

SERFF Tracking Number: MUTM-125748098 State: Arkansas  
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 39780  
Company Tracking Number: JAN SERAFINI  
TOI: H03I Individual Health - Accidental Death & Dismemberment Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment  
Product Name: Accidental Death Application - MA5919  
Project Name/Number: Accidental Death Application/MA5919

## Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: Accidental Death Application - SERFF Tr Num: MUTM-125748098 State: ArkansasLH  
MA5919

TOI: H03I Individual Health - Accidental Death & Dismemberment SERFF Status: Closed State Tr Num: 39780

Sub-TOI: H03I.000 Health - Accidental Death & Co Tr Num: JAN SERAFINI State Status: Approved-Closed  
Dismemberment

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: Mary Cleasby, Jan  
Serafini, Kurt Vangreen, Robyn

Disposition Date: 08/16/2008

Gonzales, Joanne Najdzin

Date Submitted: 07/28/2008

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Accidental Death Application

Project Number: MA5919

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/16/2008

State Status Changed: 08/16/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: Mutual of Omaha Insurance Company

NAIC # 261-71412 FEIN 47-0246511

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:



SERFF Tracking Number: MUTM-125748098 State: Arkansas  
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 39780  
 Company Tracking Number: JAN SERAFINI  
 TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment  
 Product Name: Accidental Death Application - MA5919  
 Project Name/Number: Accidental Death Application/MA5919

## Company and Contact

### Filing Contact Information

Jan Serafini, Policy Drafting and Regulatory Specialist  
 jan.serafini@mutualofomaha.com  
 Regulatory Affairs (402) 351-6913 [Phone]  
 Omaha, NE 68175 (402) 351-5298[FAX]

### Filing Company Information

Mutual of Omaha Insurance Company CoCode: 71412 State of Domicile: Nebraska  
 Mutual of Omaha Plaza Group Code: 261 Company Type: Health Insurance  
 Omaha, NE 68175 Group Name: State ID Number:  
 (402) 351-6420 ext. [Phone] FEIN Number: 47-0246511  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$20.00	07/28/2008	21629568

SERFF Tracking Number: MUTM-125748098 State: Arkansas  
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 39780  
Company Tracking Number: JAN SERAFINI  
TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death &  
Dismemberment Dismemberment  
Product Name: Accidental Death Application - MA5919  
Project Name/Number: Accidental Death Application/MA5919

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	08/16/2008	08/16/2008

*SERFF Tracking Number:* MUTM-125748098      *State:* Arkansas  
*Filing Company:* Mutual of Omaha Insurance Company      *State Tracking Number:* 39780  
*Company Tracking Number:* JAN SERAFINI  
*TOI:* H03I Individual Health - Accidental Death &      *Sub-TOI:* H03I.000 Health - Accidental Death &  
Dismemberment      Dismemberment  
*Product Name:* Accidental Death Application - MA5919  
*Project Name/Number:* Accidental Death Application/MA5919

## **Disposition**

Disposition Date: 08/16/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



SERFF Tracking Number: MUTM-125748098 State: Arkansas  
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 39780  
 Company Tracking Number: JAN SERAFINI  
 TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death &  
 Dismemberment Dismemberment  
 Product Name: Accidental Death Application - MA5919  
 Project Name/Number: Accidental Death Application/MA5919

## Form Schedule

Lead Form Number: MA5919

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	MA5919	Application/ Enrollment Form	Accidental Death Application	Initial		0	MA5919 Nat'l Fraud AD Super App.pdf

# MUTUAL OF OMAHA INSURANCE COMPANY

Home Office Use Only  
 Policy [Certificate] Date \_\_\_\_\_  
 Policy [Certificate] Number \_\_\_\_\_



Application to Mutual of Omaha Insurance Company for [name/type of accident plan] [with] [description] [Rider] [number] [available to] [Client Name] applicants under [Master] Policy Form [number] [issued to] [name of Policyholder].

3 [Please Reply By \_\_\_\_\_]

4 [Keyline Code]

5 [Collate Code]

6 [Applicant Name \_\_\_\_\_]

7 [Address \_\_\_\_\_]

8 [City, State, ZIP Code \_\_\_\_\_]

9 [(If name or address is incorrect, please change.)]

14 [1.] [Variable Payment Methods]

[2.] [Benefit amount of insurance coverage applied for] [I wish to apply for the following benefit amount:] (Please Check One)

15  \$000,000  \$000,000  \$000,000  \$000,000  \$0,000,000 [\$ \_\_\_\_\_]

[YES! PLEASE ISSUE THE PLAN BELOW:] [Coverage Applied for:] (Check One Only)	[[Benefit Amount[s]] [[Mode Premium[s]]]	[[Additional] [Description] [Rider[s]] [Plan]] [[Mode Premium[s]]]
<input type="checkbox"/> [[INDIVIDUAL] [PLAN] [Covers Myself Only]]	<input type="checkbox"/> [\$ 0.00]	<input type="checkbox"/> [\$ 0.00]
<input type="checkbox"/> [[FAMILY] [PLAN] [Covers Myself, My Spouse and All My Eligible Dependent Children]]	<input type="checkbox"/> [\$ 0.00]	<input type="checkbox"/> [\$ 0.00]

10 [Telephone (\_\_\_\_\_) \_\_\_\_\_]  
Area Code Number

11 [E-mail Address \_\_\_\_\_]

12 [Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_]

3. Are you and everyone to be insured citizens of the United States?  Yes  No  
If "No," please provide name(s) and

19 Permanent Resident Card [(Form I-551) Number(s) \_\_\_\_\_]

17 [[HERE IS THE PLAN I CHOOSE] [YES! PLEASE ISSUE THE ADDITIONAL [DESCRIPTION] RIDER:]  
[Description] [Rider] [Number] [Description] [Rider] [Number]  
 [Benefit Level] [\$00.00]  [Benefit Level] [\$00.00]

18 [[HERE IS THE PLAN I CHOOSE] [YES! PLEASE ISSUE THE ADDITIONAL [DESCRIPTION] RIDER:]  
Select Benefit Amount:  \$000,000  \$000,000  \$000,000  \$000,000  \$0,000,000  
Select Rider:  [Description] [Rider] [Number]  [Description] [Rider] [Number]  [Description] [Rider] [Number]

20 [4.] [I Wish To Insure:]

Person(s) To Be Insured/ Full Name	Age	Date of Birth			Sex	
		Month	Day	Year	M	F
Applicant*						
Spouse						
21 [Child						

\* IMPORTANT: The person named as Applicant must sign the application.

22 [Please fill in the information requested above for each person to be insured. If you need more space to list your dependents, list them on a separate sheet of paper and include when mailing this application.]

23 [5.] Beneficiary (List person(s) to be paid at death [- % share must total 100%]):  
First Name Middle Last Name Relationship to Applicant [% Share]

24 [Beneficiary Address:  
Street City State ZIP

(Note: If no Beneficiary is named, benefits will be paid to the Insured's estate.)

25 [6.] I understand that this coverage [(including any additional rider[s])] is not in force until the [Policy] [Certificate] Date which will be shown on the [Policy] [Certificate of Insurance] I will receive. [I agree that initial and renewal premiums for the coverage I select will be billed to me as indicated above [in #[1]].]

26 [I ACKNOWLEDGE THIS IS NOT A DEPOSIT, NOT FDIC INSURED, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY AND NOT GUARANTEED BY A BANK.]

27 [CONSUMER DISCLOSURE OF THE SALE OF INSURANCE  
 THE INSURANCE PRODUCT IS NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEE BY, THE BANK OR ANY AFFILIATE OF THE BANK. THE INSURANCE PRODUCT IS NOT INSURED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER AGENCY OF THE UNITED STATES, THE BANK, OR ANY AFFILIATE OF THE BANK.  
 I ACKNOWLEDGE RECEIPT OF THE CONSUMER DISCLOSURE OF THE SALE OF INSURANCE.]

28 [Insurance Products are not insured by the FDIC or any other federal government agency, the bank or any other affiliate of the bank; and are not a deposit or other obligation of, or guaranteed by, the bank or an affiliate of the bank.]

29 [I acknowledge the receipt of the insurance disclosures located [above] [and] [below] [on] [the back of] [this form] and authorize premiums [(listed on the enclosed brochure)] to be added to my [Client Name] [account] [mortgage payment].]

30 [7.] [My] [Applicant's] [Cardmember's] [Cardholder's] [Mortgagor's] [Accountholder's] Signature[\*] X \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Do Not Print) Month Day Year

31 [\*Preapproval for adults ages [18-70], for one [Policy] [Certificate] of this Form, as long as you don't have any other accidental death insurance from Mutual of Omaha Insurance Company.]

32 [IMPORTANT! If you selected the Easy Pay Option, please complete the Easy Pay Authorization form included in the package.]

33 [Complete only if [Applicant] [spouse] [or] [other Proposed Insured] is not [a] [an] [Client Name] [cardmember] [cardholder] [co-mortgagor] [accontholder]: I agree that the premiums for [my spouse's] [or] [the] [other Proposed Insured's] insurance will be [charged to] [billed to] [withdrawn from] [collected with] my [Client Name] [checking] [/] [savings] [credit] [card] [account] [mortgage payment].

[Client Name] [Cardmember's] [Cardholder's] [Mortgagor's] [Accountholder's]

Signature X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Do Not Print) Month Day Year]

34 [Complete only if address of [Client Name] [cardmember] [cardholder] [mortgagor] [accontholder] is different than applicant address:

[Cardmember] [Cardholder] [Mortgagor] [Accountholder] Name \_\_\_\_\_  
(Please Print)

[Cardmember] [Cardholder] [Mortgagor] [Accountholder] Address \_\_\_\_\_  
(Please Print)

City, State, ZIP \_\_\_\_\_  
(Please Print)]

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.

35 [ \_\_\_\_\_ / / \_\_\_\_\_  
Signature of Licensed Agent [Production] [License] [Employee] [ID] Number Date Month Day Year

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Print or Stamp Licensed Agent Name Print or Stamp Call Center Name Applicant's City of Birth/Mother's Maiden Name]



SERFF Tracking Number: MUTM-125748098 State: Arkansas  
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 39780  
 Company Tracking Number: JAN SERAFINI  
 TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment  
 Dismemberment  
 Product Name: Accidental Death Application - MA5919  
 Project Name/Number: Accidental Death Application/MA5919

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Certification/Notice	<b>Review Status:</b>	Approved-Closed	08/16/2008
<b>Comments:</b>				
<b>Attachments:</b>				
	AR Fee Schedule Cert .pdf			
	AR Read Cert.pdf			
	AR Certif of Compliance with Rule 19.pdf			
	AR Credit Card Cert.pdf			
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	08/16/2008
<b>Bypass Reason:</b>	The new application is attached on the Form Schedule tab.			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Health - Actuarial Justification	<b>Review Status:</b>	Approved-Closed	08/16/2008
<b>Bypass Reason:</b>	Not Applicable			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Outline of Coverage	<b>Review Status:</b>	Approved-Closed	08/16/2008
<b>Bypass Reason:</b>	Not Applicable			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Appendix A Variable Payment Methods	<b>Review Status:</b>	Approved-Closed	08/16/2008
<b>Comments:</b>				
<b>Attachment:</b>				
	Nat'l. AD Super App Payment Methods Appendix.pdf			

SERFF Tracking Number: MUTM-125748098 State: Arkansas  
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 39780  
Company Tracking Number: JAN SERAFINI  
TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death &  
Dismemberment Dismemberment  
Product Name: Accidental Death Application - MA5919  
Project Name/Number: Accidental Death Application/MA5919

**Satisfied -Name:** Memorandum of Variability **Review Status:** Approved-Closed 08/16/2008  
**Comments:**  
**Attachment:**  
AD App Memo of Variability.pdf

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: Mutual of Omaha Insurance Company

Company NAIC Code: 261-71412

Company Contact Person & Phone: Jan Serafini

402-351-6913

INSURANCE DEPARTMENT USE ONLY:

ANALYST: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ ROUTE SLIP: \_\_\_\_\_

**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.

\* 1 X \$20 = \$20

\*\*Retaliatory \$ N/A

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.**

**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.

<u>Form</u>	<u>Description</u>	<u>Score</u>
MA 5919	Accidental Death Application	*40

\*When scored with the base policy, this application meets or exceeds your state requirements.

Mutual of Omaha Insurance Company

---

Date: July 28, 2008



---

Daniel J. Kennelly  
Vice President & Chief Compliance Officer

## Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Mutual of Omaha Insurance Company

Form Number(s): MA 5919

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

  
\_\_\_\_\_  
Signature of Company Officer

Daniel J. Kennelly  
\_\_\_\_\_  
Name

Vice President and Chief Compliance Officer  
\_\_\_\_\_  
Title

July 28, 2008  
\_\_\_\_\_  
Date

# Arkansas Insurance Department

Mike Huckabee  
Governor



Julie Benafield Bowman  
Commissioner

Please read and acknowledge your understanding and assurance of complying with the following requirements:

1. If a sponsor or endorser is involved such as a bank, school, retail store, etc., it must be ascertained whether that sponsor is to receive any form of compensation for the use of the card. If so, this must be disclosed to the insured. If there is compensation, the sponsor would need to be licensed to sell insurance.
2. The company must certify that failure to pay the credit card bill will not affect the premium payment.
3. If the credit card company does not pay the premium for any reason, the insurance company must notify the insured of this and allow a thirty day Grace Period for the insured to pay the premium.

*Daniel Kennedy*  
SIGNATURE

July 28, 2008  
DATE

Mutual of Omaha Insurance Company  
COMPANY

CC-1

## Appendix A – Variable Payment Methods

- A [Method of Payment] [(Check One [Payment Method] Only)]**
- B**  [Send no money [now!]] [Bill me [later].] [Send money]
- C** [(Please Check One)]
- D**  [I understand that I will receive a statement to collect [the] [my] [initial] [first] [month's] [number] [months'] premium [of] [\$000.00]. [Once that premium is received, my request will be processed and coverage will begin.]
- E**  [I understand payment is not required at this time. I wish to set up my future premiums to be paid as selected below:]
- F**  [I prefer to send my first payment now. [Coverage will begin at the earliest possible date.]] [Payment enclosed. [Start coverage at the earliest possible date.]] [See section [6].]
- G**  [I have enclosed [a total of] \$\_\_\_\_\_ to pay [the] [my] [initial] [first] [month's] [number] [months'] premium [for the benefit amount selected].]
- H**  [I have enclosed the [(\$0.00)] initial premium [of] [number] [dollar(s)] [(\$0.00)] for [each of] the proposed insured[(s)].]
- I**  [I have enclosed [number] dollar[s] to pay [the] [my] [initial] [first] [month's] [number] [months'] premium.]
- J**  [I have enclosed \$\_\_\_\_\_ to pay for [the] [my] [first] [month] [number] [months] [of] [coverage] [description] [premium] [and] \$\_\_\_\_\_ [to pay] [for] [the additional] [Rider] [description] [for a total amount of] \$\_\_\_\_\_ [for] [each of the proposed insured(s)] [myself] [and] [my spouse] [my eligible family members].]
- K** [Make check [or money order] payable to Mutual of Omaha.]
- L** [After] [that] [the first] [number] [month] [months], I wish to [be billed] [have] [future] [and] [the full] [renewal] [premiums] [billed to me] [paid] [as selected below:] [(Please Check One)]
- M**  [Direct Bill]  [Annually [(once a year)]]  [Semiannually [(twice a year)]]  [Quarterly [(four times a year)]]  [Monthly [(twelve times a year)]]
- N** [Save Money...]  [Monthly]  [Quarterly]  [Semiannually] [Semiannual]  [Annually] [Annual] [through the] EASY PAY OPTION [automatic deductions from your [or your] [spouse's] [checking] [/] [savings] account). I understand [the] [initial] [future] [and] [renewal] premium(s) for this coverage will be automatically [deducted] [withdrawn] from [my] [the] [or my] [spouse's] [Client Name] [checking] [/] [savings] account.] [Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_]
- O** [Complete Easy Pay [Option] Authorization [Form] [enclosed] [below] [on back of application] [attached to reply envelope] [and attach a sample check marked "VOID"].]
- P** [Select only one option.]  [Client Name] [account] [or]  [checking] [/] [savings] [account] ]
- Q** [Provide your [number]-digit [Client Name] account number [ \_\_\_\_\_ ] ]
- R**  [Monthly]  [Quarterly]  [Semiannual]  [Annual] Credit Card
- S**  VISA® [Plan code]  MasterCard® [Plan code]  [other credit card] [Plan code]  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_]
- T**  [By signing below,] I authorize the [initial] [future] [and] [renewal] premium(s) for this coverage to be automatically billed through [my] [the] [or my] [spouse's] [Client Name] [credit card] account  [monthly]  [quarterly]  [semiannually]  [annually].]
- U**  [I wish to [bill] [pay] [charge] this insurance [through] [to] my [or my] [spouse's] [Client Name] [checking] [/] [savings] [credit] [card] [issued by] [Client Name] [account]. I understand the [initial] [future] [and] [renewal] premium(s) for this [coverage] [insurance] will be automatically billed through [my] [the] account  [monthly]  [quarterly]  [semiannually]  [annually].] [Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_]
- V**  [I wish to [bill this through] [pay this with] my [or my] [spouse's] Mortgage Payment] [By signing below,] I [authorize] [understand] the [initial] [future] [and] [renewal] premium(s) for this [coverage] [insurance] [to be] [will be] automatically [charged to] [billed] [to] [through] [collected with] my [or my] [spouse's] [Client Name] [account] [mortgage payment]  [monthly]  [quarterly]  [semiannually]  [annually].]
- W** [Enter your personal identification number found on your invitation to apply for coverage: \_\_\_\_\_.]
- X**  [I understand the [initial] [future] [and] [renewal] premium(s) for this coverage will be automatically [charged] [billed] [deducted] [withdrawn]  [monthly]  [quarterly]  [semiannually]  [annually] [to] [through] [from] [collected with] my [or my] [spouse's] [Client Name] [mortgage payment] [checking] [savings] [credit] [card] [account] as with my present [underwriting company] coverage.]

### EASY PAY [OPTION] AUTHORIZATION

[Save Money...] [As a convenience to me and by] [By] signing below, I authorize Mutual of Omaha Insurance Company and/or its affiliates\* to automatically withdraw  [monthly]  [quarterly]  [semiannual]  [annual] premiums from [my] [the] [or my] [spouse's] account on the  1st  15th of the month. I understand I can cancel withdrawals anytime with 3 business days' notice. [Please enclose [a sample check marked "VOID"] [or] [your initial payment] using a check for the account from which payments are to be made.]

\*United of Omaha Life Insurance Company • United World Life Insurance Company • In New York, Companion Life Insurance Company

Date \_\_\_\_\_ X \_\_\_\_\_ Authorized Signature as Shown on Account

X \_\_\_\_\_ Joint Account or Other Authorized Signature

[Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_ ]

Y

**Memorandum of Variability  
Explanation of Variable Statements and Fields  
For Mutual of Omaha Insurance Company  
Application Form  
MA5919.**

Each variable section, statement or field is denoted by [brackets] and annotated with numbers in **RED**. The explanations below follow the order in which the variable fields appear in the form.

The large numbers bracketed represent section numbers, [2.] etc. These are subject to change based on the different sections of the application that may vary depending on marketing layout and distribution channel (Direct to Consumer Market, 3<sup>rd</sup> Party Mass Marketing, Telemarketing and Internet).

<b>PAGE 1</b>	
<i>Variable Statements/Fields</i>	<i>How or When Used</i>
<b>1</b> [Mutual of Omaha Insurance Company and Logo]	Will print depending on marketing and advertising layout.
<b>2</b> [Policy] [Certificate]	For Home Office Use Only and will print depending on marketing layout.
<b>3</b> [Please Reply By _____]	Will print depending on marketing layout.
<b>4</b> [Keyline Code]	Will print depending on marketing layout.
<b>5</b> [Collate Code]	Will print with certain payment methods only.
<b>6</b> [Applicant Name]	Will print depending on if fields are pre-populated.
<b>7</b> [Address]	Will print depending on if fields are pre-populated.
<b>8</b> [City, State, ZIP]	Will print depending on if fields are pre-populated.
<b>9</b> [(If name or address is incorrect...)]	Will print depending on marketing layout.
<b>10</b> [Telephone Number]	Will print depending on marketing and printing layout.
<b>11</b> [E-mail address]	Will print depending on marketing and printing layout.
<b>12</b> [Social Security Number]	Will ask for a social security number if required to do so by state or federal law or if internal company decision is made to request this information.
<b>13</b> [name /type o accident plan] [[with] [description] [Rider] [number]] [available to [Client Name] applicants] under [Master] Policy Form [number] [issued to [name of Policyholder]].	Will print depending on marketing and printing layout.

<p>14 [Variable Payment Methods]</p>	<p>A combination or none will print depending on payment method offered and marketing layout.</p> <p>See the <b>Explanation of Payment Method Variability for Appendix A</b> below for an explanation of variability for this section.</p>									
<p>15 [[Benefit amount of insurance coverage applied for ] [I wish to apply for the following benefit amount]:[(Please Check One)]</p> <p><input type="checkbox"/> \$000,000 <input type="checkbox"/> \$000,000 <input type="checkbox"/> \$000,000  <input type="checkbox"/> \$000,000 <input type="checkbox"/> \$0,000,000 [ \$ _____ ]</p>	<p>Will print depending on marketing and printing layout.</p> <p>Will print if more than one coverage amount is offered.</p> <p>A combination will print depending on a range of benefits offered.</p>									
<p>16</p> <table border="1" data-bbox="191 741 857 1291"> <tr> <td data-bbox="191 741 467 961"> <p><b>[[YES!PLEASE ISSUE THE PLAN BELOW:] [Coverage Applied for:] (Check One Only)</b></p> </td> <td data-bbox="467 741 657 961"> <p>[[Benefit Amount[s]]</p> <p>[[Mode Premium[s]]</p> </td> <td data-bbox="657 741 857 961"> <p>[[Additional Description Rider[s] Plan]]</p> <p>[[Mode Premium[s]]</p> </td> </tr> <tr> <td data-bbox="191 961 467 1077"> <p><input type="checkbox"/> [[INDIVIDUAL PLAN] [Covers Myself Only]]</p> </td> <td data-bbox="467 961 657 1077"> <p><input type="checkbox"/> [ \$ 0.00 ]</p> </td> <td data-bbox="657 961 857 1077"> <p><input type="checkbox"/> [ \$ 0.00 ]</p> </td> </tr> <tr> <td data-bbox="191 1077 467 1291"> <p><input type="checkbox"/> [[FAMILY PLAN] [Covers Myself, My Spouse and All My Eligible Dependent Children]]</p> </td> <td data-bbox="467 1077 657 1291"> <p><input type="checkbox"/> [ \$ 0.00 ]</p> </td> <td data-bbox="657 1077 857 1291"> <p><input type="checkbox"/> [ \$ 0.00 ]</p> </td> </tr> </table>	<p><b>[[YES!PLEASE ISSUE THE PLAN BELOW:] [Coverage Applied for:] (Check One Only)</b></p>	<p>[[Benefit Amount[s]]</p> <p>[[Mode Premium[s]]</p>	<p>[[Additional Description Rider[s] Plan]]</p> <p>[[Mode Premium[s]]</p>	<p><input type="checkbox"/> [[INDIVIDUAL PLAN] [Covers Myself Only]]</p>	<p><input type="checkbox"/> [ \$ 0.00 ]</p>	<p><input type="checkbox"/> [ \$ 0.00 ]</p>	<p><input type="checkbox"/> [[FAMILY PLAN] [Covers Myself, My Spouse and All My Eligible Dependent Children]]</p>	<p><input type="checkbox"/> [ \$ 0.00 ]</p>	<p><input type="checkbox"/> [ \$ 0.00 ]</p>	<p>Entire Table is Variable and within the Table certain options are variable and will print depending on marketing and printing layout.</p>
<p><b>[[YES!PLEASE ISSUE THE PLAN BELOW:] [Coverage Applied for:] (Check One Only)</b></p>	<p>[[Benefit Amount[s]]</p> <p>[[Mode Premium[s]]</p>	<p>[[Additional Description Rider[s] Plan]]</p> <p>[[Mode Premium[s]]</p>								
<p><input type="checkbox"/> [[INDIVIDUAL PLAN] [Covers Myself Only]]</p>	<p><input type="checkbox"/> [ \$ 0.00 ]</p>	<p><input type="checkbox"/> [ \$ 0.00 ]</p>								
<p><input type="checkbox"/> [[FAMILY PLAN] [Covers Myself, My Spouse and All My Eligible Dependent Children]]</p>	<p><input type="checkbox"/> [ \$ 0.00 ]</p>	<p><input type="checkbox"/> [ \$ 0.00 ]</p>								
<p>17 [[HERE IS THE PLAN I CHOOSE] [YES! PLEASE ISSUE THE ADDITIONAL [DESCRIPTION] RIDER]:]</p> <p>[[Description] [Rider] [Number]</p> <p><input type="checkbox"/> [Benefit Level] [\$00.00]</p> <p>[Description] [Rider] Number</p> <p><input type="checkbox"/> [Benefit Level] [\$00.00]]</p>	<p>Will print depending on marketing and printing layout.</p>									
<p>18 [[HERE IS THE PLAN I CHOOSE] [YES! PLEASE ISSUE THE ADDITIONAL [DESCRIPTION] RIDER]:]</p> <p>[Select Benefit Amount: <input type="checkbox"/> \$000,000 <input type="checkbox"/> \$000,000 <input type="checkbox"/> \$000,000 <input type="checkbox"/> \$000,000 <input type="checkbox"/> \$0,000,000]</p> <p>Select Rider: <input type="checkbox"/> [Description] [Rider] [Number]</p> <p><input type="checkbox"/> [Description] [Rider] [Number]</p> <p><input type="checkbox"/> [Description] [Rider] [Number]]</p>	<p>Will print depending on marketing and printing layout.</p>									
<p>19 [(Form I-551)]</p>	<p>Variable to comply with future updates to federal form identification number.</p>									

20 [I wish To Insure:]	Will print depending on marketing and printing layout.
21 [Child...]	Will print depending on marketing and printing layout. May have multiple lines/space provided for client use with this category.
22 [Please fill in the information requested above for each person to be insured. If you need more space to list your dependents, list them on a separate sheet...]	Will print if dependent coverage is offered.
23 [(s)] [-%share must total 100%]	Will print depending on marketing and printing layout.
24 [Beneficiary Address:...]	Will print depending on marketing and printing layout.
25 I understand that this coverage [(including any additional rider(s))]....	Will print if dependent coverage is offered.
26 [I ACKNOWLEDGE THIS IS NOT A DEPOSIT...]	Will print depending on distribution channel for 3 <sup>rd</sup> party marketing.
27 [CONSUMER DISCLOSURE OF THE SALE OF INSURANCE...]	Will print depending on distribution channel for 3 <sup>rd</sup> party marketing.
28 [Insurance Products are not insured by the FDIC...]	Will print depending on distribution channel for 3 <sup>rd</sup> party marketing.
29 [I acknowledge the receipt of the insurance disclosures...]	A combination will print depending on 3 <sup>rd</sup> party marketing layout.
30 [My] [Applicant's] [Cardmember's] [Cardholder's] [Mortgagor's] [Accountholder's] Signature [*]	One of these variables will print depending on marketing layout.
<b>PAGE 2</b>	
<i>Variable Statements/Fields</i>	<i>How or When Used</i>
31 [*Preapproval for adult ages [18-70], for one ...]	Will print depending on marketing and printing layout.
32 [IMPORTANT! If you selected the Easy Pay Option...]	Will print depending on marketing and printing layout.
33 [Complete only if [Applicant] [spouse] [or]...]	A combination will print depending on payment method provided.
34 [Complete only if address of [Client Name]...]	A Combination will print depending on marketing layout.
35 [Signature of Licensed Agent...]	Will print for solicitations involving telemarketing via a licensed agent.

<b><u>Explanation of Payment Method Variability for Appendix A</u></b>	
<i>Variable Statements/Fields</i>	<i>How or When Used</i>
<b>A-Y</b> The Method of Payment section in its entirety may or may not print depending on distribution channel and marketing layout.	
<b>A</b> [Method of Payment...]	A combination or none of these headers may print depending on payment method and marketing layout.
<b>B-X</b> [ <input type="checkbox"/> ]	A combination of check boxes will print if more than one payment method is provided depending on marketing layout.
<b>B</b> [Send no money [now!]] [Bill me [later].] [Send money]	A combination of these options will print depending on the payment method provided.
<b>C</b> [(Please check one)]	Will print when more than one payment method is provided.
<b>D-Y</b> These variable paragraphs comprise the billing modes (options) we may offer in varying combinations to the applicant.	
<b>D</b> [I understand that I will receive a statement to collect [the] [my] [initial] [first] [month's] [number] [month's] premium...]	A combination will print depending on payment method offered.
<b>E</b> [I understand payment is not required at this time...]	Will print depending on payment method offered.
<b>F</b> [I prefer to send my first payment now. [Coverage will begin at the earliest possible date.]] [Payment enclosed. [Start coverage at the earliest possible date.]]  [See section [6.]]	One or a combination of these options will appear depending on marketing layout.  Directs applicant to agreement section.
<b>G</b> [I have enclosed [a total of]\$_____ to pay...]	A combination will print depending on payment method.
<b>H</b> [I have enclosed the [(\$0.00)] initial premium...]	A combination will print depending on payment method.
<b>I</b> [I have enclosed [number] dollar[s]...]	A combination will print depending on payment method.
<b>J</b> [I have enclosed \$__ to pay for [the] [my] [first] [month] [number]...]	Will print depending on payment method.
<b>K</b> [Make check [or money order] payable to Mutual of Omaha.]	A combination will print depending on payment method provided.
<b>L</b> [[After] [that] [the first] [number] [month] [months], I wish to...]	A combination will print depending on payment method provided.
<b>M</b> [Direct Bill...]	A combination of these options will print depending on the payment method provided.
<b>N</b> [[Save Money...] [ <input type="checkbox"/> ] [Monthly]...]	A combination will print if Easy Pay is provided as a payment method.

O [Complete Easy Pay...]	A combination will print if Easy Pay is provided as a payment method.
P [[Select only one option.]...]	A combination will print depending on payment method.
Q [Provide your [number]-digit...]	A combination will print depending on marketing layout.
R [[ <input type="checkbox"/> Monthly] [ <input type="checkbox"/> Quarterly]...]	A combination will print depending on marketing layout.
S [[ <input type="checkbox"/> VISA® [Plan code] [ <input type="checkbox"/> MasterCard®...]	A combination will print depending on marketing layout.
T [ <input type="checkbox"/> [[By signing below,]...]	A combination will print depending on payment method provided.
U [ <input type="checkbox"/> [I wish to [bill]...]	A combination will print depending on payment method provided.
V [ <input type="checkbox"/> [I wish to [bill this through]...]	A combination will print depending on payment method provided.
W [Enter your personal identification number...]	Will print depending on marketing layout.
X [ <input type="checkbox"/> [I understand the [initial]...]	A combination will print depending on marketing layout.
Y [ <b>EASY PAY [OPTION] AUTHORIZATION...</b> ]	A combination will print depending on marketing layout.