

SERFF Tracking Number: MUTM-126419684 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 44386
Company Tracking Number: KENDRA SAYLER
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 2009 Simplified Issue Application - D046LNA09A
Project Name/Number: 2009 Simplified Issue Application /D046LNA09A

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: 2009 Simplified Issue SERFF Tr Num: MUTM-126419684 State: Arkansas

Application - D046LNA09A

TOI: L08 Life - Other

SERFF Status: Closed-Approved- State Tr Num: 44386
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: KENDRA SAYLER State Status: Approved-Closed
Reviewer(s): Linda Bird

Filing Type: Form

Authors: Mary Cleasby, Wanda Hill, Disposition Date: 12/21/2009
Shelly Kaipust, Kim Meyerring,
Stacey Payton, Mary Gregg, Krysia
Gannon, Ellen Cochrane, Kendra
Sayler, Kristin Miller

Date Submitted: 12/17/2009 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2009 Simplified Issue Application

Project Number: D046LNA09A

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/21/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/21/2009

Created By: Ellen Cochrane

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Ellen Cochrane

Filing Description:

RE: United of Omaha Life Insurance Company

NAIC 261-69868 FEIN 47-0322111

Individual Life Insurance

D046LNA09A Life Application Part 1

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D047LNA09A Life Application Part 2
D048LNA09A Producer Statement
D049LNA09A Disability Income Waiver Supplemental Application

Enclosed for filing with your Department are copies of the above-captioned forms in final format for review and approval. These forms are new and are not intended to replace any previously approved forms. They contain no unusual or controversial items according to normal company and industry standards. To the best of my knowledge, they comply with all your applicable statutes.

The above-referenced forms are designed to be compiled together to form a complete producer's life application portfolio. Life Applications Part 1 and Part 2 will provide the required information for a variety of products, help reduce the number of application forms we currently maintain while continuing to meet the needs of our customers. Accordingly, we felt we should package these forms together for filing purposes.

Life Application Part 1

Life Application Part 1 will be used to apply for any approved life insurance products that require simplified medical underwriting. Part 1 details the applicant's demographic information, plan, owner, and beneficiary information. It also provides a section for completing the other coverage. Life Application Part 1 will not be used as a standalone form, it is designed to be used in conjunction with application Part 2.

The Plan Information section within the application is being filed as variable so that we can add any new plan or rider developed in the future for this market. We are also requesting variability to the extent that existing plans or riders discontinued in the future may be removed without re-filing the form. The variability in the application is denoted by the use of brackets.

Life Application Part 2

Life Application Part 2 details the applicant's medical underwriting information. It also includes the agreement section. Life Application Part 2 will not be used as a standalone form, it is designed to be used in conjunction with Life Application Part 1.

Disability Income Waiver Supplemental Application

The Disability Income Waiver Supplemental Application will be used to apply for our approved Disability Income products. The Disability Income Waiver Supplemental Application will not be used as a standalone form, it is designed to be used in conjunction with Life Applications Part 1 and Part 2.

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Producer Statement

We are requesting the Producer Statement be filed for general use. If we decide to revise this form, we would like to do so without filing the entire Life Application packet. The Producer Statement will not be used as a standalone form.

Miscellaneous

To better accommodate our customers' needs, all of the forms can be completed with the use of paper, electronic or voice signatures capabilities. Please see attached Appendix A for a detailed electronic description.

Life Insurance Applications Part 1 and Part 2 achieved a minimum Flesch score of 50 when scored with the base policy.

Enclosed are the required filing materials. Please feel free to contact me if you should have any questions and/or concerns. Thank you for your time and consideration of this submission.

Sincerely,

Wanda Hill
Senior Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-3440 (Collect)
Fax: 402-351-5298
E-mail: wanda.hill@mutualofomaha.com

Company and Contact

Filing Contact Information

Kendra Saylor, Senior Product & Advertising Compliance Analyst
kendra.saylor@mutualofomaha.com
Regulatory Affairs Division 402-351-2454 [Phone]
Mutual of Omaha 402-351-5298 [FAX]
Mutual of Omaha Plaza
Omaha, NE 68175

Filing Company Information

United of Omaha Life Insurance Company CoCode: 69868 State of Domicile: Nebraska
Mutual of Omaha Plaza Group Code: 261 Company Type: Life Insurance

SERFF Tracking Number: MUTM-126419684 State: Arkansas
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Product Name: 2009 Simplified Issue Application - D046LNA09A
Project Name/Number: 2009 Simplified Issue Application /D046LNA09A
Omaha, NE 68175 Group Name: State ID Number:
(402) 351-6420 ext. [Phone] FEIN Number: 47-0322111

Filing Fees

Fee Required? Yes
Fee Amount: \$80.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$80.00	12/17/2009	32879565

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/21/2009	12/21/2009

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Disposition

Disposition Date: 12/21/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Certification of Compliance		Yes
Supporting Document	Credit Card Cert		Yes
Supporting Document	Fee Schedule Cert		Yes
Supporting Document	Appendix A		Yes
Form	Life Application Part 1		Yes
Form	Life Application Part 2		Yes
Form	Producer Statement		Yes
Form	Disability Income Waiver Supplemental Application		Yes

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Form Schedule

Lead Form Number: D046LNA09A

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	D046LNA09A	Application/ Life Enrollment Form	Application Part 1	Initial		0.000	D046LNA09A - Life Application Part 1.pdf
	D047LNA09A	Application/ Life Enrollment Form	Application Part 2	Initial		0.000	D047LNA09A - Life Application Part 2.pdf
	D048LNA09A	Other	Producer Statement	Initial		0.000	D048LNA09A - Producer Statement.pdf
	D049LNA09A	Application/ Disability Enrollment Form	Income Waiver Supplemental Application	Initial		0.000	D049LNA09A - DI Waiver Supplemental Application.pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175



Mutual of Omaha

PART 2, PAGE 1 OF 2 LIFE INSURANCE APPLICATION

UNDERWRITING	<p>If the Proposed Insured answers "Yes" to questions 1 through 7 in this section, that person is not eligible for coverage under this application.</p>		Proposed Insured
	1.	Has the Proposed Insured ever been diagnosed by a member of the medical profession or been tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2.	Has the Proposed Insured ever (a) received care or treatment for, or (b) been advised by a member of the medical profession to seek treatment for, or (c) consulted with a health care provider regarding:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		(a) Coronary Artery Disease, Heart Attack, Coronary Artery Bypass Surgery, Angioplasty, Stent Placement, Heart Murmur/Valvular Heart Disease or Replacement, Cardiomyopathy, Congenital Heart Disease, Stroke/mini-stroke, abnormal heart rhythm, or Cerebral or Symptomatic Aneurysm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		(b) Chronic Lung Disease (except mild Asthma), Chronic Bronchitis, Emphysema, Sarcoidosis or Cystic Fibrosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		(c) Bipolar Depression, Schizophrenia, Alzheimer's Disease, Dementia, Parkinson's Disease, Demyelinating Disease including Multiple Sclerosis, Huntington's Disease, Hydrocephalus, Quadriplegia, Paraplegia, Down's Syndrome, Autism, or any other disease of the central nervous system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		(d) Chronic Kidney Disease, end-stage Renal Disease with dialysis, or Liver Disease including Cirrhosis, Hepatitis B or Hepatitis C?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		(e) Diabetes with onset before age 50 or with vascular or renal complications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(f) Cancer, Leukemia, Melanoma or any other internal cancer (except basal cell or squamous cell skin cancer)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(g) Systemic Lupus or Scleroderma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(h) an organ transplant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	In the past 12 months, has the Proposed Insured:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(a) required the assistance of another person or a device of any kind for bathing, dressing, eating, toileting, getting in and out of a chair or bed, or the management of bowel or bladder problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(b) received, or been advised to have, any of the following types of care: nursing home, assisted living facility, adult day care facility, home health care services, or physical, occupational, speech therapy, or is the Proposed Insured currently confined to any hospital or other medical facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(c) used any of the following: walker, wheelchair, electric scooter, oxygen, or catheter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(d) applied for, received, or is the Proposed Insured currently receiving, disability, hospital, or medical benefits from any insurance company, government, employer, or other source other than for maternity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	In the past 12 months, has the Proposed Insured:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(a) been advised by a member of the medical profession to have a surgical operation, diagnostic testing other than for routine screening purposes, treatment, or other procedure which has not been done?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(b) consulted a member of the medical profession for chronic cough, unexplained weight loss, fatigue or unexplained gastrointestinal bleeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	In the next 2 years, will the Proposed Insured engage in any hazardous sports or activities such as motor sports racing, boat racing, parachuting/skydiving, hang gliding, base jumping, rock or mountain climbing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	In the past 10 years, has the Proposed Insured:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(a) used alcohol to a degree that required treatment or been advised to limit or discontinue its use by a member of the medical profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(b) used unlawful drugs in any form (including cocaine, methamphetamines and hallucinogens) or used prescription drugs other than as prescribed (including sedatives, tranquilizers, or narcotics) in any form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(c) been convicted of or incarcerated for a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(d) been hospitalized for high blood pressure or any mental or nervous disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	In the past 5 years, has the Proposed Insured been convicted of driving under the influence of drugs or alcohol, been convicted of reckless driving, or had four or more moving violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 2, PAGE 2 OF 2 LIFE INSURANCE APPLICATION

UNDERWRITING

8. Is the Proposed Insured a citizen of the United States? Yes No
If "No," complete the Foreign National questionnaire.

9. Has the Proposed Insured ever used (a) any form of tobacco, or (b) any form of nicotine replacement therapy? Yes No
If "Yes," please list details below.

Person Proposed for Insurance	Form of Tobacco/Nicotine Replacement Therapy	Frequency	Date Stopped

10. Name and address of personal physician if the Proposed Insured is over age 60.

AGREEMENT

Each of the undersigned certify that we have read the completed application.

- All answers in this application are true and complete, to the best of my knowledge and belief, and will be relied on by United of Omaha to determine insurability. The statements and answers in the application are the basis for any policy issued by United of Omaha, and no information about them will be considered to have been given to United of Omaha unless it is stated in the application. Any incorrect or misleading answers may void this application and any issued policy effective the issue date.
- If mode of payment is Bank Service Plan, I/We authorize premiums due to be automatically paid to United of Omaha, by electronic fund transfer until this authorization is cancelled in writing.
- Until this application is approved for issue by United of Omaha's Underwriting Department, no policy will be issued and no coverage will be provided except by a Conditional Receipt, if provided. In no event will benefits be paid for the same loss under both a Conditional Receipt and any policy issued from this application.
- The issue date of the policy will be the date shown in the policy, even though coverage may not become effective until a later date. Coverage under the issued policy will become effective only if and when: (a) the full initial premium is paid or, if paid by electronic funds transfer, the full initial premium is received by United of Omaha, and (b) United of Omaha Life Insurance Company has been notified of any change in either the health or habits of any person proposed for insurance between the date the application is approved for issue and the date the policy is delivered, and (c) the policy is delivered and all delivery requirements are completed during the lifetime of the Proposed Insured.
- If, prior to policy delivery, any person proposed for insurance dies, or there has been a change in that person's health or habits that will change any statement or answer to any question in the application, we will immediately notify United of Omaha. If the person proposed for insurance is not eligible for the insurance applied for, we agree that no policy of any kind will be in effect.
- I have received the MIB Group, Inc. Pre-Notice, the Notice of Information Practices, and a Life Insurance Buyer's Guide before completing this application.
- If the applicant is other than the person proposed for insurance, the applicant will own the policy.
- No Producer can: (a) waive or change any receipt or policy provision; or (b) agree to issue a policy.
- Fraud Warning:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
- The application includes Part I and Part 2, and all approved supplemental forms or amendments the Insurer specifically designates as parts of the application, by attaching as part of any policy delivered to the Owner.

I have read and understand the Authorization to Receive Information from and Disclose Information to the MIB Group, Inc. ("MIB"), the Agreement Section and the Conditional Receipt provided, and I approve all my answers as recorded in this application.

Signed at: _____ Date _____
 City State Mo Day Yr

 Signature of Proposed Insured Age 15 and Over Signature of Applicant/Owner/Trustee if other than Proposed Insured or if the Owner is a corporation, trust, or other entity. Include title of Signee(s).

 Signature of Payor as shown on bank account if Payment mode is BSP and payor is other than Proposed Insured or Other Proposed Insured. Signature of Parent or Guardian if Proposed is under Age 15

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY
 Mutual of Omaha Plaza, Omaha, NE 68175



DISABILITY INCOME/WAIVER SUPPLEMENTAL APPLICATION

Complete Supplemental Application if applying for Waiver of Premium or a rider offering disability benefits.

Proposed Insured

Legal Name: _____

Rider Name: _____

If the Proposed Insured answers "Yes" to questions 1 and 2 below, that person is not eligible for the Rider. If question 3 is answered "Yes," only the Waiver of Premium benefit may be available.

UNDERWRITING

- | | |
|---|---|
| <p>1. In the past 10 years, has the Proposed Insured ever (a) received care or treatment for, or (b) been diagnosed by a physician or health care provider as having:</p> <p>(a) Fibromyalgia, Chronic Fatigue Syndrome, Chronic Epstein-Barr, Rheumatoid Arthritis or other inflammatory arthritis?</p> <p>(b) Inflammatory Bowel Disease including Crohn's Disease or Ulcerative Colitis, Diabetes, Skin or Connective Tissue disorder?</p> <p>(c) Disease or disorder of the spinal column, neck or back, including acute and chronic neck or back strain; herniated disc syndrome, surgery of the spine or back, acute and chronic sciatica, or congenital disorders of the spinal column and back?</p> <p>(d) Any Mental or Nervous System Disorder including Grand Mal Epilepsy?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>2. In the past 12 months, has the Proposed Insured regularly taken prescription medication(s) (e.g., Darvon/propoxyphene, narcotic or codeine derivative) for three consecutive months or more for the control of chronic pain?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>3. Are you currently engaged in your occupation less than 30 hours per week?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>4. What is the monthly amount of any other disability insurance you have in force? \$ _____</p> <p>Check applicable coverage: <input type="checkbox"/> Individual Disability <input type="checkbox"/> Group Disability <input type="checkbox"/> None</p> | |

D049LNA09A

PLEASE SUBMIT ALL PAGES

HWA600

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: AR Read Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: Applications are under the Form Schedule Tab.		

	Item Status:	Status Date:
Satisfied - Item: Certification of Compliance		
Comments:		
Attachment: AR Certif of Compliance with Rule 19.pdf		

	Item Status:	Status Date:
Satisfied - Item: Credit Card Cert		
Comments:		
Attachment: AR Credit Card Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Fee Schedule Cert		
Comments:		
Attachment:		

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Project Name/Number: 2009 Simplified Issue Application /D046LNA09A
AR Fee Schedule Cert .pdf

Item Status:

**Status
Date:**

Satisfied - Item: Appendix A

Comments:

Attachment:

Appendix A.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.

<u>Form</u>	<u>Description</u>	<u>Score</u>
D046LNA09A	Life Application Part 1	*
D047LNA09A	Life Application Part 2	*
D048LNA09A	Producer Statement	*
D049LNA09A	Disability Income Waiver Supplemental Application	*

*Meets or exceeds your Flesch score requirement of 40 when scored with the base policy.

United of Omaha Life Insurance Company

Date: December 17, 2009



Daniel J. Kennelly
Vice President & Chief Compliance Officer

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: United of Omaha Life Insurance Company

Form Number(s): D046LNA09A, D047LNA09A, D048LNA09A,
D049LNA09A

I hereby certify, to the best of my knowledge and belief, 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 & Chief Compliance Officer

Title

December 17, 2009

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 Kernally
SIGNATURE

December 17, 2009

DATE

United of Omaha Life Insurance Company

COMPANY

CC-1

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: United of Omaha Life Insurance Company

Company NAIC Code: 261-69868

Company Contact Person & Phone: Wanda Hill

402-351-3440

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.

* 4 X \$20 = 80.00

**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.**

MUTUAL *of* OMAHA
Begin today.



ClickWrap Functional Specification Proposal

09/01/09

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Confidentiality Statement

This document contains information that is confidential and proprietary, and is not for distribution.

Section 1 – Overview

Mutual of Omaha will be collecting electronic signatures on life insurance forms in their project via a process known as Click Wrap. This process enables individual signors to review forms and attach electronic signatures via email, eliminating the need for “wet signatures” on applications and supplemental forms.

The process to define signature parties, gather signatures from those parties, and ultimately submit a completed application package to Mutual of Omaha is defined in this document.

This document details each component of the Click Wrap electronic signature process, including:

- Preparing to Collect Signatures
- Defining a Signature Method
- Setting Up Signature Parties
- Collecting Party Signatures
- Collecting Producer Signature
- Tracking and Administering Signatures

Workflow Diagram

Figure 1 illustrates the high-level signature process surrounding the electronic signature process in Mutual of Omaha’s platform.

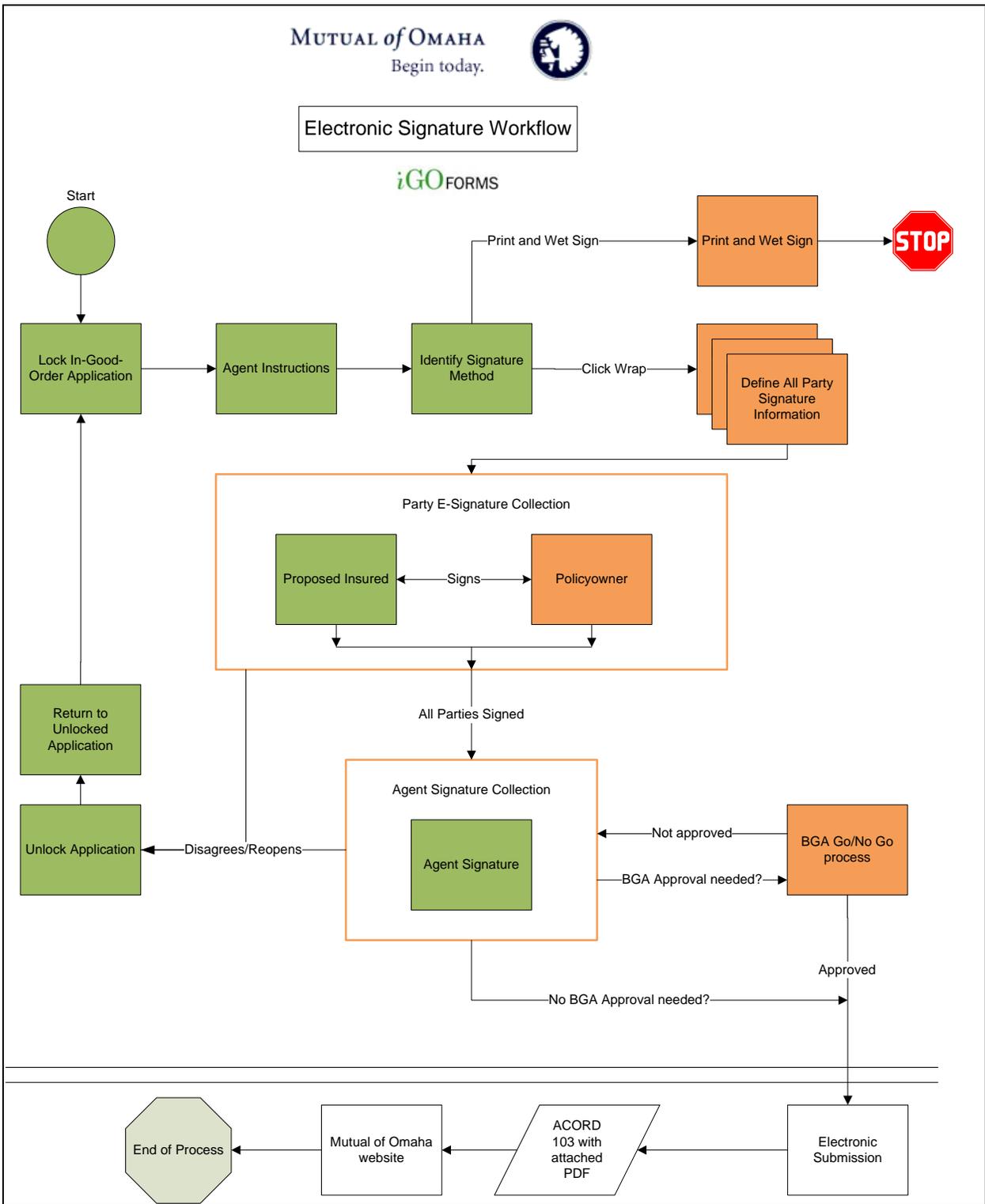


Figure 1: Electronic Signature Workflow

Parties to Sign

For the Mutual of Omaha Life products, there will be up to a maximum of four parties that will sign the application. They are as follows:

- Primary Insured
- Owner (if different than insured; may be individual, trustee, or power of attorney)
- Payor (if different than insured and owner)
- Producer

Some forms that have signature lines indicating an Owner signature is required, but not necessarily the Insured. In these cases, the Primary Insured signature will be mapped to these fields when the Owner and Insured are the same person.

Example Forms to Sign

There are several different form types that require signatures from one or more parties. Each of these forms will have a signature(s) mapped to it. These are as follows:

Form Type	Parties to Sign (Generic & State-specific)
Application for Life Insurance	Primary Insured Owner Producer
Authorizations, Acknowledgement and Limited Insurance Agreement	Primary Insured Producer
Aviation Questionnaire	Primary Insured
Avocation Questionnaire	Primary Insured
EFT Enrollment	Owner
ePay Authorization	Owner
Illustration Certification	Owner
HIV Consent	Primary Insured
Important Notice Regarding Replacement	Owner
Replacement Sales Material Checklist	Owner

Table 1: Forms to sign and signor details

Section 2 – Preparing to Collect Signatures

Upon initially reaching the end of the application process, users are presented with a dynamic screen called “Lock and Unlock Data” that allows them to do one of two things – return to areas of the application that are not In Good Order, or lock the application if it’s fully In Good Order.

This same screen will also allow the users to unlock applications that have been locked, assuming the application has not yet been submitted.

Lock & Unlock Data (Not in Good Order version)

When a user navigates through the screens, has **not** completed all screens in good order, and lands on the “Lock & Unlock Data” screen, the text on the screen is displayed as shown in Figure 2.

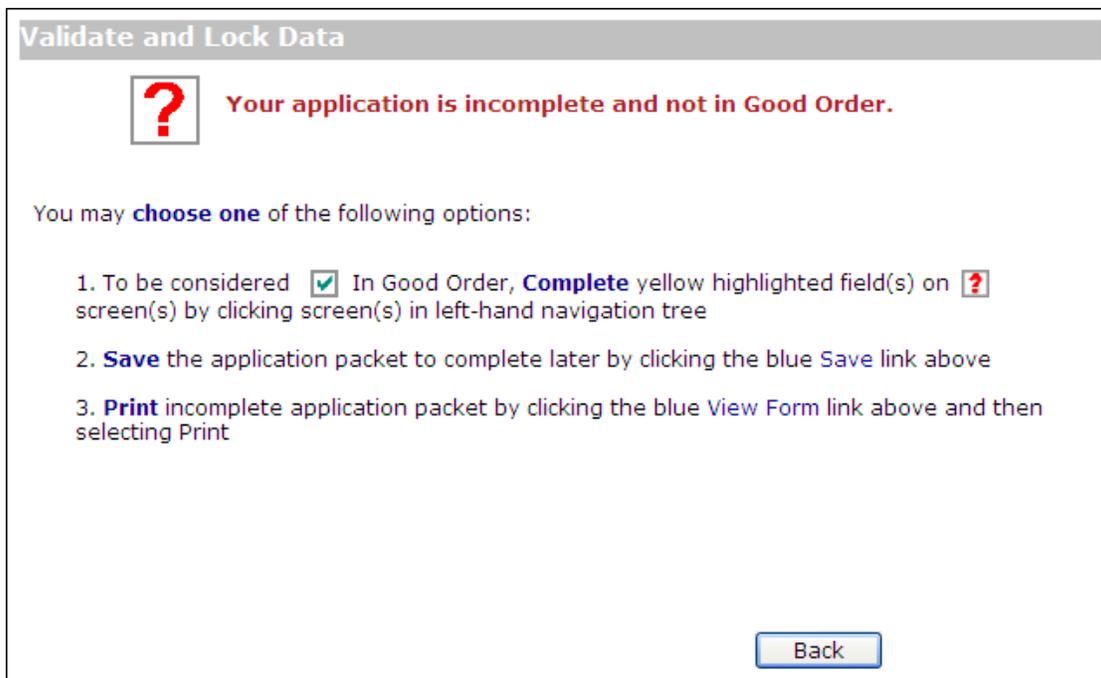


Figure 2: “Not In Good Order” Validate and Lock Data

The user can navigate back to any screens from this page via the navigation tree or to the first screen that is not In Good Order by clicking the “Back” button.

Lock & Unlock Data (in Good Order version)

When a user navigates through the screens and **has** completed all screens in good order, the text on the "Lock & Unlock Data" screen is displayed as shown in Figure 3.

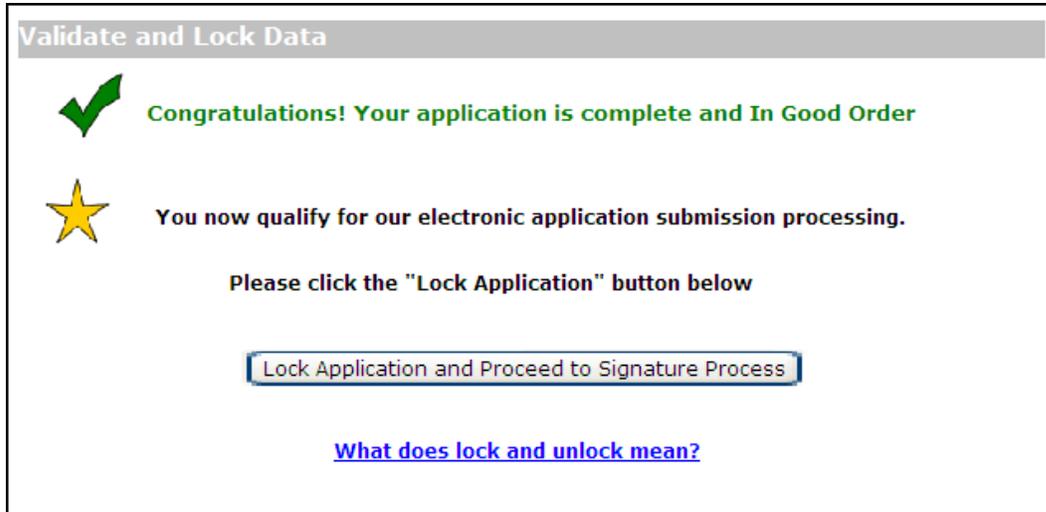


Figure 3: "In Good Order" Validate and Lock Data

The user can still navigate back to any screens from this page via the navigation tree or lock the application by clicking the "Lock Application and Proceed to Signature Process" button.

Lock & Unlock Data (Locked Application version)

After a user clicks on the "Lock Application and Proceed to Signature Process" button, the text on the Lock & Unlock data screen changes, as displayed in Figure 4.

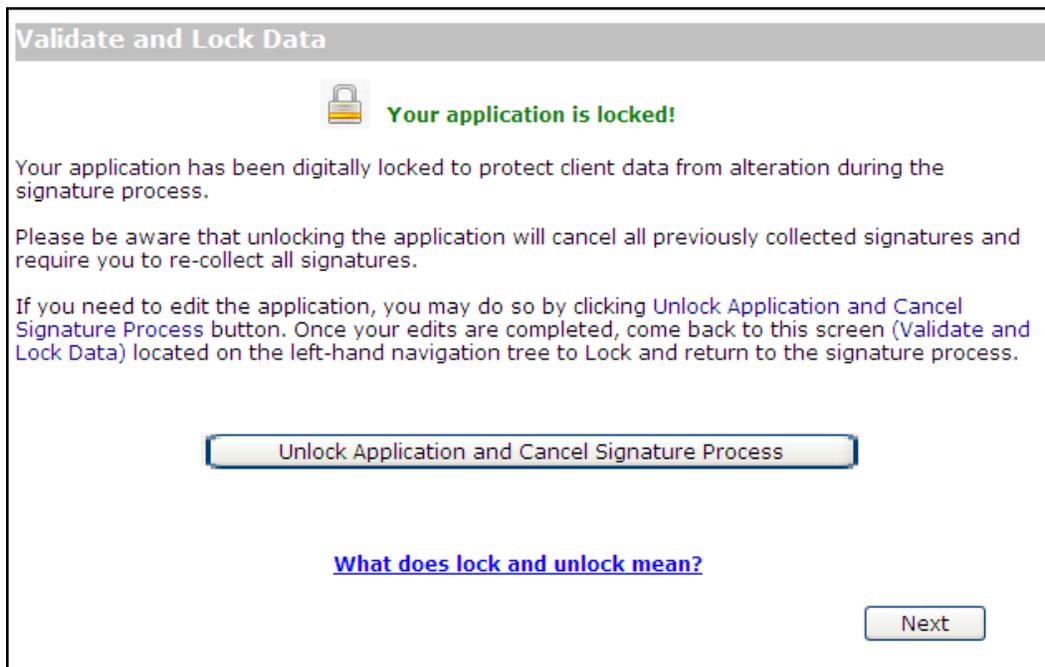


Figure 4: “Locked Application” Validate and Lock Data page

The user can still navigate back to any screens from this page via the navigation tree; however, those screens are now locked and greyed out, preventing any changes to them. The user can unlock the application by choosing the “Unlock Application and Cancel Signature Process” button, or click “Next” to move to the first page of the signature selection process.

Lock & Unlock Data (“Just Unlocked” Application version)

If a user clicks on the “Unlock Application and Cancel Signature Process” button, locked screens all become unlocked and the text on the Lock & Unlock data screen changes, as displayed in Figure 5. Once the user navigates off of this page and returns, the text reverts to that shown in either Figure 2 or 3, depending upon in the application remains In Good Order or not.

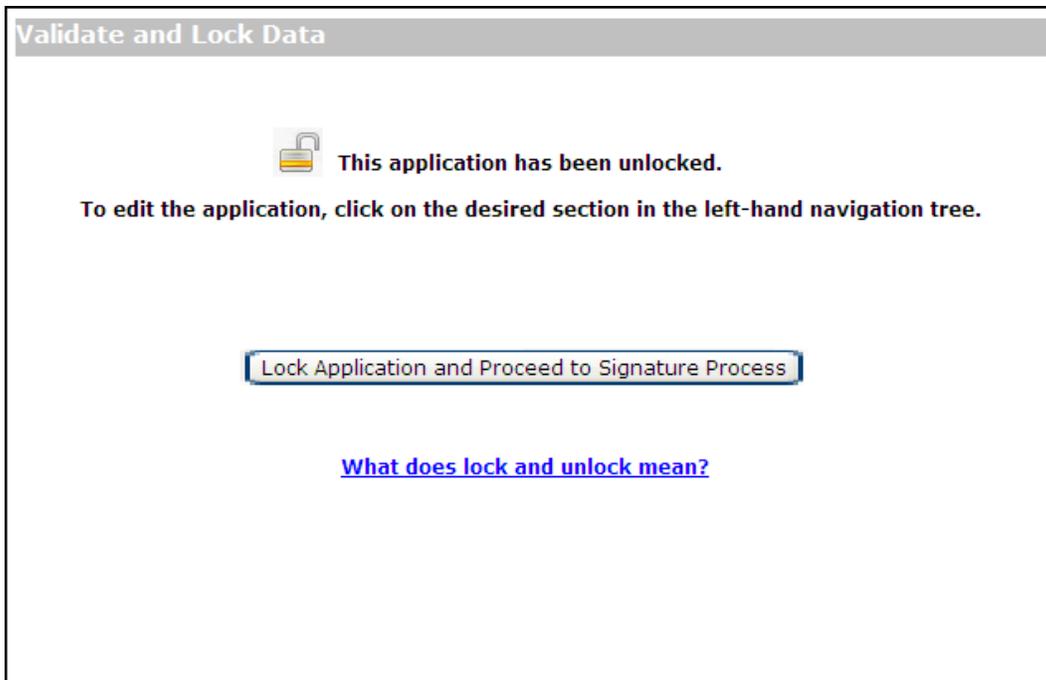


Figure 5: “Just Unlocked Application” Validate and Lock Data page

What does lock and unlock mean?

The following popup screen will be displayed when the user clicks the “What does lock and unlock mean?” on the ‘Validate and Lock Data’ screen.

What does lock and unlock mean?

-  **Locking**

Locking an application digitally seals the information, protecting it from modification by any parties during the signature and submission process. This allows all application signers to be confident that the documents they review, approve, and sign remain secure and in their original integrity.

-  **Unlocking**

Unlocking an application removes the digital protection seal, restoring the data to its previous "editing" status. In unlock state, the agent is able to correct any errors, misspellings, misstatements or inaccuracies found in the application by the signing party.

Keep in mind, unlocking a previously locked application will automatically remove any previously collected e-signatures. To recollect these e-signatures, the agent will be required to resend the new "edited" version of the application to all signing parties via the iGo email process.

Submitting

Submitting a locked and signed application by an agent to a specified General Agent or Carrier will prevent the agent from modifying or unlocking that application in the future. This function is disabled to prevent the agent from submitting duplicate applications or potentially modifying an application that is already in the underwriting process.

Here's a tip. Let's say you submitted a locked and signed application to a carrier for \$500,000 and the client now wants to buy an additional policy for \$250,000. You can use the "**Copy Client***" feature (located on the client tab page) re-use some or all of the data of that locked case. **Copying** the application will create a new, independent record of the application that has most of the previous application data with the exception that the e-signatures are removed.

[Click here to return to top of page](#)

**Copy Client availability is dependant on carrier preferred configuration.*

Figure 6: "What does lock and unlock mean?" screen

Section 3 – Defining the Signature Method

Once a user has locked an application, they have the option to choose one of two signature methods – **Print & Wet Sign** or **Electronic Signature**.

Workflow Diagram

Figure 6 illustrates the steps and options that a user has to define signature methods once an application has been locked.

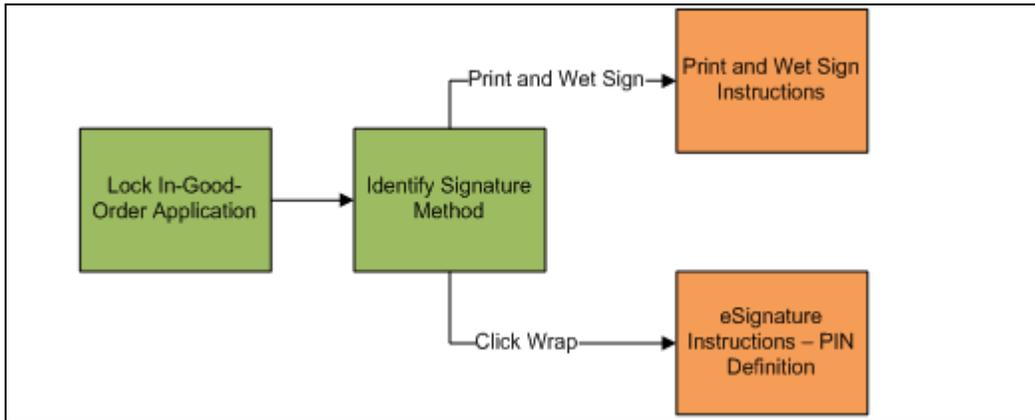


Figure 6: Choosing the Signature Method

Signature Options

The Signature Options page allows a user to choose either method of signature available on Mutual of Omaha’s iGO system (note that if Digital Pads are made available in future projects, that option would appear here as well). Figure 7 displays this page.

Signature Method

Please choose a signature method:

eSignature using Email: Electronically review, eSign using email, and eSubmit via the web.

Wet Signature: Print, review, wet sign and mail

eSignature Criteria

Email Signatures:

1. Agent must collect the email address for each signer.
2. All signers must have access to the internet and have their own email address.
3. All signers must agree to use the eSignature process.
4. All eSignatures must be obtained within 5 calendar days.

Digital Pad Signatures:

1. Agent must have access to a digital signature pad.
2. The Client(s) and agent are in the same location.
3. All signers must agree to use the eSignature process.

Back Next

Figure 7: Signature Options page

Choosing the **Wet Signature** option brings the user to the **Print and Wet Sign Instructions** page, while choosing **eSignature** brings the user to the **Electronic Signature Instructions** page.

Print and Wet Sign Instructions

The Print and Wet Sign Instructions page displays specific text to indicate the steps that the writing producer should take to get the application to Mutual of Omaha. This includes printing and reviewing the application, obtaining signatures from the required parties, and mailing the application to the appropriate area. The text on this screen is customizable to Mutual of Omaha's specific requirements. This screen is the last screen to be displayed in the application workflow in the Print and Wet Sign process.

This screen is shown in **Figure 8**.

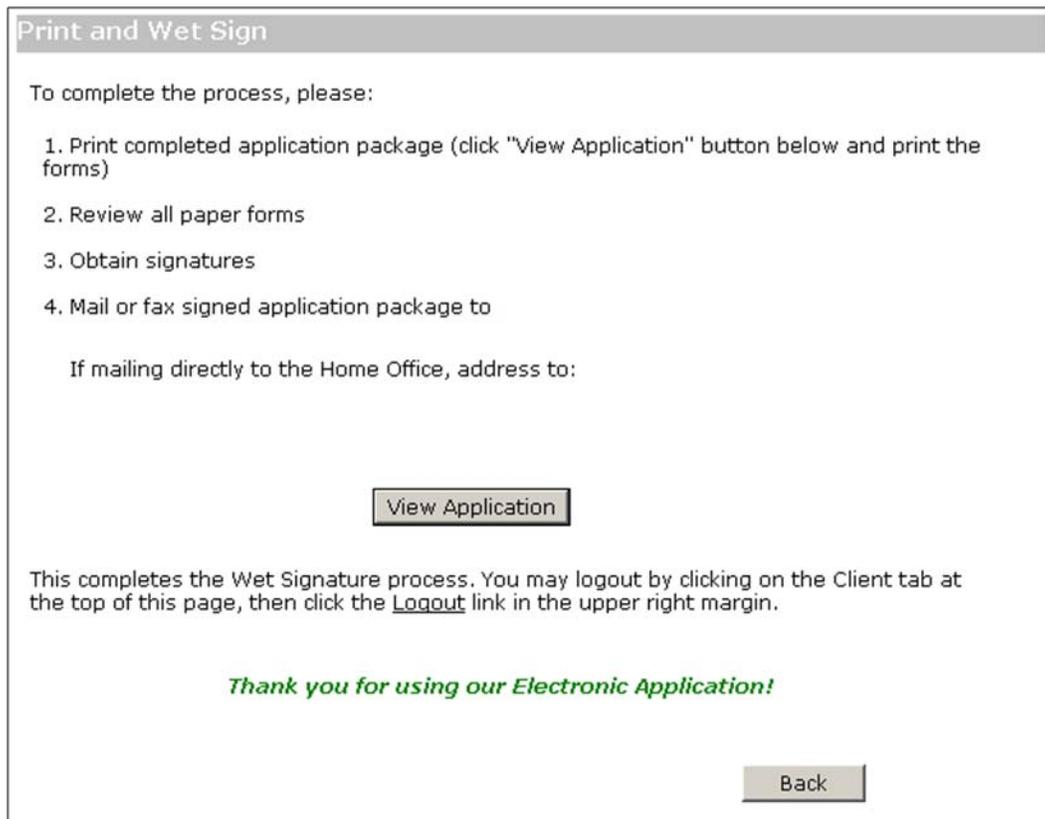


Figure 8: Print and Wet Sign Page

eSignature instructions

The eSignature instructions screen displays the signing parties' names and also explains the electronic signature process to Mutual of Omaha Producers. In addition, it also requires the producer to enter a 4 digit PIN, which they will need, to log in when it is time to affix their electronic signature to the application. The Producer is also required to enter the

Email address for notifications and confirm the same. This Email field will be pre-populated, if collected earlier on the wizard screens and would be editable.

This screen is shown in **Figure 9**.

eSignature Instructions	
eSignature emails will be sent to the signing parties below.	
Proposed Insured	John Doe
Other Insured	Jane Doe
Policy Owner	Joe PolicyOwner
Credit Card Holder	Clint Eastwood
Account Holder	John Wayne

Agent eSignature Information

Mike Smith, please enter a 4 digit pin below that you, as the agent, will use to sign in to your agent signature process once all other parties have signed.

AGENT PIN

Mike Smith, please also enter and confirm your email address where all eSignature notifications will be sent.

Mike Smith email

Confirm Mike Smith email

Figure 9: eSignature Instructions Page

Section 4 – Setting Up Party Signatures

Once a user has locked an application and chosen to utilize the electronic signature process, the user goes through a series of steps to identify the particular email that each signing party will use and then send that email to the party.

Workflow Diagram

Figure 10 illustrates the steps and actions taken when a user has to identify and send Click Wrap emails to all signing parties.

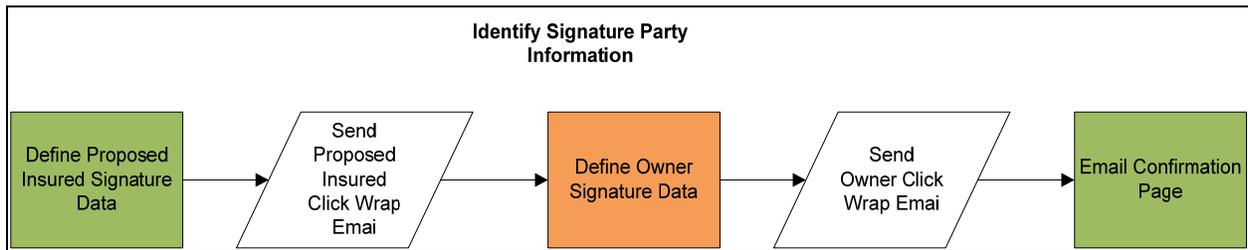


Figure 10: Signature Identification Workflow

Primary Insured Signature Definition Screen

The Primary Insured Signature Definition is broken into three main sections: Instructions and Identification, Communication, and Email Execution.

Instructions and Identification

This section of the screen provides text for the producer that describes the electronic signature process that the signers will experience, as well as an area containing required data input fields for the email addresses of the Primary Insured (pre-populated but editable from earlier in the application interview) and Producer (also pre-populated but editable from earlier in the application interview). The email address entered for the Primary Insured will be the one used when the electronic signature email is sent.

Another required input field contains the PIN number that the party will use to log in to the eSignature process (pre-filled with the last 4 digits of the Primary Insured's SSN). The final input field is an optional email subject line that can be edited if desired.

Communication

This section of the screen displays the static email text that will be sent to the Primary Insured as well as an area for the producer to enter specific, custom text (up to a maximum for 250 characters).

Email Execution

This section of the screen contains a button initially reading "Send Message", which is enabled once the email address field has been completed. The Producer's email address is pre-filled from the previous screen. When the "Send Message" button is clicked, it generates the signature email to the email address identified on the screen, a confirmation message is shown, and the button text is changed to "Resend Message". Text will also appear at the bottom of the screen informing the user that they can come back to this screen to re-send the signature email if they desire (which will negate the URLs in any earlier email). If the client has completed the eSignature process and the producer clicks on the "Resend Message" button, the user will be informed that they will need to unlock the application and re-collect the signatures.

Figures 11, 12, and 13 illustrate the behavior of this page.

Proposed Insured's eSignature

This signature email has not yet been sent!

By completing the information below, your client will receive a personalized email instructing them how to gain access to their electronic application and the necessary steps that must be completed to collect their digital signature.

To Proposed Insured: John Doe

Email Address:

Agent's Email Address:

Subject:

Email Message:

Thank you for applying for a Mutual of Omaha life insurance policy.

To complete the application we need your electronic signatures. Please review your application by clicking on the link below. You will be asked to acknowledge your acceptance of the application, disclosures and consents prior to signing.

[Click here](#) to be directed to your on-line application.

If you have any questions, please contact me.

You may type a personalized email message below and click **Send Message to Client**.

Figure 11: Primary Insured eSignature Page before email sent (Send Message button disabled)

Proposed Insured's eSignature

This signature email has not yet been sent!

By completing the information below, your client will receive a personalized email instructing them how to gain access to their electronic application and the necessary steps that must be completed to collect their digital signature.

To Proposed Insured: John Doe

Email Address:

Agent's Email Address:

Subject:

Email Message:

Thank you for applying for a Mutual of Omaha life insurance policy.

To complete the application we need your electronic signatures. Please review your application by clicking on the link below. You will be asked to acknowledge your acceptance of the application, disclosures and consents prior to signing.

[Click here](#) to be directed to your on-line application.

If you have any questions, please contact me.

You may type a personalized email message below and click **Send Message to Client**.

Figure 12: Primary Insured eSignature Page with the Send Message button enabled

Proposed Insured's eSignature

This signature email has been sent
 Click 'Next' to move forward or 'Resend Message' if needed

By completing the information below, your client will receive a personalized email instructing them how to gain access to their electronic application and the necessary steps that must be completed to collect their digital signature.

To Proposed Insured: John Doe

Email Address:

Agent's Email Address:

Subject:

Email Message:

Thank you for applying for a Mutual of Omaha life insurance policy.

To complete the application we need your electronic signatures. Please review your application by clicking on the link below. You will be asked to acknowledge your acceptance of the application, disclosures and consent or to signing.

[Click here](#) to be directed to your on-line application.

If you have any questions, please contact me.

You may type a personalized email message below and click **Send Message to Client**.

Figure 13: Proposed Insured eSignature Page after email is sent ("Next" and "Resend Message" buttons displayed)

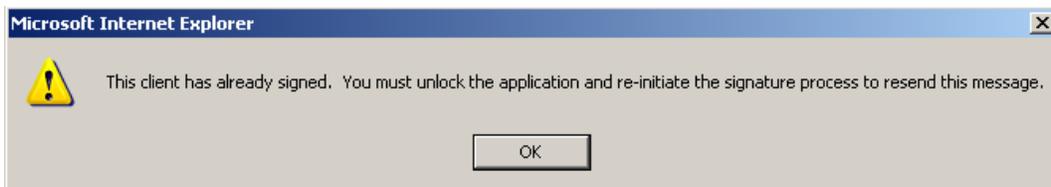


Figure 13.b: Edit displayed when resend button clicked and signature already captured

Primary Insured Signature Email

Once the Producer clicks on the "Send Message" button, an email is generated to the Primary Insured containing three sections of information. First is the static text that is part of each signature email, second is the custom text that the producer entered (if applicable), and last is the specific URL that the Primary Insured clicks on to start the electronic signature process.

Figure 14 illustrates a sample of this email.

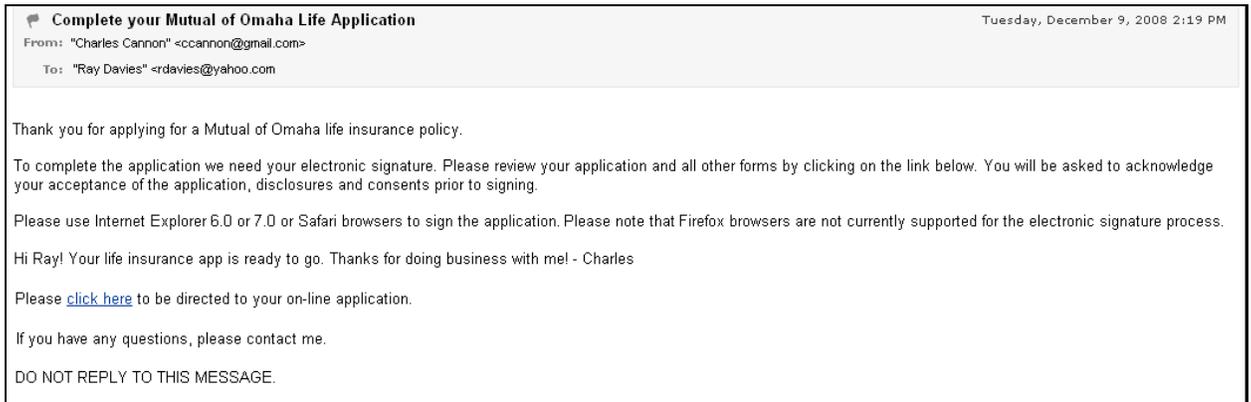


Figure 14: Email to Primary Insured

The URL contained in this email will last for seven calendar days until expiration. In addition, the URL will expire if any of the following events happen:

- Successful completion of the eSignature process
- Any signer completely declines the eSignature process
- Regeneration of a new email to the same party
- Completion of three unsuccessful login attempts (described in the next section)

Primary Owner Signature Definition Screen

The Primary Owner Signature Definition screen is only displayed if the owner is different than the insured. It is virtually the same as the Primary Insured Signature Definition screen, with the exception of references to Owner instead of Insured.

Primary Owner Signature Email

Once the Producer clicks on the "Send Message" button, an email is generated to the Primary Owner. This email is virtually the same as that described in the "Primary Insured Signature Email" section earlier in this document.

Signature Email Confirmation Screen

Once the producer has executed all of the required signature emails, the **Signature Email Confirmation Screen** is displayed. This screen shows a listing of each of the parties that has been sent a signature email, the email address to which it was sent, and the date that the email was sent. In addition, it contains instruction text informing the producer of the rest of the process that will take place and their responsibility to sign electronically once all of the signatures have been captured.

This is shown in Fig 15A

Signature Email Confirmation

 **All required signature emails have been sent!**

You have successfully sent email(s) to the following individual(s), instructing them how to gain access to their electronic application and the necessary steps that must be completed to collect their electronic signature.

<i>Signing Party Name</i>	<i>Email Address</i>	<i>Date Sent</i>
John Doe	john DOE@yahoo.com	07/30/2009 08:32:26 PM
Jane Doe	janedoe@yahoo.com	07/30/2009 09:00:51 PM
Joe PolicyOwner	jpolicyowner@yahoo.com	07/30/2009 08:32:26 PM
Clint Eastwood	clinteastwood@yahoo.com	07/30/2009 09:00:51 PM
John Wayne	johnwayne@yahoo.com	07/30/2009 09:00:51 PM

You will be notified of the following via e-mail message:

- eSigner fails to login within 7 days of your email being sent
- eSigner makes three failed attempts to login using their assigned passwords (last 4 digits of Social Security Number)
- eSigner successfully eSigns application
- eSigner declines to eSign application

Your electronic signature will be required after other eSignatures have been captured. After eSigning you will be able to transmit the completed Application to _____ for processing.

[View Application](#) [Close Window](#)

Figure 15A: Signature Email Confirmation Screen (if all signatures emails are sent)

If the producer has not executed all of the required signature emails but clicks to the Signature Confirmation screen, the "incomplete" version of this page is displayed. This screen shows a listing of each of the parties that has been sent a signature email, the email address to which it was sent, and the date that the email was sent. In addition, it also contains the name of the parties who have **not** yet had their emails sent. It also contains text informing the user that there is more signature setup work to be done.

Figure 15B shows this screen.

Signature Email Confirmation		
<p>? Not all required eSignature emails have been sent!</p> <p>See the grid below - There are some parties for which you have not yet provided eSignature information to initiate the eSignature process. Be sure to set up all signatures for all parties in order to complete the eSignature process.</p>		
<i>Signing Party Name</i>	<i>Email Address</i>	<i>Date Sent</i>
John Doe	johndoe@yahoo.com	07/30/2009 08:32:26 PM
Jane Doe	janedoe@yahoo.com	07/30/2009 09:00:51 PM
Joe PolicyOwner	jpolicyowner@yahoo.com	07/30/2009 08:32:26 PM
Clint Eastwood	clinteastwood@yahoo.com	07/30/2009 09:00:51 PM
John Wayne	NOT YET SENT!	

Figure 15B: Signature Email Confirmation Screen (not all signature emails are sent)

Section 5 – Collecting Party Signatures (non-Producers)

Once each signature email has been sent (as detailed in Section 4), the signature collection process can begin for each party. This section details each of the screens that each party accesses during the signature collection process for all parties other than the signing producer.

Workflow Diagram

Figure 16 illustrates the steps and actions taken when the Primary Insured and Primary Owner go through the electronic signature process. The process is virtually identical for both parties.

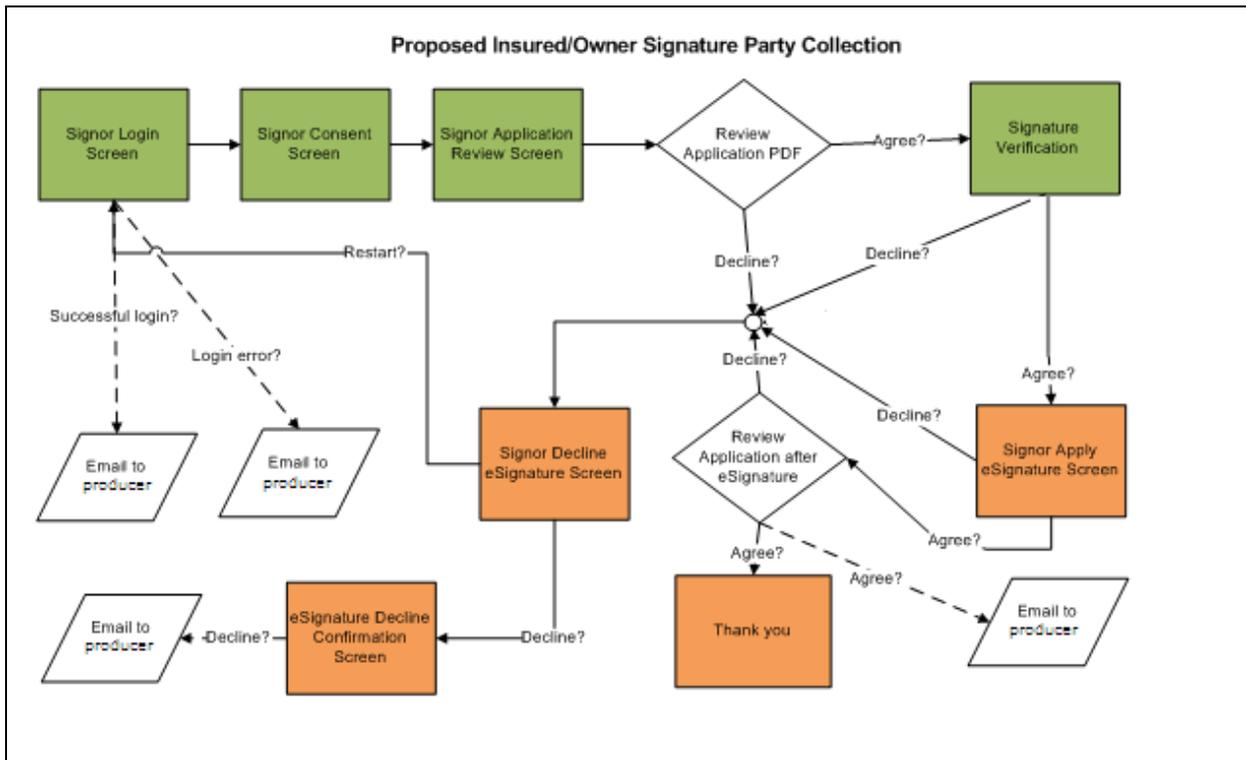


Figure 16: Insured and Owner Signature Collection Workflow

Primary Insured/Owner Login Screen

Upon clicking on the email that contains the link to start the eSignature process, the Primary Insured or Owner is brought to a login screen. On this page, they are prompted to enter the PIN (last 4 digits of the SSN) that was created on the Signature Definition screen described in Section 4.

If the Primary Insured or Owner enters the wrong PIN, a message is displayed on the screen informing them. After three incorrect login attempts, the user will be locked out and the email will need to be regenerated by the producer.

Figure 17 shows this page.

Last 4 Digits SSN

Sign In

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Figure 17: Insured and Owner Login

Primary Insured/Owner Consent Screen

After a successful login to the system, the Primary Insured or Owner is shown the “Welcome - Consent” screen. This screen contains a button named as “Terms & Conditions and eSignature Consent”. Clicking on that button produces a PDF. This screen is identical for all signing parties.

The user has the ability to read, view and print the Terms & Conditions and eSignature Consent by clicking on the button which generates the information in a PDF document. Clicking on this button also enable the “I have read the Terms & Conditions and eSignature Consent checkbox to be checked.

The user has the ability to Decline signing the application at this point, regardless if they have not read or agreed to the “Terms & Conditions and eSignature Consent” If they choose to do so, they can click the “I Decline” button at any time.

In order to move forward, the user must click the checkbox indicating that they have read the Terms & Conditions and eSignature Consent. This enables the “I Agree” button, which, when clicked, advances the user to the next screen of the electronic signature process.

Figure 18 shows the “Welcome - Consent” screen prior to the user indicating that they have read the Terms & Conditions and eSignature Consent Figure 20 shows the “Welcome – Consent” screen once the user indicates that they have read the Terms & Conditions and eSignature Consent.

Welcome - Consent

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Step 1 of 5

Welcome, John Doe!

To begin the eSignature process, please read the **Terms of Use** and **Electronic Signature Consent** below. You should print and retain a copy of these documents for future reference.

After reading these documents, please check the boxes indicating you have read them and then select either "I Agree" or "I Decline".

TERMS OF USE

CONDITIONS OF

By using this Web site in relation to an application for insurance with Insurance Company (together with its affiliates, " "), you agree with the following Terms and Conditions Of Use ("Terms") without limitation or qualification.

I have read the **Terms of Use** [Print](#)

CONSENT TO USE OF ELECTRONIC SIGNATURES AND RECEIPT OF DISCLOSURES EXCLUSIVELY THROUGH ELECTRONIC MEANS

Thank you for using Insurance Company's electronic application process. You are applying for insurance coverage using electronic records, transactions and signatures. is legally required to provide you with certain

I have read the **Electronic Signature Consent** [Print](#)

Figure 18: Welcome – Consent screen prior to indication

Welcome - Consent

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Step 1 of 5

Welcome, John Doe !

To begin the eSignature process, please read the **Terms of Use** and **Electronic Signature Consent** below. You should print and retain a copy of these documents for future reference.

After reading these documents, please check the boxes indicating you have read them and then select either "I Agree" or "I Decline".

TERMS OF USE

CONDITIONS OF USE

By using this Web site in relation to an application for insurance with Insurance Company (together with its affiliates, " "), you agree with the following Terms and Conditions Of Use ("Terms") without limitation or qualification.

I have read the **Terms of Use** [Print](#)

CONSENT TO USE OF ELECTRONIC SIGNATURES AND RECEIPT OF DISCLOSURES EXCLUSIVELY THROUGH ELECTRONIC MEANS

Thank you for using Insurance Company's electronic application process. You are applying for insurance coverage using electronic records, transactions and signatures. is legally required to provide you with certain

I have read the **Electronic Signature Consent** [Print](#)

Figure 19: Welcome – Consent screen after indication

The specific Terms of Use, Electronic Signature Consent and HIPAA Authorization text is contained in Section 9 of this document.

Primary Insured/Owner eSignature Login Email to Producer

After each signing party (Insured and Owner) log into the signature process successfully, an email is sent to the producer informing them as such. This email is shown below in Figure 20.

From:	Mutual of Omaha - eSignature Notification	Sent: Wed 12/10/2008 5:27
To:	Charles Cannon	
Cc:		
Subject:	Ray Davies has started the eSignature process on the life insurance application for Ray Davies	

This email is being sent to inform you that Ray Davies has started the eSignature process on the life insurance application for Ray Davies.

If Ray Davies declines and cancels the eSignature process you will be notified. Otherwise, you will be notified when Ray Davies has successfully reviewed and signed the on-line application.

Please remind your client that they must review and sign the on-line application within 7 days of the original email notification you sent them. If not, their access will expire.

Please do not reply to this email.

Figure 20: Primary Insured/Owner login confirmation email to Producer

Primary Insured/Owner Application Review

After agreeing to the "Welcome - Consent" screen, the Primary Insured or Owner is brought to the Application Review screen. This screen gives the Primary Insured or Owner the ability to review the complete application PDF document, indicate that they have done so, then agree to attach their signature to the application or decline doing so.

Upon initial entry to this screen, the user sees the "Review Your Application" button (as shown in Figure 21). Clicking on this button launches the application PDF document in a separate window for the user to review as well as enabling the checkbox for the user to indicate that they have reviewed the form. Once the user has reviewed the form and indicates as such by clicking on that checkbox, the "I Agree" button is enabled (as shown in Figure 22). The "I Decline" button has been active the entire time, in case the user decides to opt out of the signature process.

Choosing "I Agree" brings the user to the "Apply eSignature" screen. Choosing "I Decline" brings the user to the "Decline eSignature" screen.

Application Review

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Step 2 of 5

Please review your application and all other forms in their entirety for accuracy and to make sure you completely understand and agree with what they say.

If you need to change or update any information or if you have questions, please contact your representative.

After reviewing your application and reading each of the pages that are to be eSigned, please check the box indicating you have read it and then select either "I Agree" or "I Decline."

I have reviewed the application and read each of the pages that are to be eSigned

Figure 21: Primary Insured/Owner Application Review screen (part 1)

Application Review

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Step 2 of 5

Please review your application and all other forms in their entirety for accuracy and to make sure you completely understand and agree with what they say.

If you need to change or update any information or if you have questions, please contact your representative.

After reviewing your application and reading each of the pages that are to be eSigned, please check the box indicating you have read it and then select either "I Agree" or "I Decline."

I have reviewed the application and read each of the pages that are to be eSigned

Figure 22: Primary Insured/Owner Application Review screen (part 2)

Primary Insured/Owner Signature Verification screen

After the user indicates that they have reviewed the application and read each of the pages that are to be eSigned, they are brought to the "Signature Verification" screen. Upon initial entry to the screen (as shown in Figure 23), it displays a checkbox for the user to agree that they have read the statements on the application. The application will be the basis for coverage, and that their SSN is correct and they are not subject to backup withholding. This screen also displays the non-editable application state, a required input field for the city of signature and a field for the user to verify the last 4 digits of their SSN. The screen also shows an "I Decline" and a grayed-out "I Agree" button.

After the checkbox is checked and the user has entered the "Signed at City" and the last 4 digits of the SSN, "I Agree" button is enabled (as shown in Figure 24). Clicking on this button takes the user to the next step of the eSignature process, which is the "Review application after eSignature" Screen. Clicking on "I Decline" brings the user to the "Decline eSignature" screen.

Signature Verification

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Step 3 of 5

In this step, you electronically sign your application and all related disclosures and consents. Please contact your Agent if there are any changes you need to make to the form(s). If you have no changes, please follow the instructions below to eSign the application.

I John Doe, hereby agree that:

By clicking "Apply eSignatures", you are signing and acknowledging that you have reviewed the application of insurance with Mutual of Omaha, completed all information to the best of your ability, and attest that all information is accurate. You also acknowledge that you accept the terms and conditions contained in the forms you just reviewed.

Please enter the city and state where you are signing the application.

Signed at City:

Signed at State:

Figure 23: Primary Insured/Owner Signature Verification screen (part 1)

Signature Verification

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Step 3 of 5

In this step, you electronically sign your application and all related disclosures and consents. Please contact your Agent if there are any changes you need to make to the form(s). If you have no changes, please follow the instructions below to eSign the application.

I John Doe, hereby agree that:

By clicking "Apply eSignatures", you are signing and acknowledging that you have reviewed the application of insurance with Mutual of Omaha, completed all information to the best of your ability, and attest that all information is accurate. You also acknowledge that you accept the terms and conditions contained in the forms you just reviewed.

Please enter the city and state where you are signing the application.

Signed at City:

Signed at State:

Figure 24: Primary Insured/Owner Signature Verification screen (part 2)

Signature Verification

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Step 3 of 5

In this step, you electronically sign your application and all related disclosures and consents. Please contact your Agent if there are any changes you need to make to the form(s). If you have no changes, please follow the instructions below to eSign the application.

I John Doe, hereby agree that:

By clicking "Apply eSignatures", you are signing and acknowledging that you have reviewed the application of insurance with Mutual of Omaha, completed all information to the best of your ability, and attest that all information is accurate. You also acknowledge that you accept the terms and conditions contained in the forms you just reviewed.

Decline eSignature Process

Apply eSignatures

Figure 27a: Apply eSignatures screen for OI, & PO (part 1)

Signature Verification

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Begin today.



Step 3 of 5

In this step, you electronically sign your application and all related disclosures and consents. Please contact your Agent if there are any changes you need to make to the form(s). If you have no changes, please follow the instructions below to eSign the application.

I John Doe, hereby agree that:

By clicking "Apply eSignatures", you are signing and acknowledging that you have reviewed the application of insurance with Mutual of Omaha, completed all information to the best of your ability, and attest that all information is accurate. You also acknowledge that you accept the terms and conditions contained in the forms you just reviewed.

Decline eSignature Process

Apply eSignatures

Figure 27b: Apply eSignatures screen for OI, & PO (part 2)

Text of eSignature

All areas of each form where signatures are required will have electronic signatures for each concerned party, which is as follows,

eSigned by <Primary Insured/Owner First Name> <Primary Insured/Owner Last Name> on <Date> at <Time> <AM/PM>

The date will be in short numerical format with four digit year, such as "1/9/2009". The time will be in short numerical format with time zone of the local user machine, such as "3:10 PM".

The following is a complete sample of how the full eSignature will appear on a signature line:

eSigned by Joe Smith on 6/1/2007 at 7:10 AM

NOTE: The font size and the location may vary with respect to the space available on the signature spot of the form.

Primary Insured/Owner eSignature Confirmation screen

After the user affixes signatures to the application, they are brought to the "Review Application after eSignature" screen. This screen allows the user to see their now-signed application (by clicking on the "Review your eSigned Application" button). Figure 25 shows that the "Submit to Representative" button grayed out.

The user reviews the eSigned application and then clicks on the "I have reviewed the signed application and read each of the pages that have been signed" checkbox. Clicking this checkbox enables the "Submit to Representative" button (as shown in Figure 26).

Review Application after eSignature

MUTUAL of OMAHA
Begin today. 

Step 4 of 5

Please review your application and all other forms in their entirety for accuracy and to make sure you completely understand and agree with what they say.

If you need to change or update any information or if you have questions, please contact your representative.

After reviewing your signed application and reading each of the pages that are eSigned, please check the box indicating you have reviewed it and then select either "Submit to Representative" or "Decline eSignature Process".

I have reviewed the eSigned application and read each of the pages that has been eSigned.

Figure 25: Review Application after eSignature screen (part 1)

Review Application after eSignature

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Begin today. 

Step 4 of 5

Please review your application and all other forms in their entirety for accuracy and to make sure you completely understand and agree with what they say.

If you need to change or update any information or if you have questions, please contact your representative.

After reviewing your signed application and reading each of the pages that are eSigned, please check the box indicating you have reviewed it and then select either "Submit to Representative" or "Decline eSignature Process".

I have reviewed the eSigned application and read each of the pages that has been esigned.

Figure 26: Review Application after eSignature screen (part 2)

Thank You Screen

This screen (as shown in Figure 27) is the last screen that the signing party sees in the eSignature process after clicking the “Submit to Representative” button on the “Review application after eSignature” screen. The user may click on the “Close iGO Forms” to exit the application.

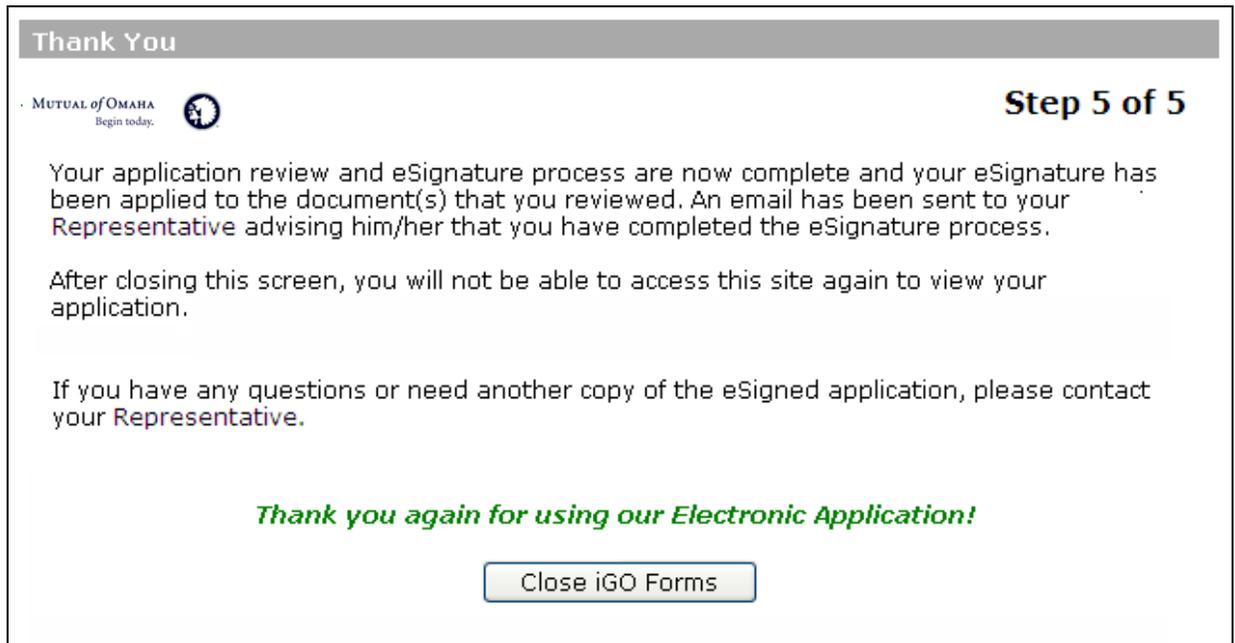


Figure 27: Thank you screen

Primary Insured/Owner eSignature Confirmation Email to Producer

After each signing party (Insured and Owner) completes the signature process successfully, an email is sent to the Representative informing them as such. This email is shown below in Figure 28.

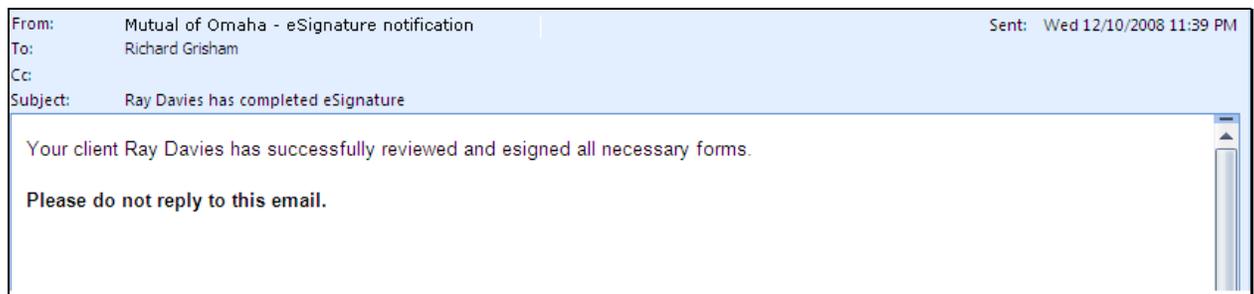


Figure 28: Primary Insured/Owner eSignature Confirmation email

“All Parties Signed” Email to Producer

After all signing parties (Insured and/or Owner) complete the signature process successfully, an email is sent to the producer informing them as such, and that it is time for

the producer to affix their signature to the forms. This email contains the URL that the producer will click on in order to start their eSignature process (as described in Section 6).

This email is shown below in Figure 29.

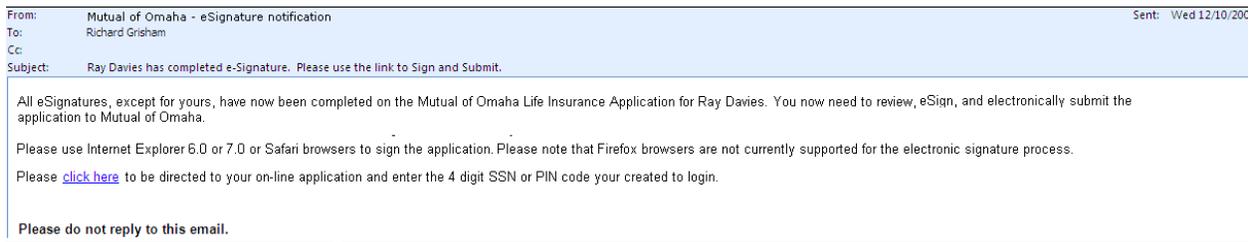


Figure 29: “All parties signed” email

The URL contained in this email is valid so long as:

- The Producer has not completed the signature process
- No party has declined the signature process
- Less than eight calendar days have passed
- The Producer has not had three unsuccessful login attempts

Primary Insured/Owner Decline eSignature screen

If the user indicates that they wish to decline the eSignature from either the Terms of Use/eSignature Consent screen, Application Review screen, or “Apply Signatures” screen, the user is brought to the “Decline eSignature” screen. This screen allows the user to confirm that they wish to truly decline the eSignature, or cancel the decline and re-start the eSignature process. Figure 30 shows this screen.

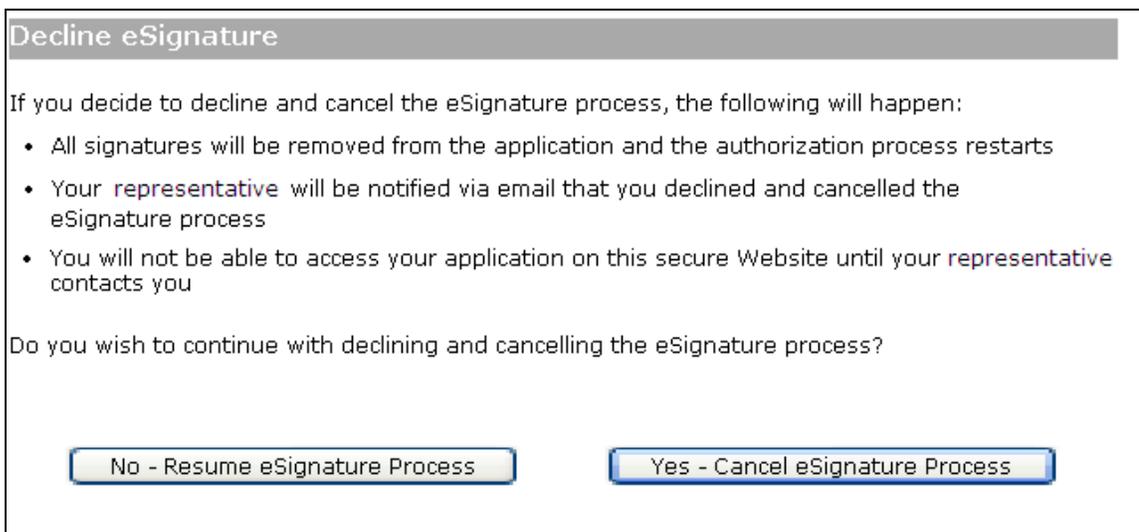


Figure 30: Primary Insured/Owner Decline eSignature screen

Primary Insured/Owner Decline eSignature Confirmation screen

If the user confirms that they wish to decline the eSignature from the “Decline eSignature” screen, they are brought to the “Decline eSignature Confirmation” screen. This screen confirms that the eSignature process has been cancelled, and is the last screen for the user in the eSignature process if they cancel the eSignature. The representative is also sent an email informing them that the user has declined the eSignature process. Figure 31 shows this screen.

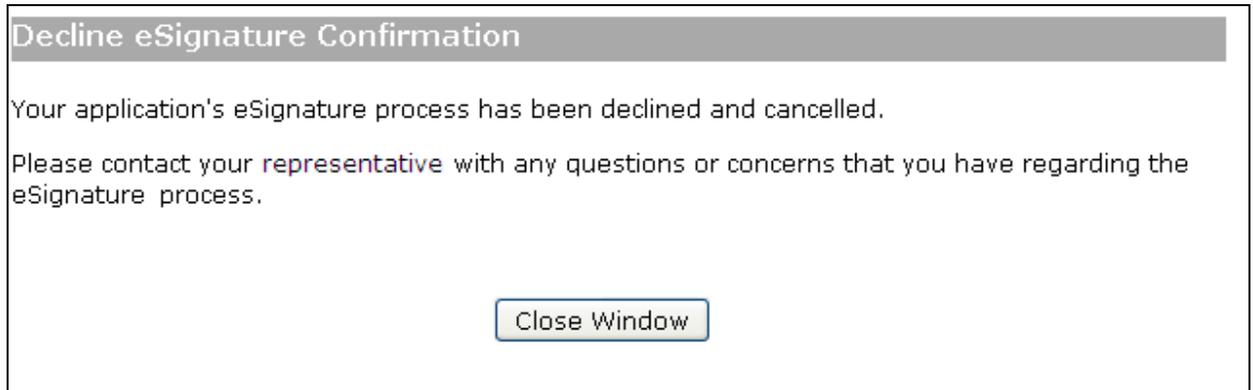


Figure 31: Primary Insured/Owner Decline eSignature Confirmation screen

Section 6 – Collecting Producer Signatures

Once all non-Producer party signature emails have been collected, the Producer signature process can begin. The Producer signature process **cannot** begin until all non-Producer signatures have been applied; therefore, if a decline or expiration takes place for an insured or owner, the Producer would not be able to commence the eSignature process.

Producer Login Screen

Upon clicking on the email that contains the link to start the Producer eSignature process, the Producer is brought to a login screen. On this page, they are prompted to enter the pre-defined PIN (last 4 digits of the Social Security Number) that was created on the Signature Definition screen described in Section 4. This screen is the same as the one presented to the Primary Insured and Owner.

Producer Consent Screen

After a successful login to the system, the Producer is shown the “Welcome – Consent” screen. This screen is exactly the same as the version that the Primary Insured and Owner see, with the exception that the Producer’s name appears on the screen instead of anyone else’s.

Producer Application Review Screen

After completing the “Welcome - Consent” screen, the Producer is shown the Application Review screen. This screen is virtually the same as the version that the Primary Insured and Owner see, with the exception that the page text indicates that all necessary eSignatures have been successfully applied. This screen is shown in Figure 33.

Producer Apply eSignatures screen

After the Producer reviews the application and agrees to continue, the user is brought to the producer “Apply eSignatures” screen, which is functionally similar to the Primary Insured/Owner version, with different text. This modified text is shown in Figure 33.

Figure 33: Producer Apply eSignatures screen (part 1)

Once the Producer indicates their agreement by clicking on the checkbox and entering the last 4 digits of their SSN, the “Apply eSignature” button is enabled (as shown in Figure 34). The “Decline eSignature Process” button is enabled the entire time.

Figure 34: Producer Apply eSignature screen (part 2)

Producer eSignature screen

After the Producer elects to apply their eSignature to the application, the "Producer eSignature" screen is displayed. This screen gives the Producer the ability to view the completely esigned application. These screens are shown in Figure 35 and 36.

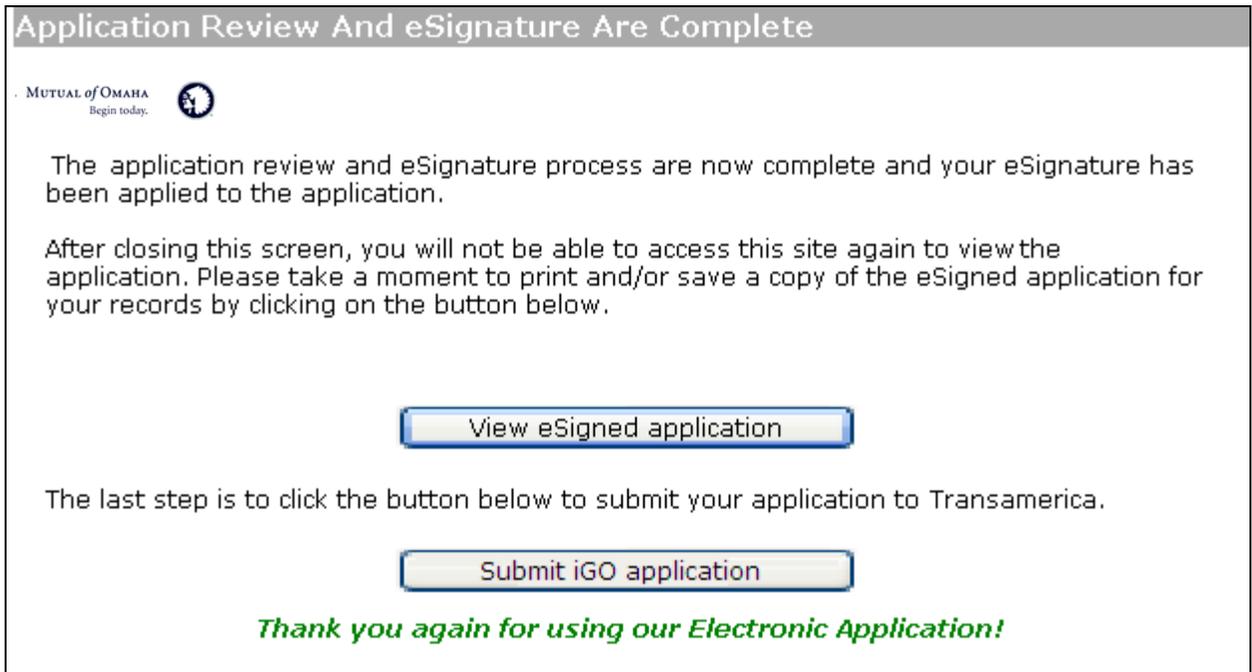


Figure 35: Producer eSignature screen when Go/NoGo is not applicable

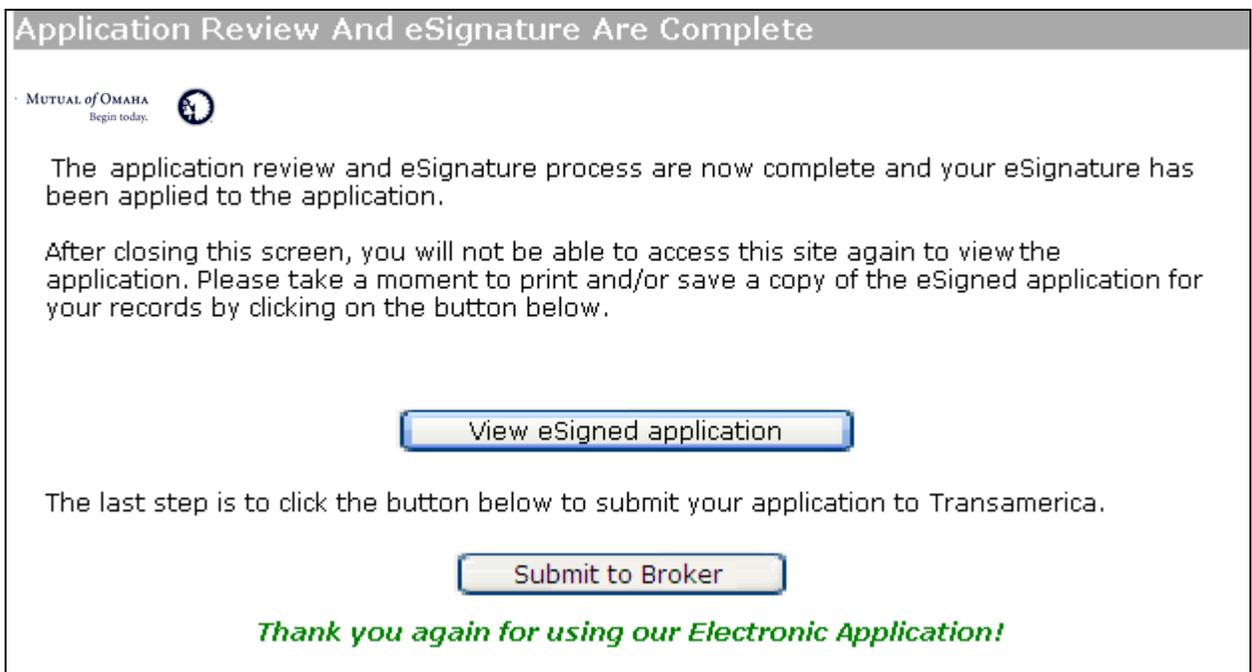


Figure 36: Producer eSignature screen when Go/NoGo is applicable

Producer Decline eSignature screen

If the user indicates that they wish to decline the eSignature from either the “Welcome – Consent” screen, “Application Review” screen, or “Apply Signatures” screen, the user is brought to the “Decline eSignature” screen. This screen allows the user to confirm that they wish to truly decline the eSignature, or cancel the decline and re-start the eSignature process. This is the same screen that the Primary Insured/Owner see, as shown in Figure 30.

Producer Decline eSignature Confirmation screen

If the user confirms that they wish to decline the eSignature from the “Decline eSignature” screen, they are brought to the “Decline eSignature Confirmation” screen. This screen confirms that the eSignature process has been cancelled, and is the last screen for the user in the eSignature process if they cancel the eSignature. This is the same screen that the Primary Insured/Owner see, as shown in Figure 31.