 40% of Home Health Care Benefit • Additional Benefit for Injury • 5 Year Rate Guarantee 	
<p>1 Maximum Monthly Benefit (MMB) (must enter)</p> <p>\$ _____ per month (\$1,500-\$15,000 in \$500 increments)</p>	<p>1 Maximum Monthly Benefit (MMB) (must enter)</p> <p>\$ _____ per month (\$1,500-\$15,000 in \$500 increments)</p>
<p>2 Maximum Lifetime Benefit (must enter or check)</p> <p>\$ _____ (\$10,000-\$500,000 in \$25,000 increments)</p> <p>OR</p> <p><input type="checkbox"/> Lifetime</p>	<p>2 Maximum Lifetime Benefit (must enter or check)</p> <p>\$ _____ (\$10,000-\$500,000 in \$25,000 increments)</p> <p>OR</p> <p><input type="checkbox"/> Lifetime</p>
<p>3 Calendar Day Elimination Period (must check one)</p> <p><input type="checkbox"/> 90 Day <input type="checkbox"/> 180 Day <input type="checkbox"/> 365 Day</p>	<p>3 Calendar Day Elimination Period (must check one)</p> <p><input type="checkbox"/> 90 Day <input type="checkbox"/> 180 Day <input type="checkbox"/> 365 Day</p>
<p>4 Inflation Protection:</p> <p>5% Compound (Lifetime) (must check "YES" or "NO"):</p> <p><input type="checkbox"/> YES, I am selecting the 5% Compound Inflation Protection (Lifetime)</p> <p><input type="checkbox"/> NO, 5% Compound Inflation Protection (Lifetime) is NOT desired. I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound and Simple Inflation Increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.</p> <p>If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:</p> <p><input type="checkbox"/> 5% Simple (Lifetime)</p> <p><input type="checkbox"/> 1% Compound (20 Year)</p> <p><input type="checkbox"/> 1% Compound (2 times Maximum Increase)</p> <p><input type="checkbox"/> 1% Compound (3 times Maximum Increase)</p> <p><input type="checkbox"/> 1% Compound (4 times Maximum Increase)</p> <p><input type="checkbox"/> 4.5% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 4% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 3.5% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 3% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> No Inflation Protection</p>	<p>4 Inflation Protection:</p> <p>5% Compound (Lifetime) (must check "YES" or "NO"):</p> <p><input type="checkbox"/> YES, I am selecting the 5% Compound Inflation Protection (Lifetime)</p> <p><input type="checkbox"/> NO, 5% Compound Inflation Protection (Lifetime) is NOT desired. I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound and Simple Inflation Increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.</p> <p>If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:</p> <p><input type="checkbox"/> 5% Simple (Lifetime)</p> <p><input type="checkbox"/> 1% Compound (20 Year)</p> <p><input type="checkbox"/> 1% Compound (2 times Maximum Increase)</p> <p><input type="checkbox"/> 1% Compound (3 times Maximum Increase)</p> <p><input type="checkbox"/> 1% Compound (4 times Maximum Increase)</p> <p><input type="checkbox"/> 4.5% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 4% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 3.5% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 3% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> No Inflation Protection</p>

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OPTIONAL BENEFITS FOR FLEX (continued)	
Applicant A	Applicant B
<p>13 Return of Premium at Death Benefit:</p> <p><input type="checkbox"/> Return of Premium at Death (Less Claims Paid)</p> <p>OR</p> <p><input type="checkbox"/> Full Return of Premium at Death</p>	<p>13 Return of Premium at Death Benefit:</p> <p><input type="checkbox"/> Return of Premium at Death (Less Claims Paid)</p> <p>OR</p> <p><input type="checkbox"/> Full Return of Premium at Death</p>
<p>14 Additional Years of Rate Guarantee (5 years built in)</p> <p><input type="checkbox"/> 1 Yr <input type="checkbox"/> 2 Yrs <input type="checkbox"/> 3 Yrs <input type="checkbox"/> 4 Yrs <input type="checkbox"/> 5 Yrs</p>	<p>14 Additional Years of Rate Guarantee (5 years built in)</p> <p><input type="checkbox"/> 1 Yr <input type="checkbox"/> 2 Yrs <input type="checkbox"/> 3 Yrs <input type="checkbox"/> 4 Yrs <input type="checkbox"/> 5 Yrs</p>
<p>15 Premium Options: (Lifetime Premium is default if no option chosen)</p> <p><input type="checkbox"/> 10 Year Pay</p> <p><input type="checkbox"/> 20 Year Pay</p> <p><input type="checkbox"/> To Age 65</p> <p><input type="checkbox"/> Flex To Age 65SM Select percent of full premium to be paid in the first policy year. Premium will increase each year thereafter until the date shown in the Policy Schedule.</p> <p><input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90%</p> <p>SMUses FPO, Patent Pending.</p>	<p>15 Premium Options: (Lifetime Premium is default if no option chosen)</p> <p><input type="checkbox"/> 10 Year Pay</p> <p><input type="checkbox"/> 20 Year Pay</p> <p><input type="checkbox"/> To Age 65</p> <p><input type="checkbox"/> Flex To Age 65SM Select percent of full premium to be paid in the first policy year. Premium will increase each year thereafter until the date shown in the Policy Schedule.</p> <p><input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90%</p> <p>SMUses FPO, Patent Pending.</p>

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Continue to Section I.

Section I – Premium Information

- All questions in this section must be answered
- Question 3 – *Recurring Premium Mode*: select employer paid/list bill, monthly checking account deduction or direct bill. Applicant signature is required if either employer paid/list bill or monthly checking account deduction is chosen

Section J – Notice Before Lapse or Termination

- Must be completed by all applicants
- Applicant may want to consider designating someone other than spouse or domestic partner

Section I PREMIUM INFORMATION	
Applicant A 1 Who will be Paying the Premium? <input type="checkbox"/> Employer Paid <input type="checkbox"/> Insured Paid <input type="checkbox"/> Combination 2 Recurring Premium Mode: <input type="checkbox"/> Employer List Bill/Payroll Deduction Authorization I authorize the required premium for the coverage level selected to be deducted from my pay. Signature of Employee: _____ Date: _____ <input type="checkbox"/> Monthly Automatic Checking Account (.09) Deduction – Two Months Minimum Specify the date premiums will be withdrawn (1st through the 28th of the month): _____ Bank Name: _____ Routing Number: _____ Account Number: _____ (Or include a voided check.)	Applicant B 1 Who will be Paying the Premium? <input type="checkbox"/> Employer Paid <input type="checkbox"/> Insured Paid <input type="checkbox"/> Combination 2 Recurring Premium Mode: <input type="checkbox"/> Employer List Bill/Payroll Deduction Authorization I authorize the required premium for the coverage level selected to be deducted from my pay. Signature of Employee: _____ Date: _____ <input type="checkbox"/> Monthly Automatic Checking Account (.09) Deduction – Two Months Minimum Specify the date premiums will be withdrawn (1st through the 28th of the month): _____ Bank Name: _____ Routing Number: _____ Account Number: _____ (Or include a voided check.)
Authorization to Withdraw Funds by United of Omaha Life Insurance Company I authorize United of Omaha Life Insurance Company (United of Omaha) to withdraw funds from my account for my initial and/or renewal premiums and understand that the amounts may differ. I also authorize United of Omaha to collect any premium(s) due by bank draft withdrawal. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize you, my financial institution, to pay from my account any checks, drafts or preauthorized electronic fund transfers from my account to United of Omaha. Your rights with each change 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.	
Signature of Account Holder: _____ Date: _____ Direct Bill: <input type="checkbox"/> Quarterly (.26) <input type="checkbox"/> Semiannual (.51) <input type="checkbox"/> Annual (1.0) Billing Address for Premium Notices (If different from page 1): Name: _____ Street Address, Apartment Number: _____ City, State, ZIP Code: _____	Signature of Account Holder: _____ Date: _____ Direct Bill: <input type="checkbox"/> Quarterly (.26) <input type="checkbox"/> Semiannual (.51) <input type="checkbox"/> Annual (1.0) Billing Address for Premium Notices (If different from page 1): Name: _____ Street Address, Apartment Number: _____ City, State, ZIP Code: _____
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Section J NOTICE BEFORE LAPSE OR TERMINATION	
Please check the applicable box and complete the requested information. You may want to consider designating someone other than a Spouse or Domestic Partner.	
Applicant A <input type="checkbox"/> I wish to designate an additional person to receive notice of lapse or termination of the policy due to nonpayment of premium. Name (Print full name of other person to receive notice of lapse or termination): _____ Street Address, Apartment Number: _____ City, State, ZIP Code: _____ Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long term care insurance policy for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid. OR <input type="checkbox"/> I elect NOT to designate any person to receive such notice.	Applicant B <input type="checkbox"/> I wish to designate an additional person to receive notice of lapse or termination of the policy due to nonpayment of premium. (If Different than Applicant A) Name (Print full name of other person to receive notice of lapse or termination): _____ Street Address, Apartment Number: _____ City, State, ZIP Code: _____ Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long term care insurance policy for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid. OR <input type="checkbox"/> I elect NOT to designate any person to receive such notice.
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Section K – Agreements and Acknowledgements

All applicants must read and sign.

Section K AGREEMENTS AND ACKNOWLEDGEMENTS	
1. The undersigned applicant agrees that (a) all answers in this application are true and complete and United of Omaha Life Insurance Company will rely on these answers to determine insurability, and (b) incorrect or misleading answers may void this application and any policy issued from its effective date. 2. Applicant acknowledges that United of Omaha Life Insurance Company may require: an Attending Physician's Statement, medical records, an underwriting assessment, a medical examination, or other information. 3. Applicant agrees that United of Omaha Life Insurance Company will not issue a policy as a result of this application unless (a) the insurance applicant completes all medical examinations and tests required by United of Omaha Life Insurance Company, (b) United of Omaha Life Insurance Company receives any additional information requested for underwriting (such as Personal Worksheet, Personal Health Interview, or Attending Physician's Statement), and (c) the insurance applicant is, as of the policy application date, determined to be eligible for the exact insurance coverage applied for, or the insurance applicant has subsequently accepted an offer by United of Omaha Life Insurance Company for coverage other than as applied for, according to the underwriting standards of United of Omaha Life Insurance Company then in force. 4. Applicant agrees that there is no temporary or interim insurance prior to policy issuance. Applicant agrees that completing this application is not a guarantee that this application will be approved. If approved, the issued policy will indicate its effective date. Applicant acknowledges that if his or her application is declined, the long term care coverage applied for will not become effective. 5. Applicant acknowledges that no Producer can (a) waive or change any receipt or policy provision, or (b) agree to issue a policy. 6. Applicant acknowledges receipt of an Outline of Coverage, Shopper's Guide to Long-Term Care Insurance, Potential Rate Increase Disclosure Form and, if applicable, Guide to Health Insurance for People with Medicare.	
Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.	
Caution: If your answers on this application are incorrect or untrue, United of Omaha Life Insurance Company has the right to deny benefits or rescind your policy. I have read and understand this Agreements and Acknowledgements Section, including the Fraud Warning and I approve all my answers as recorded in this application.	
Signed at: _____ State: _____ Signature of Applicant A: _____ Date: _____	Signed at: _____ State: _____ Signature of Applicant B: _____ Date: _____
I/We, the Producer(s) certify that each question was asked exactly as written and I/we have recorded the answers provided by the Applicant(s) completely and accurately. I/We also agree that my/our answers in this application are true and complete. <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain)	
Signature of Licensed Producer(s): _____	
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Billing Information

Billing Options

The agent/marketer and the Multi-Life Underwriting Coordinator will work together to set up a billing plan to meet the needs of the Multi-Life group.

- Direct bill – Available to all participants on a monthly, quarterly, semiannual or annual basis. Monthly billing must be set up through automatic checking account deduction
- List bill/payroll deduction – Available for all eligible employees. Premiums for a spouse or other eligible family member can be collected through payroll deduction, or the spouse or family member can be billed directly. A minimum of three participants and a completed New Employer Questionnaire (G630) is required to set up a list bill/payroll deduction case
- Third-party vendor – A list bill can be sent to a third party vendor upon approval of the home office. Please contact the Multi-Life Underwriting Coordinator for details

Premium Modes									
	Monthly	Quarterly	Semi-Annually	Annually	9-Year	10-Year	11-Year	24-Year	26-Year
Direct Bill									
Payroll Deposit									
Third-Party Vendor									

Available premium mode options shown in gray

Premium Payment Options				
	Lifetime	10-Year	20-Year	To-Age-65
Direct Bill				
Payroll Deposit				
Third-Party Vendor				

Available payment options shown in gray

Premium Collection

Premium should not be collected with the Multi-Life application. This applies to all direct bill and list bill/payroll deduction cases. As no premium is collected with the application, conditional coverage is not available for Multi-Life cases.

Split Billing

Cases may exist where the employer will only be paying a portion of the employee's premium. For example, the employer may choose to pay for the basic benefit level and the employee may choose to voluntarily buy-up additional coverage. A bill will be sent to the employer for the entire premium.

Administrative Handling

Upgrades

Any option and/or benefit increase may be applied for at time of sale or within 60 days of policy issue. A Benefit Change Request form (G450_1107) signed and dated by both you and the applicant as well as a completed Statement of Good Health form (M24181) is required. Such option or benefit increase, if approved, depending on the type of change, will appear in either a re-issued policy bearing the same number as the initial policy or an updated Schedule of Benefits page. Premium will be based on the applicant's age at the initial policy issue.

After that time period, it is suggested that the insured retain his/her current policy and that a second policy with the desired upgrades be applied for. Premium for the new policy will be based on the insured's age at the time of application.

Downgrades: Dropped and/or Reduced Coverage

Benefit decreases are allowed. Decreases will be effective on the original effective date if requested within 60 days of the original effective date. If the decrease is requested more than 60 days after issue, the effective date of the change is the approval date. Continuing benefits will keep the original issue age and will continue to pay renewal compensation. Such decrease, depending on the type of change, will appear in either a re-issued policy bearing the same number as the initial policy or an updated Schedule of Benefits page. Please see the tables below for details.

Downgrades/Dropping Coverage	
<p>Drop:</p> <ul style="list-style-type: none"> ■ Inflation Protection ■ Full ROP at Death ■ ROP at Death before age 65 (less claims paid) ■ ROP at Death (less claims paid) ■ Non-Forfeiture – Shortened Benefit Period ■ Spouse Survivorship Benefit ■ Spouse Waiver of Premium ■ Spouse Shared Care Benefit ■ Spouse Security Benefit ■ Restoration of Benefits ■ Additional Years of Rate Guarantee 	<ul style="list-style-type: none"> ■ Same policy number ■ Continuing benefits keep original issue age ■ Continuing benefits continue to pay renewal compensation ■ Effective on original effective date if requested within 60 days of original effective date ■ If requested more than 60 days after issue, effective date is approval date ■ Show date of dropped coverage ■ Print new policy and new Schedule Page

Downgrades/Reducing Coverage	
<p>Reduce:</p> <ul style="list-style-type: none"> ■ Maximum Monthly Benefit; or ■ Maximum Lifetime Benefit(s) <p>Increase:</p> <ul style="list-style-type: none"> ■ Elimination Period 	<ul style="list-style-type: none"> ■ Same policy number ■ All benefits keep original issue age ■ Continuing benefits continue to pay renewal compensation ■ Effective on original effective date if requested within 60 days of original effective date ■ If change requested more than 60 days after issue, effective date is the policy renewal date on or following approval date ■ Show date of reduction ■ Print new Schedule Page

Changes to Premium Paying Period

Changes to the Premium Paying Period are allowed with no additional underwriting. Premium Period changes will be effective on the original effective date if requested within 60 days of the original effective date. If the change is requested more than 60 days after issue, the effective date of the change is the approval date. Renewal commissions will be paid based on a lifetime premium paying period. Such paying period change will appear in either a re-issued policy bearing the same number as the initial policy or an updated Schedule of Benefits page. Please see the table below for details.

Changes to Premium Paying Period	
<ul style="list-style-type: none"> ■ Convert from limited pay to lifetime pay 	<ul style="list-style-type: none"> ■ Same policy number ■ No underwriting required ■ Lifetime premium at original age ■ No credit given for payment made during limited pay period ■ Pay renewal commissions based on lifetime premium paying period ■ Effective on original effective date if change requested within 60 days of original effective date ■ If change requested more than 60 days after issue, effective date is the policy renewal date on or following approval date ■ Print new policy and Schedule Page
<ul style="list-style-type: none"> ■ Convert from Flex-to-Age 85SM to lifetime pay 	<ul style="list-style-type: none"> ■ Same policy number ■ No underwriting required ■ Lifetime premium will be at the current premium amount at time of request ■ Pay renewal commissions based on lifetime premium paying period ■ Effective on original effective date if change requested within 60 days of original effective date ■ If change request more than 60 days after issue, effective date is next renewal on or following the approval date. Compound inflation rider will be removed. ■ Print new Schedule Page

General Underwriting Guidelines

Policy Underwriting

Application

The application packet includes the application and any vital state forms. The application must be taken using the client's resident state application packet. Submission of a nonresident state application will require submission of the correct state application before a policy can be issued. The agent must be licensed in the signing state.

Application Enrollment Date

All Multi-Life applications must be completed and signed within the 60-day open enrollment period.

Application Received Date

The application must be received in our home office within 30 days following the end of the 60-day open enrollment period. Premium will be based on the applicant's age as of the application signing date.

Active Duty Military

The applicant must be in the United States when the application is signed, the interview completed, and the policy delivered. Foreign Travel requirements will not apply.

Application Completion

Two applicants are allowed per application (except for the Modified Guaranteed Issue only application). Only the applicants for insurance may complete and sign the application.

- White out is not allowed. If a question is answered in error, draw a single line through the error, and have the correction initialed by the applicant
- "N/A" is not an unacceptable answer. Instead the questions should be answered "no" or "none"
- Include a copy of insured's quote with the application packet

Benefit Decreases

Allowed. If the decrease occurs outside the 60-day period following issue, the Multi-Life Program Allowance is not subject to change. Refer to the Downgrades/Premium Paying Period Changes chart.

Benefit Increases

May be allowed within 60 days after policy issue subject to underwriting approval. A completed Statement of Good Health (M24181) is required.

Coverage Effective Date (if policy is issued)

- Date of policy issue for direct bill cases
- Date of the next bill for payroll deduction cases

No coverage will be in effect before the Coverage Effective Date.

Domestic Partners or Parties to a Civil Union

Are eligible for spouse and married allowances and spouse policy benefits.

Foreign Nationals

Policies will not be issued to Foreign Nationals living in the United States for less than 36 continuous months or to those who do not have a valid Permanent Resident Card Form I-551 (“Green Card”). Include the Foreign National and Foreign Travel Questionnaire (L5719) with the applications for applicants who meet residency requirements.

Foreign Travel

The applicant must be in the U.S. to complete the application and interview and to accept delivery of the policy. Those traveling to an OFAC Sanctioned Country are ineligible for coverage.

Issue Ages

- Modified Guaranteed Issue and Simplified Issue – ages 18-64
- Full Underwriting – ages 18-79

Non-English Speaking Applicants:

- When completing an application on a non-English speaking applicant, an interpreter must be present to interpret all of the questions on the application
- The interpreter will be required to tell the agent all of the information given as response so the agent can properly complete the application
- The interpreter will also be required to translate for the applicant all of the comments made by the agent, as well as information contained in all of our marketing material and forms
- The agent, with the assistance of the interpreter, will also ask the applicant to sign the application and the Producer or Witness Certification form (MLU25947)
- Our policy allows agents to serve as our interpreters if they are fluent in the same language as the applicant
- If the agent and the applicant are not fluent in the same language, it will be the responsibility of the applicant to have an interpreter available to meet with the agent when the application is completed. The applicant may choose an interpreter, but the interpreter cannot be a family member, beneficiary or someone who would benefit from the issuance of our policy
- Include a note with the application that a translator will be needed for the interview and indicate what language

Non-Forfeiture/Shortened Benefit Period

MUST be offered. If not chosen, the Contingent Non-Forfeiture Benefit will be added.

Non-Witnessed Applications

Non-witnessed applications are those completed via mail and telephone. The Agent must be licensed in the state where the application is completed and signed.

- Answer Question 2 on the Producer Statement “*I certify that each question was asked exactly as written and recorded the answers completely and accurately in the presence of the Proposed Insured*” as “no”
- On the line next to “If no, explain” indicate that the application was completed over the telephone

Replacements

Replacements require full underwriting. A replacement form must be submitted for all applicants replacing other policies and the prior coverage must be shown on the application.

Reinstatements

A client may be eligible for reinstatement of their policy if their attained age is less than 72 and the policy has been lapsed for less than 180 days. The former insured should contact Customer Service to initiate the reinstatement. They will be mailed an application for completion. The underwriter may or may not require a current phone interview and medical records. If reinstatement is approved, the client must pay all back premium within 35 days of reinstatement approval. If money is not received timely, the client is ineligible for reinstatement and must reapply for coverage with premium at current age.

Save Age

Premium will be based upon the applicant’s age on the date the application is signed. If the applicant’s date of birth is within 30 days of the application signing date, rates will be based upon the younger age.

Suitability

A completed Long-Term Care Personal Worksheet is included in each application packet and must be submitted with each application. The agent is responsible for verifying that the coverage is affordable for the applicant. Minimum financial guidelines are an annual household income of \$16,000 to \$50,000 in countable assets. This policy is not available to an individual who meets Medicaid eligibility guidelines. If the applicant does not disclose their financial information, or if the disclosed financial information indicates the policy is not suitable, the applicant will be sent a letter requiring them to respond and advise whether or not they want to continue with the application.

Underwriting Requirements

The following sections apply to fully underwritten cases.

Telephone Interview

Required for every applicant age 71 and under.

- Indicate on the application the best time to contact the applicant for a telephone interview or face-to-face examination
- Inform the applicant of the telephone interview or face-to-face process. Provide them with, and help them complete the Preparing for the Health Interview form (M26798), located in the Consumer Guide (application booklet)
- Initiate the telephone interview prior to leaving your client. Call 1-866-544-1617, identify yourself as the agent and introduce the client to the service representative. If a nurse is available, an on-the-spot interview can be done. If a nurse is not available, or if it is not a convenient time for the applicant, an appointment can be made for a future date. Otherwise your client will be called to schedule an interview after the application is received

Note:

- If an applicant’s hearing loss prevents them from completing a telephone interview, a note should be included with the application advising that a face-to-face examination is needed. For deaf applicants, indicate if they are able to read lips or communicate with sign language
- The face-to-face examination must be completed in the applicant’s home. It cannot be completed at their place of work, a relative’s home, or a public place such as a restaurant

Medical Records

Will be ordered on all applicants age 70 and above. Medical records on younger ages will be ordered at underwriting discretion. Any condition listed in the Medical Impairments section as Class I or IC will normally require medical records.

Note: A doctor’s visit is required within the 24 months preceding the application date for all applicants age 72 or greater, or those wishing to qualify for a Preferred Rate Class.

Telephone Interview	Cognitive Interview (telephonic or face-to-face)	Face-to-Face Interview	Medical Records
Ages 18-71	Ages 65-79 Younger ages if history of CVA, TIA, memory loss, depression, application was mailed	Ages 72-79 Younger ages at underwriter discretion	Ages 70-79 Younger ages at underwriter discretion, application was mailed

Underwriting Philosophy

The underwriting philosophy of United of Omaha's Long-Term Care Underwriting Department involves evaluation of the applicant's health history, cognitive status, daily activities, and the ability to perform and maintain activities of daily living (ADL's) and instrumental activities of daily living (IADL's).

The application identifies impairments that will disqualify the applicant from coverage. An application should NOT be submitted for an applicant who answers "yes" to a health insurability question. A policy will not be issued if the applicant is over or under the height and weight guidelines. Multiple health conditions require evaluation on a case-by-case basis. Higher risk applicants may receive an offer for reduced benefits and/or may require a premium increase. The agent will be notified of any offers that are different than as applied.

ADL's

Eating
Toileting
Transferring
Bathing
Dressing
Continence
Using the telephone
Walking outdoors
Climbing stairs
Reading/writing
Transportation

IADL's

Shopping
Meal preparation
Housework
Laundry
Managing money
Taking medication

An applicant with any of the following is ineligible for coverage.

- Answers "yes" to a health insurability question on the application
- Requires assistance with any ADL's
- Requires assistance with any IADL's
- Receiving Meals on Wheels
- Is pregnant
- Is disabled
- Uses a quad cane, crutches, walker, electric scooter, wheelchair, oxygen, or respirator
- Is non-compliant with medications and/or treatment
- Has not pursued additional workup recommended by their physician
- Has a condition listed as a Decline in the Medical Impairment Guide
- In the last 6 months has
 - Been confined to a nursing home or assisted living facility
 - Received home health care services, or adult day care
 - Received occupational, physical or speech therapy (prequalify the case with an underwriter if you believe the case may warrant review sooner than six months)

Rate Classes

Refer to the Medical Impairments section and Build Chart to help determine the appropriate rate class. It is recommended that an applicant never be quoted better than Select. The underwriter will add a Preferred allowance to the policy where appropriate.

Applications should not be submitted for persons who are over or under the weight guidelines, are taking a medication, or have a health condition indicated as uninsurable.

Preferred	15 percent discount at underwriter discretion. Refer to Preferred Criteria
Select	100%
Class I	125%
Class II	150%

Note:

- Select is the only available Rate Class for both Modified Guaranteed and Simplified Issue Underwriting Programs
- Maximum allowable benefits for Class I and II risks is a 5-Year (60 Months) Maximum Lifetime Benefit
- The following benefit options are not available to Class I and Class II risks:
 - Spouse Security Benefit
 - Spouse Waiver of Premium
 - Spouse Survivorship Benefit
 - Spouse Shared Care (is available for Class I risks with a Maximum Lifetime Benefit of 3 Years (36 Months) or less)
 - Waiver of Elimination Period for Home Health Care
 - 10- and 20-Year Premium Option
 - To-Age-65 Premium Option
 - Flex-to-Age 85SM Premium Option

Preferred Criteria – Full Underwriting

Applicant must meet ALL of the following criteria to receive Preferred. The determination to offer Preferred will be made by the underwriter. Preferred is only available in the case of Full Underwriting. Agents are strongly encouraged to never quote a case better than Select.

1. Tobacco free for the past two years.
2. Is not taking any prescription medications other than:
 - Allergy medications (excluding steroids)
 - Female hormone replacement
 - Thyroid hormone replacement
 - Antacids and heartburn medications
 - Medication for controlled high blood pressure (readings of 140/90 or less for the past six months)
 - Medication for controlled cholesterol (cholesterol <250)
 - Medication for temporary, acute conditions

3. Applicant must not have been diagnosed or treated for any of the following within the last 5 years:
 - Balance disorder, difficulty walking or weakness
 - Blood disease or disorder
 - Circulatory disease or disorder, including, but not limited to Peripheral Vascular Disease, Stroke, TIA
 - Diabetes
 - Fibromyalgia
 - Heart disease (excluding controlled high blood pressure or mild mitral valve prolapse)
 - Kidney or liver disease or disorder
 - Neurological disease or disorder
 - Osteoporosis
 - Paget's Disease
 - Respiratory disease or disorder, including, but not limited to Asthma, COPD, Emphysema
 - Rheumatoid arthritis
4. No use of a cane.
5. Has not been declined, rated or denied reinstatement for long-term care insurance within the past three years.
6. Has seen their physician for a checkup and blood work within the last two years.
7. Height and weight must be within the minimum and preferred maximum range on the Build Chart.
8. The following health conditions may qualify for Preferred:
 - Osteoarthritis age <60, on one nonsteroidal medication
 - Osteopenia (T score -2.4 or better)
 - Osteoporosis age <60, T score -2.9 or better, regular exercise program, taking antiresorptive medication
9. Any history of cancer (excluding basal cell skin cancer) does not qualify for Preferred.

Build Chart – Unisex

Height	Minimum	Preferred Maximum	Select Maximum	Class I Maximum
5'0"	93	153	189	220
5'1"	95	158	195	227
5'2"	96	164	202	235
5'3"	98	169	208	242
5'4"	101	174	215	250
5'5"	104	180	222	258
5'6"	106	186	229	266
5'7"	110	191	236	274
5'8"	113	197	243	282
5'9"	117	203	250	291
5'10"	121	209	257	299
5'11"	124	215	265	308
6'0"	128	221	272	316
6'1"	132	227	280	320
6'2"	136	233	287	326
6'3"	139	240	295	330
6'4"	142	246	300	344
6'5"	144	253	312	350
6'6"	148	260	320	360

An applicant below the minimum weight is ineligible for coverage.

An applicant who is within the weight requirements but has other health conditions may be ineligible for coverage.

An applicant who exceeds the maximum Select weight and has any condition listed on the impairment guide as a Class I or IC will be declined.

An applicant above the Class I Maximum weight is ineligible for coverage.

Health-Related Underwriting Guidelines

Uninsurable Health Conditions

Acoustic Neuroma (unoperated)
Acromegaly
ADL Deficit
AIDS/ARC
Adult Day Care within 6 months
Agoraphobia
Alcohol 4 or more drinks daily
Alcoholism with any current alcohol use
ALS
Alzheimer's Disease
Amputation due to disease
Amputation 2 or more limbs
Ankylosing Spondylitis
Anorexia
Aplastic Anemia
Arnold-Chiari Malformation (unoperated)
Arrhythmia (uncontrolled)
Arteriovenous Malformation (AVM) (unoperated)
Arthritis requiring narcotic pain medication
Asperger's Syndrome
Assisted Living Facility (resident within 6 months)
Ataxia
Avascular Necrosis (unoperated)

Back Pain (disabling or requiring narcotic pain medication)
Bell's Palsy (present)
Benign Positional Vertigo (BPV) (with falls)
Bipolar (diagnosed within 3 years, psychiatric hospitalization within 2 years, 2 or more psychiatric hospitalizations)
Blindness (not adapted or with ADL/IADL limitations)
Bowel Incontinence
Branched Retinal Vein Occlusion (2 or more)
Buerger's Disease
Bulimia
Bullous Pemphigoid (active)

Cardiomyopathy (dilated)
Cerebral Aneurysm (unoperated)
Cerebral Palsy
Cerebrovascular Accident (CVA) (2 or more)
Charcot Marie Tooth
Chronic Pain (requiring narcotics, TENS unit, implantable stimulator, ADL/IADL deficit)
Cirrhosis
Complex Regional Pain Syndrome
Confusion
Connective Tissue Disease
Cor Pulmonale
CREST Syndrome
Crohn's (multiple flares or with complications)
Cushing's Syndrome
Cystic Fibrosis

Defibrillator (implanted)
Dementia
Dermatomyositis
Diabetic Complications (neuropathy, nephropathy, retinopathy, gastropathy)
Dialysis
Dilated Cardiomyopathy
Disabled
Down's Syndrome
Dystonia

Epilepsy (>2 seizures/year)
Epstein-Barr Virus (within 2 years)

Fibromuscular Dysplasia
Fibromyalgia (disabling)
Frailty
Friedrich's Ataxia

Glomerulonephritis

Head Injury (residual functional or cognitive impairment)
Heart Transplant
Hemiplegia
Hemophilia
Hepatitis (chronic, active, alcohol related, residual liver damage)
HIV Positive
Home Health Care (within 6 months)
Huntington's Chorea
Hydrocephalus

IADL Deficit
Immune Deficiency
Implantable Stimulator
Irritable Bowel Syndrome (uncontrolled or with weight loss)

Kidney Failure
Kidney Transplant

Lacunar Infarct (2 or more)
Liver Transplant
Lou Gehrig's Disease
Lupus (systemic)

Marfan's Syndrome
Medicaid Recipient
Memory Loss
Mental Retardation
Mixed Connective Tissue Disease
Multiple Myeloma
Multiple Sclerosis
Muscular Dystrophy
Myelodysplasia

Uninsurable Health Conditions (continued)

Myelofibrosis
Myasthenia Gravis (generalized)

Neurofibromatosis
Neurogenic Bowel or Bladder
Neuropathy (related to diabetes or alcohol, or with history of falls or skin ulcers)
Nursing Home resident (within 6 months)

Organ Transplant
Organic Brain Syndrome
Osteoporosis (T score -3.5 or worse)
Oxygen use

Pancreas Transplant
Pancreatitis (alcohol related, or >2 episodes)
Paralysis
Paraplegia
Parkinson's Disease
Pemphigus Vulgaris
Physical Therapy (within 6 months*)
*contact Underwriting to prequalify if within 6 months
Pick's Disease
Polycystic Kidney Disease
Polymyositis
Polyneuropathy
Post Herpetic Neuralgia
Post Polio Syndrome (with progressive weakness, fatigue, or limitations)
Pregnancy
Psychiatric Hospitalization (within 3 years, or 2 or more)
Psychosis
Pulmonary Hypertension

Quad Cane use
Quadriplegia

Reflex Sympathetic Dystrophy

Schizophrenia
Scleroderma
Shingles (within 6 months)
Sjogren's Syndrome (systemic)
Social Withdrawal
Spina Bifida
Stroke (2 or more)
Surgery (requiring general anesthesia scheduled or planned)
Systemic Lupus

Thalassemia Major
Thrombocytosis
Transient Ischemic Attack (TIA) (2 or more)
Tuberculosis

Underweight

Ventriculoperitoneal shunt
Von Willebrand's Disease

Walker use
Wegener's Granulomatosis
Weight loss (unintentional or unexplained)
Wheelchair use

Some Medications Associated With Uninsurable Health Conditions

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications.

Medication	Condition	Medication	Condition
3TC	HIV	Kemadrin	Parkinson's
Alkeran	Cancer	Lasix	Heart Disease
Amantadine	Parkinson's	>60 mg/day	
Apokyn	Parkinson's	L-Dopa	Parkinson's
Aptivus	HIV	Letairis	Pulmonary Hypertension
Aricept	Dementia	Lexiva	HIV
Artane	Dementia	Leukeran	Immunosuppression
Atripla	HIV	Levodopa	Parkinson's
Avinza	Chronic Pain	Lioresal	Multiple Sclerosis
Avonex	Multiple Sclerosis	Lomustine	Cancer
Azilect	Parkinson's		
AZT	HIV	Megace	Cancer
Baclofen	Multiple Sclerosis	Megestrol	Cancer
Baraclude	Hepatitis B	Mellaril	Psychosis
Betaseron	Multiple Sclerosis	Melphalan	Cancer
Carbidopa	Parkinson's	Memantine	Dementia
Cerefolin	Memory Loss	Methadone	Chronic Pain, Drug Abuse
Cogentin	Parkinson's	Methotrexate	Rheumatoid Arthritis
Cognex	Dementia	>25 mg/week	
Combivir	HIV	Myerlan	Cancer
Comtan	Parkinson's	Namenda	Dementia
Copaxone	Multiple Sclerosis	Narcotics	Chronic Pain
Crixivan	HIV	Navane	Psychosis
Cytosan	Cancer, severe Arthritis	Natrecor	CHF
D4T	HIV	Nelfinavir	HIV
DDC	HIV	Neoral	Immunosuppression
DDI	HIV	Neupro	Parkinson's
DES	Cancer	Norvir	HIV
DuoNeb	COPD	Novatrone	Multiple Sclerosis
Eldepryl	Parkinson's	Oxycodone	Chronic Pain
Eligard	Prostate Cancer	Oxycontin	Chronic Pain
Emtriva	HIV	Paraplatin	Cancer
Epivir	HIV	Parlodel	Parkinson's
Epogen	Kidney Failure, HIV	Pegasys	Hepatitis C
Epzicom	HIV	Peg-Intron	Hepatitis C
Ergoloid	Dementia	Percocet	Chronic Pain
Exelon	Dementia, Parkinson's	Percodan	Chronic Pain
Furosemide	Heart/Kidney Disease	Permax	Parkinson's
>60 mg/day		Prednisone	COPD, Arthritis
Fuzeon	HIV	>10 mg/day	
Galantamine	Dementia	Prezista	HIV
Geodon	Schizophrenia	Procrit	Kidney Failure, HIV
Gold	Rheumatoid Arthritis	Prolixin	Psychosis
Haldol	Psychosis	Razadyne	Dementia
Hepsera	Hepatitis B	Rebetol	Hepatitis C
Herceptin	Cancer	Rebif	Multiple Sclerosis
Hydrea	Cancer	Reminyl	Dementia
Hydergine	Dementia	Remodulin	Pulmonary Hypertension
Imuran	Immunosuppression	Requip	Parkinson's
Insulin	Diabetes	Rescriptor	HIV
>50 units/day		Retrovir	HIV
Interferon	HIV, Hepatitis, Multiple Sclerosis	Reyataz	HIV
Indinavir	HIV	Riluzole	ALS
Invega	Schizophrenia	Risperdal	Psychosis
Invirase	HIV	Ritonavir	HIV
Kaletra	HIV	Sandimmune	Immunosuppression
		Selzentry	HIV
		Sinemet	Parkinson's
		Somavert	Acromegaly
		Stalevo	Parkinson's
		Stelazine	Psychosis

Some Medications Associated With Uninsurable Health Conditions (continued)

Medication	Condition	Medication	Condition
Sustiva	HIV	VePesid	Cancer
Symmetrel	Parkinson's	Vicodin	Chronic Pain
		Videx	HIV
Tacrine	Dementia	Vincristine	Cancer
Tasmar	Parkinson's	Viracept	HIV
Teslac	Cancer	Viramune	HIV
Thiotepa	Cancer	Viread	HIV
Thorazine	Psychosis		
Trelstar-LA	Prostate Cancer	Zanosar	Cancer
Trizivir	HIV	Zelapar	Parkinson's
Truvada	HIV	Zelodox	Schizophrenia
TYSABRI	Multiple Sclerosis	Zerit	HIV
Tyzeka	Hepatitis B	Ziagen	HIV
		Ziprasidone	Schizophrenia
Valycte	CMV HIV		

Alzheimer's Disease/Dementia

Aricept	Hydergine
Artane	Memantine
Cognex	Metrifonate
Ergoloid	Namenda
Exelon	Tacrine
Galantamine	
Razadyne	
Reminyl	

Multiple Sclerosis

Avonex
Baclofen
Betaseron
Copaxone
Lioresal
Rebif

Parkinson's Disease

Amantadine	
Carbidopa	Mirapex
Cogentin	Parlodel
Eldepryl	Permax
Kemadrin	Requip
L-Dopa	Sinemet
Levodopa	Symmetrel

Health Condition Combinations

All shaded health condition combinations are ineligible for coverage.

Refer to the Medical Impairments section for handling of unshaded health condition combinations.

	Atrial Fibrillation	Stroke	TIA	VHD	Diabetes	PVD	Carotid Stenosis	Tobacco use in the past 12 months
Atrial Fibrillation								
Stroke								
Transient Ischemic Attack (TIA)								
Valvular Heart Disease (VHD)								
Diabetes								
Peripheral Vascular Disease (PVD)								
Carotid Stenosis								
Average BP reading >159/89								
Tobacco use in the past 12 months								

Medical Impairments

Every attempt will be made to offer coverage. Multiple medical conditions may result in an offer of reduced benefits, a substandard rating, or a decline.

Conditions listed as Class I or IC will normally require an Attending Physician's Statement (APS).

S	Standard coverage issued at standard rates
Class I	25 percent rating maximum benefit period of 5 years, minimum elimination period of 90 days
Class II	50 percent rating may be offered by underwriting when multiple medical impairments are present, maximum lifetime benefit of 5 years (60 Months), minimum elimination period of 90 days
IC	Individual Consideration
D	Decline

Abdominal Aortic Aneurysm (AAA)

Operated, after 6 months, fully recovered	S
Unoperated, stable for 2 years, diameter <5 cm	S
Unoperated, enlarging, or diameter >5 cm	D

Acoustic Neuroma surgically removed, after 6 months, no residuals	S
Unoperated	D

Acromegaly	D
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Addison's Disease , after 3 years, controlled	S
After 12 months, controlled	Class 1-IC

ADL Deficit	D
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AIDS/ARC	D
-----------------	---

Adult Day Care within 6 months	D
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Agoraphobia	D
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Alcohol regular consumption of 4 or more drinks per day	D
Advised by a physician to limit, or stop alcohol consumption due to alcohol induced health or social problems	D

Alcoholism recovered at least 3 years, active in a support group, and no current alcohol use	S
Still drinking	D

ALS (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease)	D
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Alzheimer's Disease	D
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Amaurosis Fugax	see TIA
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Amnesia, Transient Global	see TIA
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Amputation due to trauma, after 12 months, one limb, no limitations	S
Due to disease	D
Two or more limbs	D

Ankylosing Spondylitis	D
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Anemia cause identified	S-IC
Not fully evaluated, cause unknown, or Aplastic	D

Angina	see CAD
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Medical Impairments (continued)

Angioplasty	see CAD
Aneurysm operated, after 6 months, fully recovered	S
Other than Cerebral, unoperated, stable for 2 years	IC
Cerebral, unoperated	D
Anorexia	D
Anxiety	
< 70 years of age, after 12 months, controlled with medication, fully functional	S
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S-IC
Aortic Insufficiency	see Heart Valve Disorder
Antiphospholipid Syndrome	Class I
With history of TIA or Stroke	D
Arnold-Chiari Malformation surgically corrected, after 3 years	IC
Unoperated	D
Arrhythmia excluding Atrial Fibrillation	
Controlled	S-IC
Uncontrolled	D
Arteriovenous Malformation (AVM)	
>1 year since surgical repair, no residuals	Class I
Unoperated, or operated with residual impairment	D
Arthritis after 1 year	
Mild, controlled, no ADL/IADL deficits	S
Moderate, controlled, no ADL/IADL deficits	Class I
Severe, uncontrolled, or ADL/IADL deficits	D
Rheumatoid Arthritis mild, moderate, stable for 1 year, no limitations	Class I-IC
On Prednisone >10mg/day, or Methotrexate >25mgs week, or Gold	D
Severe disease, or with ADL/IADL deficits	D
Any, taking a medication indicated for severe arthritis on uninsurable medication list, requiring daily narcotics	D
Asbestosis	see COPD
Asperger's Syndrome	D
Asthma	see COPD
Assisted Living Facility Resident within 6 months	D
Ataxia or Muscular Incoordination	D
Atrial Fibrillation/Flutter single episode, after 6 months, controlled on medication	S
Chronic, after 6 months, controlled on Coumadin	Class I
Diagnosed or hospitalized within 6 months	D
With history of TIA, CVA, or Heart Valve Disorder	D
Chronic, not on Coumadin	D
Average BP reading >159/89	D
Avascular Necrosis , after 12 months, treated no residual limitations	IC
Untreated or with any limitations	D
Surgically repaired, no limitations, after 1 year	S

Medical Impairments (continued)

Back Pain/Strain single episode, not disabling	S
Chronic, not disabling	S-IC
Chronic, disabling, or epidural steroid injections within 6 months	D
Balance Disorder , after 6 months, resolved	S-IC
Less than 6 months, or currently present	D
Bell's Palsy resolved	S
Present	D
Benign Positional Vertigo (BPV)	
Not associated with falls	S
Associated with falls	D
Bipolar	
After 3 years, controlled on medication, fully functional	S
<3 years duration, or psychiatric hospitalization within the past 5 years	D
Blindness	
Fully adapted, independent with ADL/IADLs	S
Not adapted or with ADL/IADL limitations	D
Branched Retinal Vein Occlusion	
Single	S
Two or more	D
Broken Bones	see Fracture
Brain Attack	see CVA
Bronchitis	see COPD
Bronchiectasis	see COPD
Buerger's Disease	D
Bulimia	D
Bullous Pemphigoid in remission 2 years, not on steroids	IC
Active disease	D
Cancer surgically removed, or fully treated, full recovery, no recurrence	S
Bladder , transitional, treated, fully recovered	
Invasive, after 3 years	IC
Recurrent	IC
Breast	
In situ, treatment completed	S
Stage I, after 1 year	S
Stage II-III, after 2 years	S
Stage IV, after 5 years	Class I-IC
Colon , after 2 years	S-IC
Skin	
Basal cell	S
Squamous cell	S
Melanoma	
Stage I or Clark's Level I-V, after 3 months	S
Stage II or III, after 2 years	S
Stage IV, after 5 years	Class I-IC

Medical Impairments (continued)

Prostate	
Stage A or B, after 12 months, surgically removed, current PSA <0.1	S
Treated with radiation, after 12 months, current PSA <0.5	S
Stage C, after 2 years, current PSA <0.1	S
Stage D	D
Age >70 receiving hormone treatment (Lupron, Casodex, Eulixin, Zoladex), Initial Gleason Score < VI, and current PSA < 0.5	Class I-D
All other cancers, or multiple sites or metastatic, 2 years since date of last treatment, no current evidence of disease	IC-D
Any cancer, 2 years since date of last treatment, no current evidence of disease, tobacco use within 12 months	Class I-D
Cardiomyopathy hypertrophic, no CHF, no hospital stays, syncope, or palpitations	
Ejection fraction >45% and stable for 2 years	Class I-IC
Dilated	D
Carotid Artery Disease/Stenosis operated, fully recovered, after 6 months, tobacco free 12 months	S
Operated, tobacco use within 12 months	Class I-IC
Unoperated, <70% stenosis, no symptoms, tobacco free 12 months	S
Unoperated, <70% stenosis, no symptoms, tobacco use within 12 months	IC-D
History of TIA or CVA, or valvular heart disease	D
Operated or unoperated in combination with Type I or Type II diabetes, <70% stenosis, tobacco free 12 months	Class I
<70% stenosis, tobacco use within 12 months	D
>70% stenosis	D
Cerebral Palsy	D
Cerebrovascular Accident (CVA)	see Stroke
Cerebrovascular Disease	
Brain imaging findings of lacunar infarcts, small vessel ischemia, or white matter changes	D
Cervical Spondylosis	
Mild	S
Moderate to severe	Class I-IC
Charcot Marie Tooth	D
Claudication	see Peripheral Vascular Disease
Chronic Bronchitis	see COPD
Chronic Fatigue , after 12 months, no functional limitations	IC Lifetime Benefits not available
Any functional limitations	D
Chronic Hepatitis	see Hepatitis
Chronic Pain	
Requiring daily narcotics or TENS Unit or implantable stimulator or with ADL/IADL limitations or with epidural steroid injection within 6 months	D Lifetime Benefits not available
All others	IC
Chronic Regional Pain Syndrome	D

Medical Impairments (continued)

Cirrhosis	D
Collagen Vascular Disease	D
Colostomy/Ileostomy , cares for independently, handle as per cause	S-IC
Requires assistance to care for	D
Compression Fractures due to osteoporosis, or with functional limitations	D
All others	IC
Confusion	D
Connective Tissue Disorder	D
Congestive Heart Failure (CHF) single episode, recovered, after 12 months	S
Chronic, mild, well controlled, Lasix <40mg/day	Class I-IC
All others, or in combination with atrial fibrillation, diabetes, or heart valve disorder	D
COPD (Chronic Obstructive Pulmonary Disease)	
Mild, tobacco free for 12 months	S
Mild, smoker diagnosed by chest X-ray only, no medications, no symptoms, stable Pulmonary Function Tests (PFT's)	Class I
Mild or moderate, tobacco use in the past 12 months, on medication, or symptomatic	D
Moderate, tobacco free for 12 months, stable PFT's	Class I-IC
Moderate, smoker, on medication, or symptomatic	D
Severe, using oxygen, or home nebulizer treatments	D
Any, hospitalized for an exacerbation in the past 6 months	D
Any, FEV1 <65%	D
Cor Pulmonale	D
Coronary Artery Disease (angina, heart attack, Angioplasty, stent, or Bypass)	
After 6 months, stable, no limitations, no significant residual heart damage, tobacco free 12 months	S
After 6 months, stable, no limitations, tobacco use within 12 months	Class I
With PVD	Class I-IC
In combination with diabetes, tobacco use within 12 months	Class II, 2 years 180 day elimination period
In combination with diabetes, tobacco free 12 months	Class I-IC
With poorly controlled hypertension (average BP >158/89), or congestive heart failure, or PVD, or ejection fraction <45%	D
CPAP	see Sleep Apnea
CREST Syndrome	D
Crohn's in remission at least 2 years	S
After 2 years, 1-2 flares per year	Class I
Multiple flares or with complications	D
Cushing's Syndrome	D
Cystic Fibrosis	D
Deep Venous Thrombosis , after 6 months, single episode, recovered	S
Recurrent	IC-D
Defibrillator/Automatic Implantable Cardiac Defibrillator	D
Degenerative Disc Disease	see Herniated Disc

Medical Impairments (continued)

Degenerative Joint Disease	see Arthritis
Dementia	D
Demyelinating Disease	D
Depression	
Situational recovered, treatment free, after 6 months, no psychiatric hospitalizations in the past 3 years	S
Major <70 years of age, after 12 months, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S-IC
Depression with Electroconvulsive Therapy (ECT)	
ECT >10 years ago, fully functional, maintained on antidepressants, no psychiatric hospitalizations after ECT	S
With subsequent psychiatric hospitalization	D
Depression, any, 2 or more psychiatric hospitalizations for any reason	D
Dermatomyositis	D
Diabetes Type II , controlled and stable with diet and exercise or oral medications, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months, tobacco free 12 months	S
Diabetes Type I or II , controlled and stable, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months	
Tobacco use within 12 months	Class I
Insulin <50 units/day	Class I
Insulin >50 units/day	D
In combination with:	
Carotid Artery Disease, operated or unoperated	
<70% stenosis, tobacco free 12 months	Class I
<70% stenosis, tobacco use within 12 months	D
>70% stenosis	D
Retinal vein occlusion	Class II, 2 years 180 day elimination
Heart disease, tobacco use within 12 months	Class II, 2 years 180 day elimination
Heart disease, tobacco free 12 months	Class I-IC
Retinopathy, neuropathy, or nephropathy	D
Skin ulcers or amputation	D
Peripheral Vascular Disease, or history of TIA or Stroke	D
Average BP reading >158/89	D
Hemoglobin Alc>9.0, or noncompliant with treatment	D
Microalbumin >20mg/dl	D
Dialysis	D
Difficulty walking	see Balance Disorder
Disabled , collecting any type of disability benefits	D
Diverticulitis medically managed	S
With bleeding, weight loss, or surgery recommended	D

Medical Impairments (continued)

Dizziness

Benign Positional Vertigo (BPV), not associated with falls	S
BPV associated with falls	D
Acute, viral, resolved after 3 months.	S
All others, within 6 months.	D
After 6 months, evaluated, resolved	S
After 2 years, not evaluated, stable with occasional episodes, not associated with falls.	S-IC
Multiple episodes, or progressive, or associated with falls	D

Down's Syndrome D

Drug Abuse treated, active in support group, drug free for 5 years Class I-IC
 Within 5 years. D

Dystonia D

Echocardiography

Left Atrium >5.0 cm.	D
Ejection Fraction <45%.	D

Electric Scooter Use. D

Emphysema see COPD

Epilepsy controlled with medication, no seizures for 1 year S
 1 or 2 seizures per year. Class I
 Poorly controlled D

Epstein-Barr Virus 2 years treatment free, full recovery, no residuals S
 <2 years since treatment, currently treated, or present. D

Factor V Von Leiden incidental finding, or no history of clots S-Class I
 With history of clot, on Coumadin or Warfarin Class I
 With history of clot, not on Coumadin or Warfarin. D
 With history of clot while adequately anticoagulated. D

Fainting see Dizziness

Falls, single episode S-IC
 Multiple episodes, or with injuries IC-D

Fatigue, after 12 months, resolved S
 Within 12 months, or with functional limitations IC-D

Fibromuscular Dysplasia D

Fibromyalgia after 1 year, well controlled, no ADL/IADL deficits S-Lifetime
 Benefits not
 available
 Poorly controlled, or disabling D

Fracture-Traumatic, one bone, after 3 months, fully recovered, no limitations S
 In combination with mild osteoporosis. S
 In combination with moderate to severe osteoporosis D
 Associated with multiple falls, chronic dizziness, or gait disorder. D

Fracture-Non Traumatic, in combination with any degree of osteoporosis, not on
 Antiresorptive medication, or with functional impairment D

Frailty D

Friedrich's Ataxia. D

Medical Impairments (continued)

Gastric Bypass/Banding , after 2 years, fully recovered, no complications	S
Glaucoma , stable vision, controlled eye pressures	S
All others	IC
Glomerulonephritis	D
Grave's Disease , after 12 months	S
Guillain-Barre Syndrome , after 12 months, no residuals	S
Head Injury , after 6 months, no residuals	S-IC
With residual functional or cognitive impairment	D
Heart Attack	see CAD
Heart Valve Disorder , operated 1 or 2 valves, fully recovered, after 6 months	S
Unoperated, single valve, mild, no symptoms, no surgery planned	S
Unoperated, single valve, moderate to severe, or surgery planned	D
Any, unoperated with Atrial Fibrillation, or history of TIA or CVA	D
Hemochromatosis , after 12 months, successfully treated with phlebotomy, or chelation, and stable blood counts	S-IC
Hemophilia	D
Hepatitis , any chronic, active, or alcohol related, or with residual liver damage	D
Hepatitis A or B , after 6 months, fully recovered	S
Hepatitis C After 2 years, successfully treated with Interferon, or cleared spontaneously without treatment, virus undetectable by PCR	IC
Currently treated, or treated within 2 years	D
Unresponsive to Interferon, or never treated with Interferon, or virus not cleared spontaneously without treatment	D
Virus detectable by PCR	D
Herniated Disc/Degenerative Disc Disease (DDD) Unoperated, no ADL limitations, not advised to have surgery	S
Operated, after 6 months, full recovery, no hardware	S
Operated, after 6 months, full recovery, hardware	Class I
Operated or unoperated, requires daily narcotics or implantable stimulator for pain control	D
Operated or unoperated with ADL limitations	D
High Blood Pressure , after 6 months, compliant with treatment: Average BP <160/90	S
Average BP <170/94	Class I
Average BP >170/94, or any, noncompliance with treatment	D
Hip Replacement , one hip after 3 months, full recovery, no use of assistive devices, no longer receiving physical therapy	S
Both hips, fully recovered	Class I
Surgery recommended or planned	D
HIV Positive	D
Hodgkin's Disease stage I, after 3 years, fully recovered	S
All others, fully recovered, after 5 years	IC
Home Health Care received within 6 months	D
Huntington's Chorea	D

Medical Impairments (continued)

Hydrocephalus with or without shunt	D
Hypothyroidism	S
IADL Impairment	D
Idiopathic Thrombocytopenia Purpura (ITP)	
Platelet count >50,000 for 1 year	Class I
Immune Deficiency	D
Implantable Stimulator	D
Incontinence , urinary, stress, manages independently	S
Urinary, uncontrolled, or requires assistance with management	D
Stool	D
Irritable Bowel Syndrome , controlled, weight stable	S
Uncontrolled or with weight loss	D
Joint Replacement , one joint after 3 months, fully recovered, no use of assistive devices	S
2 or more, fully recovered, no limitations	Class I-IC
Surgery recommended or planned	D
Kidney Disorder , mild renal insufficiency, stable 2 years	S-IC
Moderate to severe	D
Kidney failure, single episode, fully recovered after 2 years	S-IC
Kidney Transplant	D
Kidney removal (1), after 2 years, with stable kidney function	S
Polycystic Kidney Disease	D
Dialysis	D
Chronic Kidney Failure	D
Knee Replacement , one knee after 3 months, fully recovered, no use of assistive devices, no longer receiving physical therapy	S
Both knees, fully recovered	Class I
Labrynthitis	see Dizziness
Lacunar Infarct	
Single	see Stroke
Single in combination with white matter or small vessel ischemia	D
Multiple	D
Left Atrial Enlargement >5.0 cm	D
Leukemia	
Acute, after 3 years	IC
CLL	
Stage 0 or I, WBC <15,000 for 2 years	Class I
Stage I-IV	D
Lou Gehrig's Disease	D
Lupus , discoid, after 12 months	S
Systemic	D
Lyme Disease , after 12 months, fully recovered, no residuals	S-IC
Undergoing treatment or with residuals	D

Medical Impairments (continued)

Lymphedema , medically managed, no limitations.....	S
With limitations or history of skin ulcers	D
Lymphoma	
Stage I or II, after 2 years, in complete remission	S-IC
Stage II or IV, after 4 years, in complete remission	S-IC
Low-grade	D
Macular Degeneration , one eye	S
Both eyes	IC-D
Manic Depression	see Bipolar
Marfan's Syndrome	D
Medicaid Recipient	D
Medullary Sponge Kidney	IC
Memory Loss	D
Meniere's Disease , after 6 months, symptoms controlled, no limitations	S
Associated with falls	D
Meningioma removed, after 12 months, no limitations	S-IC
Surgery planned	D
Meningitis , after 12 months, fully recovered	S-IC
Present	D
Mental Retardation	D
Mital Valve Prolapse	S-IC
Mixed Connective Tissue Disease	D
Monoclonal Gammopathy , after 1 year	IC-D
Multiple Myeloma	D
Multiple Sclerosis	D
Murmur	see Heart Valve Disorder
Muscular Dystrophy	D
Myasthenia Gravis , ocular, after 1 year	S
Generalized	D
Myelodysplasia	D
Myelofibrosis	D
Myocardial Infarction	see Coronary Artery Disease
Narcolepsy effectively treated	S-IC
Untreated or resulting in accidents or injury	D

Medical Impairments (continued)

NASH – Nonalcoholic Steatohepatitis, after 2 years, ALT <2x normal, weight within Select maximum, well controlled diabetes (if applicable) and well controlled lipids, and <3 alcoholic drinks per week	
No fibrosis by liver biopsy	Class I
Mild fibrosis	3 years, 180 day elim, Class II-IC
Moderate to severe fibrosis or cirrhosis	D
Weight above Select maximum	D
Neurofibromatosis	D
Neurogenic Bowel or Bladder	D
Neuropathy , mild, fully evaluated, no limitations	S-IC
Not fully evaluated, related to diabetes or alcohol, or with history of falls, or skin ulcers	D
Nursing Home Confinement , after 6 months, full recovery, no limitations	IC
Within 6 months	D
Obesity	see Weight chart
Obsessive Compulsive Disorder , after 3 years, controlled on medication	
Fully functional	S-IC
Limits functional ability	D
Psychiatric hospitalization within 5 years	D
Organic Brain Syndrome	D
Organ Transplant	D
Osteopenia , on medication.	S
Osteoarthritis	see Arthritis
Osteomyelitis	see Avascular Necrosis
Osteoporosis , T score -2.5 – -2.9, on medication, no history of nontraumatic fractures.	
T score -3.0 – -3.4, on medication, no history of nontraumatic fractures	S
T score -3.5 or worse	Class I
Any with history of nontraumatic fracture, or not on medication, or with functional limitations	D
Oxygen use	D
Pacemaker , after 3 months	
Recommended or surgery pending.	S-IC
Paget’s Disease , no symptoms and no limitations	D
With symptoms or history of fractures	IC
Pancreas Transplant	D
Pancreatitis , after 12 months, single episode, fully recovered.	
Related to alcohol use, or 2 or more episodes	S
Panic Attack/Disorder	D
Paralysis	see Anxiety
Paraplegia	D

Medical Impairments (continued)

Parkinson's Disease	D
Pemphigus Vulgaris	D
Peripheral Neuropathy	see Neuropathy
Peripheral Vascular Disease	
Mild, tobacco free 12 months, no symptoms, no limitations after 6 months	S
Moderate, or in combination with coronary artery disease, after 6 months	Class I-IC
Severe, or tobacco use within 12 months	D
Average BP reading >159/89	D
Any, with limitations, history of leg ulcers, TIA, diabetes, pending surgery, or stent placement or surgery within the past 6 months	D
Physical Therapy received within 6 months	D
Pick's Disease	D
Pituitary Adenoma removed, after 12 months, no limitations	
Stable x3 years, no surgery planned	IC
Surgery planned	D
Pneumonia , after 3 months, single episode, fully recovered	S
Associated with chronic lung disease	see COPD
Polio fully recovered, no limitations, no assistive devices	S
Fully recovered, no limitations, leg brace	IC
With recurrence or limitations	D
Post Polio Syndrome after 2 years, nonprogressive, no limitations, no assistive devices	IC
Progressive weakness or fatigue, or with limitations	D
Polycystic Kidney Disease	D
Polycythemia Vera after 2 years, managed with medication or Phlebotomy, platelets <450,000	
	Class II, 2 years 180 day elimination
Polymyalgia Rheumatica mild, after 1 year, no limitations	
Moderate, no functional limitations	Class I-IC
Severe, or with limitations	D
Polymyositis/Dematomyositis	D
Polyneuropathy	D
Post Herpetic Neuralgia	D
Post Traumatic Stress Disorder (PTSD) , after 12 months, controlled, fully functional	
After 12 months, not adequately controlled or with functional impairment	D
Pregnancy	D
Undergoing fertility evaluation or treatment	D
Prostate Specific Antigen (PSA) steadily rising	
Rising and falling	S-IC
Psoriasis , mild to moderate, controlled with medication	
Severe	IC
Psoriatic Arthritis	see Arthritis

Medical Impairments (continued)

Psychosis	D
Pulmonary Edema	D
Pulmonary Embolism, after 6 months, single episode, fully recovered	S-IC
Present, multiples, or underlying coagulation disorder	D
Pulmonary Fibrosis, localized, nonprogressive, normal PFT's, after 2 years	IC
Active, progressive disease, abnormal PFT's	D
Pulmonary Hypertension	D
Quad Cane Use	D
Quadriplegia	D
Reflex Sympathetic Dystrophy (RSD)	D
Renal Disease/Failure	see Kidney Disorder
Restless Leg Syndrome	S
Retinitis Pigmentosa	see Blindness
Rheumatoid Arthritis	see Arthritis
Sarcoidosis	see COPD
Sciatica	S-IC
Schizophrenia	D
Scleroderma	D
Scoliosis	
Mild	S
Moderate to severe	IC
Seizures	see Epilepsy
Shingles, after 6 months, fully recovered	S
Present, or with residuals	D
Shy-Drager Syndrome	D
Sickle Cell Anemia	D
Trait only, no active disease	S
Active disease	D
Sjogren's Syndrome	
Mild, dryness of eyes and mouth only	S
In combination with Rheumatoid Arthritis, Connective Tissue Disease, or with other organ involvement	D
Skin Cancer	see Cancer
Sleep Apnea responsive to treatment	S
Severe or unresponsive to treatment	D
Social Withdrawal	D

Medical Impairments (continued)

Spina Bifida	D
Spinal Stenosis operated, fully recovered, after 12 months	S
Unoperated, mild to moderate	Class I-IC
Unoperated, severe or surgery recommended	D
Any, with epidural injections or physical therapy within 6 months, or functional limitations, or chronic pain requiring daily narcotics	D
Stroke	
Single episode, fully recovered after 2 years, no limitations, tobacco free 12 months	Class I
Two or more	D
In combination with any of the following:	
Atrial Fibrillation	D
Unoperated carotid stenosis	D
Heart valve disorder	D
Average blood pressure reading >159/89	D
Previous TIA(s)	D
Diabetes	D
Residual weakness or functional loss	D
Tobacco use within the past 12 months	D
Occurred while adequately anticoagulated	D
Surgery , requiring general anesthesia, planned, not completed	D
Syncope	see Dizziness
Systemic Lupus	D
Temporal Arteritis , after 12 months, fully recovered	S-IC
TENS Unit	
Past use	IC
Current use	D
Thalassemia	
Minor	S
Major	D
Thrombocythemia	D
Thrombocytopenia platelet count >50,000	Class I 3 years
Thrombocytosis	D
Torticollis resolved with Botox, after 6 months	S
Tourette's Syndrome fully functional, no limitations	IC
Any functional limitations	D
Transient Global Amnesia	see TIA

Medical Impairments (continued)

Transient Ischemic Attack (TIA) single episode, fully recovered after 1 year	Class I
Two or more	D
In combination with any of the following:	
Atrial Fibrillation.	D
Unoperated carotid stenosis.	D
Heart valve disorder	D
Previous stroke	D
Diabetes	D
Average BP reading >159/89	D
Residual weakness or functional loss.	D
Tobacco use within the past 12 months	D
Occurred while adequately anticoagulated.	D
Other peripheral vascular disease	D
Transverse Myelitis	D
Tremor fully evaluated, benign familial, no limitations	S
Not fully evaluated, with limitations, or gait disturbance	D
Trigeminal Neuralgia	
After 12 months managed with antispasmodics or anticonvulsants, no limitations	S
6 months after surgery, resolved	S
Poorly controlled or disabling	D
Tuberculosis after 12 months, treated, fully recovered, normal PFT's	S
Present or with lung damage or other organ involvement	D
Ulcerative Colitis	see Crohn's
Underweight	D
Valvular Heart Disease	see Heart Valve Disorder
Ventriculoperitoneal Shunt	D
Vertigo	see Dizziness
Von Willebrand's Disease	D
Walker Use	D
Weakness	D
Wegener's Granulomatosis	D
Weight Loss , unexplained, or not fully evaluated	D
Wheelchair Use	D
Wolff-Parkinson-White Syndrome , after 6 months, ablated, not present.	S
Uncontrolled	D

State Differences Matrix

UNITED OF OMAHA LIFE INSURANCE COMPANY
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United LTCi Solutions State Special Matrix		
STATE	STATE DIFFERENCES	
1. ALABAMA	• <i>National rules</i>	
2. ALASKA	• <i>National rules</i>	
3. ARIZONA	• Spouse shared care benefit cannot reduce benefits under the spouse's policy below 24 months (instead of national's 12 months).	
4. ARKANSAS	• <i>National rules</i>	
5. COLORADO	• <i>National rules</i>	
6. GEORGIA	• <i>National rules</i>	
7. IDAHO	• <i>National rules</i>	
8. ILLINOIS	• No rate guarantee available.	
9. INDIANA	• No compound inflation, 20-year option. • No compound inflation protection benefit with maximum increase cap rider.	
10. IOWA	• <i>National rules</i>	
11. KANSAS	• No separate ALF option. • No 180 or 365 elimination periods.	
12. LOUISIANA	• <i>National rules</i>	
13. MAINE	• <i>National rules</i>	
14. MICHIGAN	• <i>National rules</i>	
15. MINNESOTA	• <i>National rules</i>	
16. MISSISSIPPI	• <i>National rules</i>	
17. NEBRASKA	• <i>National rules</i>	
18. NEVADA	• <i>National rules</i>	
19. NEW HAMPSHIRE	• <i>National rules</i>	
20. NORTH CAROLINA	• <i>National rules</i>	
21. NORTH DAKOTA	• <i>National rules</i>	
22. OHIO	• No coordination of benefits.	
23. OKLAHOMA	• <i>National rules</i>	
24. OREGON	• <i>National rules</i>	
25. SOUTH CAROLINA	• <i>National rules</i>	
26. SOUTH DAKOTA	• Minimum NH monthly benefit is \$3,000.00 • No 180-day or 365-day elimination periods.	
27. UTAH	• <i>National rules</i>	
28. WASHINGTON DC	• <i>National rules</i>	
29. WEST VIRGINIA	• <i>National rules</i>	
30. WISCONSIN	• No rate guarantee available. • No simple inflation available. • Minimum nursing home monthly benefit is \$1,800 (\$60/day X 30 days) - \$2,000 is used on the application.	
31. WYOMING	• <i>National rules</i>	



**UNITED OF OMAHA LIFE
INSURANCE COMPANY**

A MUTUAL *of* OMAHA COMPANY

Long-Term Care Insurance underwritten by:

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL *of* OMAHA COMPANY

Mutual of Omaha Plaza

Omaha, NE 68175-0001

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