

SERFF Tracking Number: MUTM-125606198 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 38690  
Company Tracking Number: JAIME MOSQUEDA  
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term  
Product Name: Group Health Insurance Long-Term Disability-12428GR-EZ  
Project Name/Number: Professional Markets LTD 2008/12428GR-EZ

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Group Health Insurance Long- Term Disability-12428GR-EZ SERFF Tr Num: MUTM-125606198 State: ArkansasLH

TOI: H11G Group Health - Disability Income SERFF Status: Closed State Tr Num: 38690  
Sub-TOI: H11G.003 Long Term Co Tr Num: JAIME MOSQUEDA State Status: Approved-Closed  
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor  
Authors: June Rodgers, Jaime Disposition Date: 04/21/2008  
Mosqueda, Krysia Gannon, Lynn  
Hubbard  
Date Submitted: 04/11/2008 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Professional Markets LTD 2008

Project Number: 12428GR-EZ

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/21/2008

State Status Changed: 04/21/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: United of Omaha Life Insurance Company

NAIC# 261-69868 FEIN 47-0322111

Group Health Insurance

Long-Term Disability

12428GR-EZ et al.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/17/2008

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Employer

Deemer Date:

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## Memorandum of Variable Material

Enclosed for filing with your Department are copies of the following group disability income insurance forms:

### DESCRIPTION FORM NUMBER

Definitions Rider 12428GR-EZ  
Earnings Freeze for Progressive Illness Rider 12429GR-EZ  
Infectious or Contagious Disease Benefit Rider 12430GR-EZ

These forms were developed to update United of Omaha Life Insurance Company's group long-term disability (LTD) insurance programs. We would like to also offer these on a voluntary basis. These forms are new and will not replace any previously filed forms. They will be used in conjunction with previously approved insert and rider forms to produce a group certificate booklet. A group policyholder will utilize incorporation master policy 7000GM-U-EZ 2001, approved by your Department on June 18, 2001, through which these group certificate booklets will be issued.

Definitions Rider, 12428GR-EZ, provides the key defined terms that will be used for the LTD product.

Earnings Freeze for Progressive Illness Rider, 12429GR-EZ, provides the benefits for the group LTD certificate booklet.

Infectious or Contagious Disease Benefit Rider, 12430GR-EZ, allows for protection of an insured's earnings with respect to the calculation of a monthly benefit upon diagnosis of a progressive illness.

These new forms have been prepared with the broadest possible combination of choices, which is why there are sometimes several variations of the same provision or defined term within a form. We ask that these forms be approved on a variable basis to enable us to remove definitions, exclusions and other provisions when they are not selected by a policyholder. You have our assurance that we will not add to or revise text that has been approved by your Department, but instead will only delete from such text to permit a policyholder to customize their coverage. Variability is also requested regarding time frames, percentages, dollar amounts, bracketed items, and items of an administrative nature (such as telephone numbers) to enable such items to be changed without re-filing. Any variability would be applied in accordance with your state's requirements and limitations. A Memorandum of Variable Material outlining all variable items is attached.

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Your review and approval of this submission will be most appreciated. If I may be of additional assistance to you, please feel free to call me at the number listed below.

Sincerely,

Jaime Mosqueda  
Product and Advertising Compliance Analyst  
Regulatory Affairs  
Phone: 402-351-5062  
Fax: 402-351-5298  
E-mail: Jaime.Mosqueda@mutualofomaha.com

## Company and Contact

### Filing Contact Information

Jaime Mosqueda, Product & Advertising Compliance Analyst  
4 - Regulatory Affairs Division  
Omaha, NE 68175  
jaime.mosqueda@mutualofomaha.com  
(402) 351-5062 [Phone]  
(402) 351-5298[FAX]

### Filing Company Information

United of Omaha Life Insurance Company  
Mutual of Omaha Plaza  
Omaha, NE 68175  
CoCode: 69868  
Group Code: 261  
Group Name:  
FEIN Number: 47-0322111  
State of Domicile: Nebraska  
Company Type: Life Insurance  
State ID Number:  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$60.00  
Retaliatory? No  
Fee Explanation: 3 Riders X \$20 = \$60  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$60.00	04/11/2008	19485167

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/21/2008	04/21/2008

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## Disposition

Disposition Date: 04/21/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Fee Schedule Cert	Approved-Closed	Yes
<b>Supporting Document</b>	Memorandum of Variable Material	Approved-Closed	Yes
<b>Form</b>	Definitions Rider	Approved-Closed	Yes
<b>Form</b>	Earnings Freeze for Progressive Illness Rider	Approved-Closed	Yes
<b>Form</b>	Infectious or Contagious Disease Benefit Rider	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number:** 12428GR-EZ

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	12428GR-EZ	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Definitions Rider	Initial		66	12428GR-EZ Defin.pdf
Approved-Closed	12429GR-EZ	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Earnings Freeze for Progressive Illness Rider	Initial		65	12429GR-EZ Earnings Freeze.pdf
Approved-Closed	12430GR-EZ	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Infectious or Contagious Disease Benefit Rider	Initial		58	12430GR-EZ Infect or Cont.pdf

## DEFINITIONS RIDER

This Rider is made a part of Group Policy V.

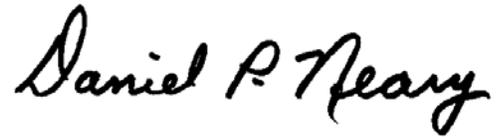
This Rider is effective the later of V or the day You become insured under the Policy.

In the event of a conflict between this Rider and any other provision of the Policy, including the Certificate, this Rider shall control.

If You are a doctor of medicine, the definition of Regular Occupation shown in Your Certificate is replaced with the following:

**Regular Occupation**, for a doctor of medicine, means the general specialty or sub-specialty in which You are board certified by the American Board of Medical Specialties to practice medicine; provided You have earned at least [50%][60%][70%] of your gross professional service fee income in Your specialty or sub-specialty during the [12][18][24][36][48] consecutive months immediately before You became Disabled.

UNITED OF OMAHA LIFE INSURANCE COMPANY

A handwritten signature in black ink that reads "Daniel P. Neary". The signature is written in a cursive, flowing style.

Chairman of the Board and Chief Executive Officer

# EARNINGS FREEZE FOR PROGRESSIVE ILLNESS RIDER

This Rider is made a part of Group Policy V.

This Rider is effective the later of V or the day You become insured under the Policy.

In the event of a conflict between this Rider and any other provision of the Policy, including the Certificate, this Rider shall control.

## EARNINGS FREEZE FOR PROGRESSIVE ILLNESS BENEFIT

### **DEFINITIONS**

**Progressive Illness** means a non-infectious disease or disorder of indefinite duration which gradually leads to Disability as the disease or disorder progresses.

### **BENEFIT**

Under the Policy, Monthly Benefits upon Disability are calculated as a percentage of Your Basic Monthly Earnings based on the date You become Disabled. The Earnings Freeze for Progressive Illness Benefit protects the amount of Monthly Benefits You will receive upon Disability if over the course of a Progressive Illness You experience a reduction in Your Basic Monthly Earnings.

Your Monthly Benefits will be calculated based upon the greater of:

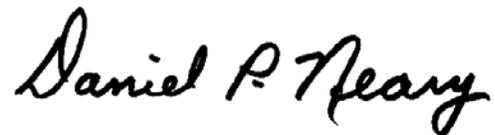
- (a) Basic Monthly Earnings based on the date You provide satisfactory proof to Us from Your Physician of Your diagnosis of the Progressive Illness; or
- (b) Basic Monthly Earnings based on the date You become Disabled under the Policy.

### **CONDITIONS**

You will be eligible for the Earnings Freeze for Progressive Illness Benefit if:

- (a) You have been diagnosed with a Progressive Illness on or after the effective date of this Rider; and
- (b) You provide Us satisfactory proof of such diagnosis from Your Physician.

UNITED OF OMAHA LIFE INSURANCE COMPANY



Chairman of the Board and Chief Executive Officer

# INFECTIOUS OR CONTAGIOUS DISEASE BENEFIT RIDER

This Rider is made a part of Group Policy V.

This Rider is effective the later of V or the day You become insured under the Policy.

In the event of a conflict between this Rider and any other provision of the Policy, including the Certificate, this Rider shall control.

## INFECTIOUS OR CONTAGIOUS DISEASE BENEFIT

### DEFINITIONS

**Infectious or Contagious Disease** means a disease that falls within the definition provided by the Centers for Disease Control and Prevention, or its successor, for an infectious or contagious disease and which is life threatening to You or to other persons with whom You may come into contact.

For purposes of this Rider, the definition of Elimination Period shown in Your Certificate is replaced with the following:

**Elimination Period** means the [30] [60] [90] [180] day period which must be satisfied before You are eligible to receive Your Infectious or Contagious Disease Benefit. The Elimination Period begins on the first day You test positive for and have been diagnosed with an Infectious or Contagious Disease.

### BENEFIT

The Infectious or Contagious Disease Benefit protects You if You experience a reduction in Your Current Earnings but are not Disabled. If You meet the Conditions for receiving Infectious or Contagious Disease Benefits, Infectious or Contagious Disease Benefits will be payable for the Maximum Infectious or Contagious Disease Benefit Period shown below, provided You have satisfied the Elimination Period.

#### Maximum Infectious or Contagious Disease Benefit Period

[six] [seven] [eight] [nine] [ten] [11] [12] months  
[one] [two] [three] [four] [five] [six] [seven] [eight] [nine] [ten] years  
[to age [60] [61] [62] [63] [64] [65] [66] [67]  
[to Your normal Social Security Retirement Age]

The amount of Your Infectious or Contagious Disease Benefit will be calculated as follows:

$$(A \text{ divided by } B) \times C = D$$

A = Your [Indexed Pre-Disability] [Basic Monthly] Earnings less any Current Earnings

B = Your [Indexed Pre-Disability] [Basic Monthly] Earnings

C = Your Monthly Benefit

D = Your Infectious or Contagious Disease Benefit

### CONDITIONS

For an Infectious or Contagious Disease Benefit to be payable, You must provide acceptable proof to Us that:

- (a) You have been diagnosed with and tested positive for an Infectious or Contagious Disease on or after the effective date of this Rider;
- (b) You have never refused to be immunized for the Infectious or Contagious Disease for which You are claiming benefits;
- (c) one or more of the following has happened as a result of Your testing positive for and being diagnosed with an Infectious or Contagious Disease:

- (1) Your license to practice Your Regular Occupation has been revoked; or
- (2) You have limitations or restrictions imposed on You by a licensing board, law or regulation in order to maintain Your license to practice Your Regular Occupation; or
- (3) You lose patients as a result of voluntary or involuntary disclosure of Your testing positive for and being diagnosed with an Infectious or Contagious Disease; and

(d) You are unable to generate at least [60] [80] % of Your Basic Monthly Earnings during the Elimination Period.

### **WHEN THE INFECTIOUS OR CONTAGIOUS BENEFIT ENDS**

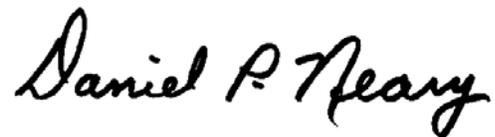
The Infectious or Contagious Disease Benefit will end on the earliest of the day:

- (a) You no longer are diagnosed with and test positive for an Infectious or Contagious Disease;
- (b) the disease for which You tested positive is no longer an Infectious or Contagious Disease;
- (c) the Maximum Infectious or Contagious Disease Benefit Period has ended;
- (d) You become eligible for Monthly Benefits because You are Disabled;
- (e) We determine You have not made every effort to continue working in Your Regular Occupation or any Gainful Occupation on either a full-time or part-time basis;
- (f) You no longer meet any of the Conditions for the receipt of Infectious or Contagious Disease Benefits; or
- (g) You die.

For purposes of the Infectious or Contagious Disease Benefit offered under this Rider:

- (a) Basic Monthly Earnings will be calculated based on the date You meet the Conditions for receipt of Infectious or Contagious Disease Benefits, rather than the date of Disability and the words "Monthly Benefits" in the definition of Current Earnings will be replaced with the words "Infectious or Contagious Disease Benefits";
- (b) all of the provisions of the Policy that exclude or limit coverage and the sections of the Certificate entitled "Payment of Claims" and "Disability Claim Review Procedures" apply to this Rider, except that the terms "Disability" or "Disabled" are replaced with the words "Infectious or Contagious Disease" and the words "Monthly Benefit" are replaced with the words "Infectious or Contagious Disease Benefit"; and
- (c) any additional benefits that may be paid to eligible employees upon Disability, including, without limitation, any survivor benefit, child or family care expense benefits or cost of living adjustments, are NOT payable as additional benefits under this Rider.

**UNITED OF OMAHA LIFE INSURANCE COMPANY**



**Chairman of the Board and Chief Executive Officer**

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Satisfied -Name:</b> Certification/Notice	<b>Review Status:</b> Approved-Closed	04/21/2008
<b>Comments:</b>		
<b>Attachment:</b> AR Read Cert.pdf		
<b>Bypassed -Name:</b> Application	<b>Review Status:</b> Approved-Closed	04/21/2008
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		
<b>Satisfied -Name:</b> Fee Schedule Cert	<b>Review Status:</b> Approved-Closed	04/21/2008
<b>Comments:</b>		
<b>Attachment:</b> AR Fee Schedule Cert .pdf		
<b>Satisfied -Name:</b> Memorandum of Variable Material	<b>Review Status:</b> Approved-Closed	04/21/2008
<b>Comments:</b>		
<b>Attachment:</b> MEMORANDUM OF VARIABLE MATERIAL.pdf		

**CERTIFICATION**

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form

Description

Score

Date: \_\_\_\_\_

---



Daniel J. Kennelly  
Vice President and Chief Compliance Officer

ARKANSAS  
INSURANCE  
DEPARTMENT

400 University Tower Building  
1123 South University Ave.  
Little Rock, Arkansas 72204

Lee Douglass  
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name:

Company NAIC Code:

Company Contact Person & Phone:

<p><u>INSURANCE DEPARTMENT USE ONLY:</u></p> <p>ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____</p>
--

**ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE OF BUSINESS, UNLESS OTHERWISE INDICATED.**

**FEE SCHEDULE FOR ADMITTED INSURERS**

**RATE/FORM FILINGS**

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

\* \_\_\_\_\_ X \$50 = \$ \_\_\_\_\_

\*\*Retaliatory \$ \_\_\_\_\_

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

\* \_\_\_\_\_ X \$50 = \_\_\_\_\_

\*\*Retaliatory \$ \_\_\_\_\_

Life and/or Disability Policy, Contract or Annuity Forms : Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

\* \_\_\_\_\_ X \$20 = \_\_\_\_\_

\*\*Retaliatory \$ \_\_\_\_\_

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

\* \_\_\_\_\_ X \$25 = \$ \_\_\_\_\_

\*\*Retaliatory \$ \_\_\_\_\_

**AMEND CERTIFICATE OF AUTHORITY**

Review and processing of information to amend an Insurer's Certificate of Authority

\* \_\_\_\_\_ X \$400 = \_\_\_\_\_

Filing to amend Certificate of Authority.

\*\*\* \_\_\_\_\_ X \$100 = \_\_\_\_\_

**\*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

**\*\*THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

**\*\*\*THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. SEC. 23-61-401.**

**MEMORANDUM OF VARIABLE MATERIAL**  
**Long-Term Disability**  
**2008**

Listed below are the areas of the filed forms for which approval is requested on a variable basis:

All Forms

All items shown within brackets

Time frames, percentages, dollar amounts, and ages

All items of an administrative nature (e.g. telephone numbers, officer signatures)

Remove any provisions, definitions or exclusions not selected by a policyholder

"V" to include the applicable group number

"V" to include the applicable effective date

Definitions Rider 12428GR-EZ

The percentages shown in the Regular Occupation definition to be able to use [50%] [60%] & [70%].

The months shown in the Regular Occupation definition to be able to use [12][18][24] [36] & [48].

Infectious or Contagious Disease Rider 12430GR-EZ

For the definition of Elimination Period to use [30] [60] [90][180] days.

To be able to use one of the periods from the Maximum Infectious or Contagious Disease Benefit Period as follows:

Maximum Infectious or Contagious Disease Benefit Period

[six] [seven] [eight] [nine] [ten] [11] [12] months

[one] [two] [three] [four] [five] [six] [seven] [eight] [nine] [ten] years

[to age [60] [61] [62] [63] [64] [65] [66] [67]

[to Your normal Social Security Retirement Age]