

MEDICAL UNDERWRITING GUIDELINES

Long-Term Accident and Sickness – D81

Short-Term Accident and Sickness – D82

Short-Term Accident Only – D83

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

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

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

²Age 45 and over only

Possible Underwriting Outcomes

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

Pre-Existing Medical Conditions

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

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

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

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

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

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

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

Scheduling

After the application is completed, please schedule all required examinations with approved paramedical examination facilities. Paramedical facilities complete blood profile, urinalysis and long-form examinations.

Paramedical Facilities

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

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

Blood Profile, Urinalysis and HIV Consent

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

Client Interview (PHI)

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

Attending Physician’s Statements (APS)

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

Notice of Underwriting Action (Pending Report)

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