

SERFF Tracking Number: MUTM-126014392 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 41431
Company Tracking Number: JAIME MOSQUEDA
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.004 Partnership
Product Name: Individual Long Term Care - LTC09U[-AG, -5ML, -10ML]-AR
Project Name/Number: LTC Mutual and United LTC09/LTC09U[-AG, -5ML, -10ML]-AR

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Individual Long Term Care - SERFF Tr Num: MUTM-126014392 State: ArkansasLH
LTC09U[-AG, -5ML, -10ML]-AR

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed

State Tr Num: 41431

Sub-TOI: LTC03I.004 Partnership

Co Tr Num: JAIME MOSQUEDA

State Status: Filed-Closed

Filing Type: Form/Rate

Co Status:

Reviewer(s): Harris Shearer

Authors: Joanne Najdzin, Sofia

Disposition Date: 04/09/2009

Kuehn, Gilbert Burket, Jaime

Mosqueda, Robyn Gonzales, Thea

Shepherd, Shelly Kaipust, Kurt

Vangreen, Krysia Gannon, Mary

Gregg

Date Submitted: 01/30/2009

Disposition Status: Filed-Closed

Implementation Date Requested: 04/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: LTC Mutual and United LTC09

Status of Filing in Domicile: Authorized

Project Number: LTC09U[-AG, -5ML, -10ML]-AR

Date Approved in Domicile: 01/12/2009

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/09/2009

Explanation for Other Group Market Type:

State Status Changed: 04/09/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

January 30, 2009

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Arkansas Department of Insurance

Attn: Compliance - Life & Health

1200 West Third Street

Little Rock, AR 72201-1904

RE: United of Omaha Life Insurance Company

NAIC # 261-69868 FEIN # 47-0322111

Individual Long-Term Care Insurance -- Tax Qualified

Franchise Plan Insurance

Policy Form LTC09U[-AG, -5ML, -10ML]-AR

Rider Forms 0LY9U, et al. (See Attachment A)

LTC Insurance Applications UA5935 and UA5938

Ancillary Forms U7860, et al. (See Attachment A)

LTC Partnership Inflation Protection Coverage Options (See Attachment B)

LTC Outline of Coverage Form U8017

Actuarial Memorandum and Rate Schedules

Enclosed for filing with your Department are copies of the forms which comprise United of Omaha's new individual long-term care insurance portfolio. These forms are new and will replace our modular LTC06UI product approved by your Department on March 27, 2006.

Our new LTC09U long-term care policy will be offered to individuals, members of association groups, and employees of employer-sponsored groups on a multi-life/worksites basis. When issued to an association group member, the policy form number will include the "AG" designator. When issued to an employee on a multi-life basis, the policy form number will include either a "5ML" or "10ML" designator, depending on the group rate the individual is eligible for. Whether sold on an individual, AG or multi-life basis, the LTC09U policy will always be an individual insurance policy that is individually underwritten and issued to the insured (not to the association group or the employer).

The guaranteed renewable LTC09U policy provides nursing home, assisted living facility and home health care benefits. Other core benefits contained in every LTC09U policy include Care Coordination, Nursing Home and Assisted Living

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Long-Term Care Insurance Application UA5935 will be used for individuals and association group members to apply for this coverage. For multi-life/worksite sales, Application UA5938 will be used. Solicitation will be conducted by our career agents, as well as independent brokers and producers.

The policy and rider text is not variable. All variability for these forms is applied via the policy schedule. Application and outline of coverage variability is identified through brackets. Please refer to the Memorandum of Variable Material for a detailed description of all variable items.

An outline of coverage and actuarial memorandum with rate schedule pages are also attached.

PLEASE NOTE, we are simultaneously submitting a similar long-term care filing for our affiliate, Mutual of Omaha Insurance Company, with forms mirroring the language used in these United of Omaha forms.

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

Sincerely,

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

Company and Contact

Filing Contact Information

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

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Omaha, NE 68175 (402) 351-5298[FAX]

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
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0322111	

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	01/30/2009	25392057

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Harris Shearer	04/09/2009	04/09/2009

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Disposition

Disposition Date: 04/09/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Attachment A		Yes
Supporting Document	Attachment B		Yes
Supporting Document	Memorandum of Variable Material		Yes
Supporting Document	AR Credit Card Cert		Yes
Supporting Document	AR Fee Schedule Cert		Yes
Supporting Document	Appendix C Issuer Certification Form		Yes
Form	Individual Tax-Qualified Long-Term Care Insurance Policy		Yes
Form	Basic and Professional HHC Benefit Rider		Yes
Form	Waiver of Elimination Period for HHC Benefits Rider		Yes
Form	Christian Science Providers Rider		Yes
Form	Additional Benefit for Injury Rider With HHC Benefits		Yes
Form	Additional Benefit for Injury Rider With Basic and Professional HHC Benefits		Yes
Form	Restoration of Benefits Rider		Yes
Form	Spouse Security Benefit Rider		Yes
Form	Spouse Waiver of Premium Rider		Yes
Form	Spouse Survivorship Benefit Rider		Yes
Form	Spouse Shared Care Benefit Rider		Yes
Form	Domestic Partner Amendment Rider		Yes
Form	Simple Inflation Protection Rider		Yes
Form	Compound Inflation Protection--Lifetime Benefit Rider		Yes
Form	Compound Inflation Protection Benefit With Buy Up Option Rider		Yes
Form	Compound Inflation Protection--20 Year		Yes

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Benefit Rider

Form	Compound Inflation Protection Benefit With Maximum Increase Cap Rider	Yes
Form	Graded Compound Inflation Protection Rider (3%)	Yes
Form	Graded Compound Inflation Protection Rider (5%)	Yes
Form	Full Return of Premium At Death Benefit Rider	Yes
Form	Return of Premium at Death (Less Claims) Benefit Rider	Yes
Form	Return of Premium (Less Claims Paid) If Death Occurs Before Age 65 Benefit Rider	Yes
Form	Nonforfeiture Benefit--Shortened Benefit Period Rider	Yes
Form	Contingent Nonforfeiture Benefit Rider	Yes
Form	Limited Premium Payment Contingent Nonforfeiture Benefit Rider	Yes
Form	Single Premium Payment Option Rider	Yes
Form	10-Year Premium Payment Option Rider	Yes
Form	20-Year Premium Payment Option Rider	Yes
Form	To-Age-65 Premium Payment Option Rider	Yes
Form	Flex To-Age-85 Rider	Yes
Form	Cash Benefit Rider	Yes
Form	Future Purchase Option Rider	Yes
Form	Individual/Multi-Life Outline of Coverage	Yes
Form	Long-Term Care Application	Yes
Form	Multi-Life Application (Full & Simplified Underwriting)	Yes
Form	Notice Regarding Replacemnt	Yes
Form	Long-Term Care Insurance Personal Worksheet	Yes
Form	Potential Rate Increase Disclosure Form Things You Should Know Before Buying	Yes

<i>SERFF Tracking Number:</i>	<i>MUTM-126014392</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>LTC Mutual and United LTC09/LTC09U[-AG, -5ML, -10ML]-AR</i>		
Form	LTC Insurance		Yes
Form	HIPAA Authorization		Yes
Rate	Exhibit A - LTC09 Premium Rates		Yes

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Form Schedule

Lead Form Number: LTC09U[-AG, -5ML, -10ML]-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LTC09U[-AG, -5ML, -10ML]-AR	Policy/Contract Certificate	Individual Tax-qualified Long-Term Care Insurance Policy	Initial		0	LTC Policy LTC09U[-AG, -5ML, -10ML]-AR.pdf Policy Schedule - LTC09U-AR.pdf
	OLY9U	Policy/Contract Certificate	Basic and Professional HHC Benefit Rider	Initial		0	Basic and Prof HHC Benefit Rider OLY9U.pdf
	OMA0U	Policy/Contract Certificate	Waiver of Elimination Period for HHC Benefits Rider	Initial		0	Waiver of Elim Period for HHC Benefits Rider OMA0U.pdf
	OMA1U	Policy/Contract Certificate	Christian Science Providers Rider	Initial		0	Christian Science Providers Rider OMA1U.pdf

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 Project Name/Number: LTC Mutual and United LTC09/LTC09U[-AG, -5ML, -10ML]-AR

Project Name/Number	Description	Initial	Count	Action
OMA2U	Policy/Cont Additional Benefit for Initial ract/Fratern Injury Rider With al HHC Benefits Certificate: Amendmen t, Insert Page, Endorseme nt or Rider		0	Add Ben for Injury Rider with HHC Benefit OMA2U.pdf
OMA3U	Policy/Cont Additional Benefit for Initial ract/Fratern Injury Rider With al Basic and Certificate: Professional HHC Amendmen Benefits t, Insert Page, Endorseme nt or Rider		0	Add Ben for Injury Rider with Basic and Prof HHC Benefit OMA3U.pdf
OMA4U	Policy/Cont Restoration of ract/Fratern Benefits Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0	Restoration of Benefits Rider OMA4U.pdf
OMA5U	Policy/Cont Spouse Security ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme	Initial	0	Spouse Security Benefit Rider OMA5U.pdf

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 nt or Rider

OMA7U	Policy/Cont Spouse Waiver of ract/Fratern Premium Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0	Spouse Waiver of Premium Rider OMA7U.pdf
OMA8U	Policy/Cont Spouse Survivorship ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0	Spouse Survivorship Benefit Rider OMA8U.pdf
OMC1U	Policy/Cont Spouse Shared Care ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0	Spouse Shared Care Benefit Rider OMC1U.pdf
OMC2U	Policy/Cont Domestic Partner ract/Fratern Amendment Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0	Domestic Partner Amendment Rider OMC2U.pdf
OMC3U	Policy/Cont Simple Inflation	Initial	0	Simple

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	Certificate: Increase Cap Rider Amendmen t, Insert Page, Endorseme nt or Rider			Cap Rider 0MC7U.pdf
0MC8U	Policy/Cont Graded Compound Initial ract/Fratern Inflation Protection al Rider (3%) Certificate: Amendmen t, Insert Page, Endorseme nt or Rider		0	Graded Comp Inflation Prot Rider - 3% 0MC8U.pdf
0MC9U	Policy/Cont Graded Compound Initial ract/Fratern Inflation Protection al Rider (5%) Certificate: Amendmen t, Insert Page, Endorseme nt or Rider		0	Graded Comp Inflation Prot Rider - 5% 0MC9U.pdf
0MD0U	Policy/Cont Full Return of Initial ract/Fratern Premium At Death al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider		0	Full Return of Prem at Death Benefit Rider 0MD0U.pdf
0MD1U	Policy/Cont Return of Premium at Initial ract/Fratern Death (Less Claims) al Benefit Rider Certificate: Amendmen		0	ROP at Death _Less Claims_ Ben Rider 0MD1U.pdf

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	t, Insert Page, Endorseme nt or Rider		
0MD2U	Policy/Cont Return of Premium Initial ract/Fratern (Less Claims Paid) If al Death Occurs Before Certificate: Age 65 Benefit Rider Amendmen t, Insert Page, Endorseme nt or Rider	0	ROP at Death _Less Claims Paid_ if Death Occurs Before Age 65 Ben Rider 0MD2U.pdf
0MD3U	Policy/Cont Nonforfeiture Benefit-Initial ract/Fratern -Shortened Benefit al Period Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	0	Nonforfeiture Ben-- Shortened Ben Period Rider 0MD3U.pdf
0MD4U	Policy/Cont Contingent Initial ract/Fratern Nonforfeiture Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	0	Contingent Nonforfeiture Benefit Rider 0MD4U.pdf
0MD5U	Policy/Cont Limited Premium Initial ract/Fratern Payment Contingent al Nonforfeiture Benefit Certificate: Rider Amendmen t, Insert Page,	0	Limited Prem Pay Contingent Nonforfeiture Ben Rider 0MD5U.pdf

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	Endorseme nt or Rider			
0MD6U	Policy/Cont Single Premium ract/Fratern Payment Option al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0	Single Premium Payment Option Rider 0MD6U.pdf
0MD7U	Policy/Cont 10-Year Premium ract/Fratern Payment Option al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0	10-Year Prem Pay Option Rider 0MD7U.pdf
0MD8U	Policy/Cont 20-Year Premium ract/Fratern Payment Option al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0	20-Year Prem Pay Option Rider 0MD8U.pdf
0MD9U	Policy/Cont To-Age-65 Premium ract/Fratern Payment Option al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0	To-Age-65 Prem Pay Option Rider 0MD9U.pdf

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OME2U	Policy/Cont Flex To-Age-85 Rider Initial ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider		0	Flex To-Age- 85 Rider OME2U.pdf
OME9U-AR	Policy/Cont Cash Benefit Rider Initial ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider		0	Cash Benefit Rider OME9U- AR.pdf
OMG1U	Policy/Cont Future Purchase Initial ract/Fratern Option Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider		0	Future Purchase Option Rider OMG1U.pdf
U8017	Outline of Individual/Multi-Life Coverage Outline of Coverage	Initial	0	Outline of Coverage for United U8017.pdf
UA5935	Application/Long-Term Care Enrollment Application Form	Initial	0	UNITED Individual LTC09 Application UA5935.pdf
UA5938	Application/Multi-Life Application Enrollment (Full & Simplified)	Initial	0	UNITED Multi-Life

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 Form Underwriting)

Project Name/Number	Form	Underwriting)	Initial	0	LTC09 Application UA5938.pdf
U7860	Other	Notice Regarding Replacemnt	Initial	0	UNITED Replacement Notice U7860.pdf
U7861	Other	Long-Term Care Insurance Personal Worksheet	Initial	0	UNITED Personal Worksheet U7861.pdf
M26682	Other	Potential Rate Increase Disclosure Form	Initial	0	MUTUAL & UNITED Potential Rate Increase M26682.pdf
M26683	Other	Things You Should Know Before Buying LTC Insurance	Initial	0	MUTUAL & UNITED Things You Should Know M26683.pdf
MLU26722	Other	HIPAA Authorization	Initial	0	HIPAA MLU26722.pdf

a stock company

LONG-TERM CARE INSURANCE POLICY

THIS IS A TAX-QUALIFIED CONTRACT

This policy is intended to be a tax qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

NOTICE TO BUYER

This policy may not cover all of the costs associated with long-term care incurred by you during the period of coverage. You are advised to review carefully all policy limitations.

CONSIDERATION

In consideration of the first premium you paid and the application you completed, we have put this policy in force as of the Policy Effective Date. Your application becomes part of your policy.

30-DAY RIGHT TO REVIEW POLICY

You have 30 days from the date of its receipt to review your policy. If during that time you are not satisfied with it, you may return your policy to us or your agent for a prompt refund of all premiums paid. This policy will then be considered never to have been issued.

CHECK YOUR APPLICATION

CAUTION: The issuance of this policy is based upon the responses to questions on your application. A copy of that application is attached. If any of the answers are incorrect or untrue, we have the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us at the address shown in the Policy Schedule.

GUARANTEED RENEWABLE FOR LIFE

This policy is guaranteed renewable for life. You have the right to continue this policy in force for as long as you live or until the Maximum Lifetime Benefit is exhausted. Subject to the terms of this policy, we cannot cancel your coverage as long as you pay the required premium when it is due.

PREMIUMS CAN CHANGE

We reserve the right to increase the premium for this policy, but never more than once per year. However, any change in premium must apply to all policies issued to persons of the same Policy Class. That means, except when required by a change in benefits under the policy, premium will not increase due to a change in your age or health or your use of the long-term care coverage. We must give you at least 60 days written notice before we change premium. We will not increase the premium for this policy before the Rate Guarantee Period, if any, shown in the Policy Schedule has expired, except when required by a change in benefits under the policy.

*This policy is a legal contract between you, the Insured,
and us, United of Omaha Life Insurance Company.*

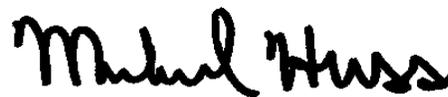
READ YOUR POLICY CAREFULLY.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

**If You Are Eligible For Medicare, Review The Guide To
Health Insurance For People With Medicare Available From Us.
This policy is not participating and therefore will pay no dividends.**



Chairman of the Board and
Chief Executive Officer



Corporate Secretary

CONTACT INFORMATION

The following information is made available to you in the event that you wish to contact us or the Arkansas Department of Insurance.

United of Omaha Life Insurance Company

[Long-Term Care Service Office
P.O. Box 64901
St. Paul, MN 55164-0901

[1-877-894-2478]]

Arkansas Department of Insurance

1200 West Third Street
Little Rock, AR 72201
1-800-282-9134
501-371-2600

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DEFINITIONS

Capitalized terms used in this policy have the meanings assigned to them in this section of the policy.

Activities of Daily Living means the following self-care functions:

Bathing: Washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower.

Contenance: The ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing: Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.

Eating: Feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.

Toileting: Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring: Moving into or out of a bed, chair, or wheelchair.

Adult Day Care means a program for six or more individuals of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the Home.

Adult Day Care Center means a facility that is licensed or certified to provide Adult Day Care by the state in which it operates. If the state does not license or certify such facilities, then it must meet all of the following standards:

- (a) it provides Adult Day Care in a protective setting and under appropriate supervision;
- (b) it operates on less than a 24-hour basis;
- (c) it keeps a written record of services for each person; and
- (d) it has established procedures for obtaining appropriate aid in the event of a medical emergency.

Affiliate means a corporation that, directly or indirectly through one or more intermediaries, controls, is controlled by, or is under common control with us.

Alzheimer's Facility means a specialized facility that is engaged primarily in providing care for persons with Alzheimer's disease or other Severe Cognitive Impairment and has the appropriate state licensure, certification or registration to operate as an Alzheimer's Facility.

Ancillary Services means physical, occupational, speech, and respiratory therapies, wound care, medication management, continence care support, and similar care-related services that support Activities of Daily Living.

Assessment means an evaluation performed by a Licensed Health Care Practitioner to determine or verify that you are Chronically Ill. The Assessment will be based on objective standards of measurement using generally accepted tests to produce verifiable results.

Assisted Living Facility means a facility or distinctly separate part of a facility that is engaged primarily in providing non-skilled long term care. If required by the state in which it is located, an Assisted Living Facility must have the appropriate state licensure, certification or registration to operate as an Assisted Living Facility.

If the state in which it is located does not require an Assisted Living Facility to be licensed, certified, or registered, the facility must meet the following requirements:

- (a) provides services and care on a continuous 24-hour basis for persons requiring Substantial Assistance with the Activities of Daily Living or Substantial Supervision due to Severe Cognitive Impairment;
- (b) maintains trained staff on duty at all times to provide the services and care;
- (c) provides at least three meals a day and accommodates special dietary needs;
- (d) provides residential services and Maintenance or Personal Care Services in one location;
- (e) maintains formal arrangements with a Physician or Nurse to furnish medical care in case of an emergency; and
- (f) maintains appropriate procedures to provide onsite assistance with prescription medications.

An Alzheimer's Facility or a Hospice Care Facility may be an Assisted Living Facility if such facility meets the requirements contained in this definition for an Assisted Living Facility located in a state which does not require licensure, certification, or registration.

Assisted Living Facility does not include a hospital or clinic; a place that operates primarily for the treatment of alcoholism, drug addiction, or Mental or Nervous Disorder; a Nursing Home; a domiciliary care facility; or your primary place of residence in an area used principally for independent residential living; or a similar establishment.

Care Coordinator means a Licensed Health Care Practitioner who is qualified by training and experience to assess and coordinate the overall care needs of a person who is Chronically Ill. The Care Coordinator may provide services independent of, or be employed by or under contract to, an agency. You are not required to use a Care Coordinator designated by us. You may choose to use your own Care Coordinator.

Chronically Ill has the meaning found for such term in the ELIGIBILITY FOR THE PAYMENT OF BENEFITS section of this policy.

Confinement or **Confined** means to be admitted as a resident for a period of time for which a charge is incurred for room and board.

Durable Medical Equipment means equipment which:

- (a) is functionally necessary and not just for your convenience;
- (b) is designed for repeated and prolonged use;
- (c) is suited for use in your Home; and
- (d) can enhance your ability to perform Activities of Daily Living.

Durable Medical Equipment includes, but is not limited to, infusion pumps, special hospital-style beds, walkers, or wheelchairs. Durable Medical Equipment does not include any drug, medicine or equipment implanted in your body, temporarily or permanently, modifications to your Home, motorized scooters, or sporting, protective, athletic, or exercise equipment.

Eligible Expenses means expenses you incur for which benefits may be payable under the terms of this policy. Eligible Expenses do not include the expenses described in the EXCLUSIONS section of this policy.

Elimination Period means the number of calendar days shown as "Your Elimination Period" in the Policy Schedule.

Executive Officer means the chief executive officer, the president, any vice president, the corporate secretary, or any assistant corporate secretary of United of Omaha Life Insurance Company.

Family Member means your mother, father, son, daughter, brother, sister or Spouse.

Home means the place where you maintain your primary independent residence. Home does not include:

- (a) a Nursing Home;
- (b) a hospital;
- (c) an Assisted Living Facility;
- (d) any other institutional setting where you are dependent on others for assistance with Activities of Daily Living; or
- (e) the residence of a person providing Home Health Care.

Home Health Care means medical and non-medical services, provided to ill, disabled or infirm persons in their Homes. Such services include, but are not limited to:

- (a) part-time or intermittent skilled services provided by a Nurse;
- (b) services to support your compliance with your medication/treatment regimen;
- (c) home health aide services;
- (d) physical therapy, respiratory therapy, occupational therapy, speech therapy or audiology therapy;
- (e) services provided by a specialist in the field of nutrition or the administration of chemotherapy;
- (f) Homemaker Services;
- (g) Maintenance or Personal Care Services;
- (h) Respite Care; and
- (i) Hospice Care.

Home Health Care Agency means an entity that is regularly engaged in providing Home Health Care for compensation and employs staff who are qualified by training or experience to provide such care. The entity must:

- (a) be supervised by a qualified professional such as a registered nurse (RN), a licensed social worker, or a Physician;
- (b) keep clinical records or care plans on all patients;
- (c) provide ongoing supervision and training to its employees appropriate to the services to be provided; and
- (d) have the appropriate state licensure, accreditation, or certification, where required.

Homemaker Services means those services needed to maintain an adequate home environment such as:

- (a) laundry services;
- (b) routine food shopping and errands;
- (c) meal preparation and cleanup; and
- (d) domestic or cleaning services.

Hospice Care means palliative care to alleviate the physical, emotional, and social discomfort of individuals who are Terminally Ill.

Hospice Care Facility means a facility which provides Hospice Care under the direction of a Physician on an inpatient basis. A Hospice Care Facility must be licensed or certified by the state in which it is located, if such license is required.

Independent Provider means any of the following individuals who provide services independently of, and are not affiliated with, a Home Health Care Agency: home health aide, certified nursing assistant, Nurse, audiologist, nutritional or chemotherapy specialist, or physical, occupational, respiratory, or speech therapist.

An Independent Provider must be licensed or certified to provide the services such individual provides in the state where the care will be provided. For a home health aide or certified nursing assistant, registration in a government-sponsored nurse aide registry will be an acceptable substitution for licensure or certification.

If licensure or certification is not required in the state where the services will be provided, we will determine, in our sole discretion, if that individual is qualified by training or experience to provide such services. In order for us to make such determination for a home health aide or certified nursing assistant, written proof that such individual has completed an established training course must be provided to us. The training course must include education in safely assisting persons with Activities of Daily Living.

The Independent Provider cannot be a Family Member.

Issue Age means the age shown as the “Issue Age” in the Policy Schedule.

Licensed Health Care Practitioner means any of the following who is not a Family Member: a Physician; a registered nurse (RN); a licensed social worker; or any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury of the United States.

Maintenance or Personal Care Services means any care the primary purpose of which is the provision of needed assistance with helping you conduct Activities of Daily Living while you are Chronically Ill. This includes protection from threats to health and safety due to Severe Cognitive Impairment.

Maximum Monthly Benefit means the amount shown as “Your Maximum Monthly Benefit” or “MMB” in the Policy Schedule. The Maximum Monthly Benefit may be increased or decreased in accordance with the terms of this policy.

Maximum Lifetime Benefit means the amount shown as “Your Maximum Lifetime Benefit” in the Policy Schedule. The Maximum Lifetime Benefit may be increased or decreased in accordance with the terms of this policy. If the term “Lifetime” is shown in the Policy Schedule, as in the Maximum Lifetime Benefit, there is no limitation on the amount of the Maximum Lifetime Benefit.

Medical Alert System means a communication system installed in your Home that is used solely for the purpose of calling for assistance in the event of a medical emergency. A Medical Alert System does not include charges for regular telephone service, or for a home security system, or any other similar service or device.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Mental or Nervous Disorder means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder, as classified in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) published by the American Psychiatric Association. If the DSM is discontinued or replaced, the diagnostic manual in use by the American Psychiatric Association as of the date of your illness will be used.

Nurse means someone who is licensed as a registered nurse (RN), licensed practical nurse (LPN), or licensed vocational nurse (LVN) and is operating within the scope of that license. Nurse does not include you, a Family Member, or anyone who normally resides in your Home.

Nursing Home means a facility or distinctly separate part of a facility that is engaged primarily in providing nursing care. If required by the state in which it is located, a Nursing Home must have the appropriate state licensure, certification, or registration to operate as a nursing home.

If the state in which it is located does not require a Nursing Home to be licensed, certified or registered, the facility must meet the following requirements:

- (a) provides twenty-four (24) hour-a-day nursing care under the supervision of a licensed practical nurse (LPN), registered nurse (RN), or Physician;
- (b) maintains a daily medical record of each inpatient; and
- (c) provides nursing care at skilled, intermediate, or custodial levels.

An Alzheimer's Facility or a Hospice Care Facility may be a Nursing Home if such facility meets the requirements contained in this definition for a Nursing Home located in a state which does not require licensure, certification or registration.

Nursing Home does not include a hospital or clinic; a place which operates primarily for the treatment of alcoholism, drug addiction, or Mental or Nervous Disorders; an Assisted Living Facility; an adult residential care home; a domiciliary care facility; or your primary place of residence in an area used principally for independent residential living; or a similar establishment.

Physician means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state in which he or she performs such function or action (as defined in Section 1861 (r) (1) of the Social Security Act) other than you or a Family Member. He or she must be providing services within the scope of his or her license.

Plan of Care means a written plan of services prescribed for you by a Licensed Health Care Practitioner. We reserve the right to discuss your Plan of Care with the Licensed Health Care Practitioner. We have the right to verify that your Plan of Care is appropriate and consistent with generally accepted standards for care of the Chronically Ill. The Plan of Care must specify the type, cost, frequency, and providers of the services you require. The Plan of Care will be modified as required to reflect changes in your functional or cognitive abilities, social situation, and care service needs.

Policy Anniversary Date means any yearly anniversary of the Policy Effective Date while this policy is in effect.

Policy Class means persons who are insured by us under this policy form with the same Issue Age, Rate Classification and benefits similar to the benefits under this policy. Such persons live in the same geographic area of the state as you did on the Policy Effective Date.

Policy Effective Date means the date shown as the "Policy Effective Date" on the Policy Schedule.

Policy Schedule means the pages following this policy that are identified as the "Policy Schedule." The Policy Schedule contains information specific to you and the benefits provided under this policy.

Policy Year means each yearly period commencing on the Policy Effective Date and thereafter each Policy Anniversary Date.

Qualified Long-Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and Maintenance or Personal Care Services which are required by a Chronically Ill person.

Representative means a person or entity legally empowered to represent you.

Respite Care means the supervision and care of you while Family Members or other individuals who normally provide substantial amounts of unpaid care on a daily basis take short-term leave or rest that provides them with temporary relief from the responsibilities of providing care.

Severe Cognitive Impairment means a loss or deterioration in intellectual capacity that is comparable to and includes Alzheimer's disease and similar forms of irreversible dementia; and is measured by clinical evidence and standardized tests that reliably measure impairment in your:

- (a) short-term or long-term memory;
- (b) orientation as to people, places or time;
- (c) deductive or abstract reasoning; and
- (d) judgment as it relates to safety awareness.

Spouse means the person to whom you are legally married.

Substantial Assistance means either Hands-on Assistance or Standby Assistance.

- (a) **Hands-on Assistance** means the physical assistance of another person without which you would be unable to perform the Activities of Daily Living.
- (b) **Standby Assistance** means the presence of another person, within your arm's reach, that is necessary to prevent, by physical intervention, injury while you are performing the Activities of Daily Living.

Substantial Supervision means continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect you from threats to your health or safety (including, but not limited to, such threats as may result from wandering).

Terminally Ill means a medical condition that, with a reasonable degree of medical certainty, will result in your death within six months or less, as certified by a Physician.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

You are eligible for benefits under this policy if you are Chronically Ill. You are Chronically Ill if, within the preceding twelve month period, a Licensed Health Care Practitioner certifies that:

- (a) You are unable to perform, without Substantial Assistance from another person, at least two Activities of Daily Living for a period that is expected to last at least 90 consecutive days due to a loss of functional capacity; or
- (b) You require Substantial Supervision to protect yourself from threats to health and safety due to a Severe Cognitive Impairment.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY OF BENEFITS

Conditions

Except as otherwise provided in this policy, you must incur Eligible Expenses for Qualified Long-Term Care Services in order to receive benefits under this policy. Such Qualified Long-Term Care Services must be specified in a Plan of Care prepared for you by a Licensed Health Care Practitioner. Except for

STAY-AT-HOME BENEFITS, if you are eligible for more than one type of benefit under this policy on a single day, we will pay the benefit which pays the greater amount.

Satisfying the Elimination Period

Except as otherwise provided in this policy, we will not pay benefits for Eligible Expenses incurred during the Elimination Period. The Elimination Period commences on the first day you are eligible for benefits under this policy and on which you:

- (a) are Confined to a Nursing Home or an Assisted Living Facility;
- (b) receive Home Health Care or Adult Day Care; or
- (c) receive long-term care services covered under this policy that are Medicare eligible (for which benefits are not payable under this policy).

The Elimination Period must be satisfied only once during the term of this policy.

Maximum Lifetime Benefit

Except as otherwise provided in this policy, any benefits paid under this policy will reduce the amount of your Maximum Lifetime Benefit. No additional benefits are payable under this policy once the Maximum Lifetime Benefit has been reduced to zero.

CARE COORDINATION

Care Coordination provides its fullest coverage only when the Plan of Care is prepared by a Care Coordinator designated by us.

If you use a Care Coordinator designated by us, we will pay the Eligible Expenses made by a Care Coordinator for the following services:

- (a) assessing your need for long-term care services;
- (b) developing your Plan of Care;
- (c) coordinating the delivery of long-term care services; and
- (d) if you desire, monitoring the delivery of such long-term care services.

You may choose to use your own Care Coordinator to perform an Assessment and develop a Plan of Care instead of using a Care Coordinator designated by us. If you choose to use your own Care Coordinator, we will pay the Eligible Expenses you incur for your Care Coordinator to perform an initial Assessment and develop an initial Plan of Care only. The maximum benefit payable will not exceed an amount equal to one-sixth of your Nursing Home Maximum Monthly Benefit shown on your Policy Schedule.

You are not required to use a Care Coordinator to receive benefits under this policy. While a Care Coordinator will assist you in identifying qualified providers, you are responsible for choosing your long-term care providers. You are not required to use the providers identified in any Plan of Care developed by a Care Coordinator.

You do not need to satisfy the Elimination Period to receive the services of a Care Coordinator. The Eligible Expenses made by a Care Coordinator will not reduce your Maximum Lifetime Benefit.

To request a Care Coordinator, call the toll-free telephone number shown in the Policy Schedule.

Facility Assessment

We will pay the Eligible Expenses made by a Care Coordinator to assess the safety and adequacy of the facility in which you are receiving long-term care. The Care Coordinator must provide you or your Representative with a written report of such facility assessment. We will pay for such assessment no more than once per calendar year.

NURSING HOME BENEFITS

Nursing Home Benefit

We will pay a Nursing Home Benefit if you are Confined to a Nursing Home. The Nursing Home Benefit is equal to the Eligible Expenses made by a Nursing Home each month, up to the Nursing Home Maximum Monthly Benefit.

Eligible Expenses payable under the Nursing Home Benefit are limited to:

- (a) room and board;
- (b) Ancillary Services; and
- (c) patient supplies provided by the Nursing Home for care of its residents.

Eligible Expenses do not include Physician's charges; hospital and laboratory charges; prescription or non-prescription medication; transportation; items and services furnished at your request for comfort, convenience or entertainment, such as televisions, telephones, and beauty care; or guest meals or Spouse charges.

Nursing Home Bed Reservation Benefit

If you are Confined to a Nursing Home and absent for any reason other than discharge, we will continue to pay the NURSING HOME BENEFIT as if you were still Confined. This Nursing Home Bed Reservation Benefit will be paid only if you have incurred a charge to reserve your place at the Nursing Home. No additional Nursing Home Bed Reservation Benefits are payable in any calendar year once we have paid Nursing Home Bed Reservation Benefits for the maximum number of days shown in the Policy Schedule. Any unused days cannot be carried over to the next calendar year.

ASSISTED LIVING FACILITY BENEFITS

Assisted Living Facility Benefit

We will pay an Assisted Living Facility Benefit if you are Confined to an Assisted Living Facility. The Assisted Living Facility Benefit is equal to the Eligible Expenses made by an Assisted Living Facility each month, up to the Assisted Living Facility Maximum Monthly Benefit.

Eligible Expenses payable under the Assisted Living Facility Benefit are limited to:

- (a) room and board for a one-bedroom unit;
- (b) Ancillary Services; and
- (c) patient supplies provided by the Assisted Living Facility for care of its residents.

Eligible Expenses do not include Physician's charges; hospital and laboratory charges; prescription or non-prescription medication; transportation; items and services furnished at your request for comfort, convenience or entertainment, such as televisions, telephones, and beauty care; or guest meals or Spouse charges.

Assisted Living Facility Bed Reservation Benefit

If you are Confined to an Assisted Living Facility and absent for any reason other than discharge, we will continue to pay the ASSISTED LIVING FACILITY BENEFIT as if you were still Confined. This Assisted Living Facility Bed Reservation Benefit will be paid only if you have incurred a charge to reserve your place at the Assisted Living Facility. No additional Assisted Living Facility Bed Reservation Benefits are payable in any calendar year once we have paid Assisted Living Facility Bed Reservation Benefits for the maximum number of days shown in the Policy Schedule. Any unused days cannot be carried over into the next calendar year.

HOME HEALTH CARE BENEFITS

We will pay a Home Health Care Benefit if you receive Home Health Care or Adult Day Care. The Home Health Care Benefit is equal to the Eligible Expenses incurred by you for Home Health Care or Adult Day Care each month, up to the Home Health Care Maximum Monthly Benefit shown in the Policy Schedule. To be eligible for Home Health Care Benefits, Eligible Expenses incurred by you for Home Health Care must be provided by a Home Health Care Agency or Independent Provider and for Adult Day Care must be provided by an Adult Day Care Center. Home Health Care Benefits include Eligible Expenses incurred by you for transportation to and from an Adult Day Care Center.

RESPIRE CARE BENEFITS

In order to provide temporary relief to an unpaid caregiver, you may receive Respite Care during a temporary stay in a Nursing Home or Assisted Living Facility or in your Home or an Adult Day Care Center. When you receive Respite Care, we will pay the Eligible Expenses made by a Nursing Home or Assisted Living Facility or incurred by you for Home Health Care or Adult Day Care each month, up to the Respite Care Maximum Monthly Benefit. Respite Care Benefits will be paid for no longer than the period of time shown in the Policy Schedule. You do not need to satisfy the Elimination Period to receive Respite Care Benefits.

HOSPICE CARE BENEFITS

If you are Terminally Ill, you may receive Hospice Care during a Confinement to a Nursing Home or Assisted Living Facility or in your Home or Adult Day Care Center. When you receive Hospice Care, we will pay NURSING HOME BENEFITS, ASSISTED LIVING FACILITY BENEFITS and HOME HEALTH CARE BENEFITS, without requiring you to satisfy the Elimination Period. No additional Hospice Care Benefits are payable if your Physician ceases to certify you as Terminally Ill.

INTERNATIONAL BENEFIT

We will pay an International Benefit if you are Confined to a Nursing Home or Assisted Living Facility or receive Home Health Care or Adult Day Care outside of the United States, its possessions or territories, Canada, or the United Kingdom. The International Benefit is equal to the Maximum Monthly Benefit shown in the Policy Schedule. The International Benefit is paid each month you are eligible to receive the International Benefit. The International Benefit will be paid regardless of whether Eligible Expenses incurred by you in any month are more or less than the Maximum Monthly Benefit. No additional International Benefits are payable under this policy once we have paid International Benefits equal to the International Benefit Lifetime Maximum shown in the Policy Schedule.

All payments of International Benefits will be made in U.S. dollars. We will pay International Benefits only if the care and services received by you occurred in a country where payment is not prohibited by United States Government sanctions, as specified by the United States Department of the Treasury's

Office of Foreign Assets Control. In addition, all services must be given by providers who meet the licensing or certification requirements, if any, of the jurisdiction in which the services are received.

STAY-AT-HOME BENEFITS

We will pay the Eligible Expenses for Stay-At-Home Benefits if recommended in a written Plan of Care. Except for the Caregiver Training Benefit, it must be mutually agreeable to you and us that the Stay-At-Home Benefit is a cost-effective alternative to benefits otherwise provided by this policy. We will not pay Eligible Expenses incurred prior to the date of mutual agreement.

You can receive Stay-At-Home Benefits at the same time you receive other benefits under this policy. No further Stay-At-Home Benefits will be paid once we have paid Stay-At-Home Benefits in an amount equal to the Stay-At-Home Lifetime Maximum shown in the Policy Schedule. You do not need to satisfy the Elimination Period to receive Stay-At-Home Benefits.

Caregiver Training Benefit

We will pay the Eligible Expenses for training a Family Member or friend to provide care for you in your Home. To be eligible for this benefit, the training must cover the proper use and care of a therapeutic device or an appropriate caregiving procedure by a trainer approved by us. We will not pay to train someone who will be paid to care for you. The training can be received while you are Confined in a hospital, Assisted Living Facility or Nursing Home only if it is reasonably expected that such training will make it possible for you to return Home where you can be cared for by the person receiving the training.

Durable Medical Equipment Benefit

We will pay the Eligible Expenses for Durable Medical Equipment. Eligible Expenses payable under the Durable Medical Equipment Benefit are limited to the purchase price of the Durable Medical Equipment or, if such Durable Medical Equipment is normally rented on a periodic basis, the rental charge. The decision whether to purchase, as opposed to rent, Durable Medical Equipment will be made by us at our sole discretion.

Home Modification Benefit

We will pay the Eligible Expenses for modifications to your Home which are intended to enhance your ability to perform the Activities of Daily Living and/or allow you to remain in your Home safely. Eligible Expenses payable under the Home Modification Benefit are limited to the expenses incurred by you for labor, equipment, and supplies. The Home Modification Benefit may not be used solely to increase the value of your Home.

Medical Alert System Benefit

We will pay the Eligible Expenses for a Medical Alert System to be installed in your Home. Eligible Expenses payable under the Medical Alert System Benefit are limited to the installation and rental charges for a Medical Alert System.

ALTERNATE CARE BENEFIT

We may, at our sole discretion, pay an Alternate Care Benefit. An Alternate Care Benefit will be paid if you receive an alternative type of care, treatment, service or supply for which benefits are not payable under this policy. The amount of any Alternate Care Benefit will be determined by us at the time we approve such care. Your Licensed Health Care Practitioner, you or your Representative, and we must

all agree that the alternative type of care appropriately meets your needs and is a cost-saving alternative to other benefits provided by this policy.

At the time we approve such care, we will determine whether you must satisfy the Elimination Period to receive Alternate Care Benefits. Upon written notice to you or your Representative, we may, at our discretion, discontinue paying you Alternate Care Benefits without affecting your right to other benefits provided by this policy.

EXCLUSIONS

We will not pay benefits under this policy for:

- (a) services provided by a Family Member;
- (b) services for which no charge would be made in the absence of insurance;
- (c) services provided outside of the United States, its possessions or territories, Canada or the United Kingdom (except as provided in the INTERNATIONAL BENEFIT section of this policy);
- (d) services provided due to suicide (while sane or insane), attempted suicide or an intentionally self-inflicted injury;
- (e) treatment of alcoholism or drug addiction (except for an addiction to a prescription medication when administered in accordance with the advice of your Physician);
- (f) treatment of Mental or Nervous Disorders (except for Alzheimer's disease);
- (g) treatment provided in a government facility, unless we are required by law to cover the charges;
- (h) treatment of an injury or sickness which would entitle you to benefits under any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law;
- (i) services received while this policy is not in force (except as provided in the **Extension of Benefits** section); or
- (j) services provided due to an act of declared or undeclared war.

Non-Duplication of Benefits

We will not pay benefits under this policy to the extent that Eligible Expenses are reimbursable under Medicare or other governmental program (except Medicaid) or would be so reimbursable, except for the application of a deductible or coinsurance amount.

COORDINATION OF BENEFITS

Benefits under this policy may be reduced if benefits for Eligible Expenses are paid by us or one of our Affiliates under another individual long-term care insurance policy. Benefits will be reduced under this policy only when payment under this policy and such other long-term care insurance policy(ies) combined would exceed the actual amount you incur for Eligible Expenses. In no event will we pay more under this policy than the difference between your actual Eligible Expenses and the amount payable by such other long-term care insurance policy(ies).

If you are insured under one or more policies without a similar Coordination of Benefits provision, such policy(ies) will be deemed primary and pay benefits first. Then, payment will be made under any policy with a similar Coordination of Benefits provision in order of effective date, from the earliest to the latest.

WAIVER OF PREMIUM

We will waive the payment of premium for this policy if you are receiving NURSING HOME BENEFITS, ASSISTED LIVING FACILITY BENEFITS, or HOME HEALTH CARE BENEFITS for, in any month, at least eight days of Home Health Care or Adult Day Care. We will waive premium so long as such benefits are payable. The Elimination Period must be satisfied before we will waive the payment of premium for this policy. Any premium paid for a period for which premiums have been waived will be credited towards future premium payments. When the waiver period ends, premium payments will resume for this policy and must be paid to keep this policy in force.

RIGHT TO REDUCE YOUR COVERAGE AND LOWER PREMIUMS

You may elect at any time to lower the premium for this policy by reducing the Maximum Monthly Benefit or the Maximum Lifetime Benefit or by terminating certain optional benefits to this policy.

The premium following such reduction in policy benefits will be that which we currently charge for persons who would be in your Policy Class following the reduction in benefits for your policy. We will not reduce benefits below the minimum we allow when issuing a new policy. To request a reduction in policy benefits, please contact us at the toll-free number shown in the Policy Schedule.

If your policy is about to lapse due to non-payment of premium, we will notify you of your option to lower premiums by reducing policy benefits, and give you 30 days in which to exercise this option.

COVERAGE PROVISIONS

Term of Coverage

If you have paid the initial premium due under this policy, your coverage begins on the Policy Effective Date. Your coverage will continue so long as you pay the premium for this policy.

Policy Termination

This policy will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel this policy (in which case the grace period will not apply);
- (b) the date of your death;
- (c) the date the Maximum Lifetime Benefit is reduced to zero; or
- (d) the date this policy lapses for nonpayment of premium.

Termination will not affect any claim made under this policy while it was in force.

Extension of Benefits

If your policy lapses for nonpayment of premium while you are continuously Confined in a Nursing Home or Assisted Living Facility, benefits will be continued under this policy.

CLAIM PROVISIONS

Notice of Claim

If you think you are Chronically Ill, you should contact us. This notice should be given to us within 30 days of the onset of being Chronically Ill, or as soon as is reasonably possible. You or your Representative may give the required notice. The notice should include your name and policy number

as shown in the Policy Schedule. Notice can be mailed to, or you may call, us at the address and phone number shown in the Policy Schedule.

How Claims Are Evaluated

When notice of claim is received, we will collect the information we need to determine whether you are Chronically Ill. We may arrange for you to undergo an Assessment at no cost to you. We may need to contact your Physician or other care provider and to review your medical records. Based on our evaluation of this information, we will determine your eligibility for benefits. We will not pay benefits until we determine your eligibility for benefits. If we determine you are eligible for benefits, we will arrange for a Plan of Care to be developed by a Licensed Health Care Practitioner. You may choose your own Licensed Health Care Practitioner to develop the Plan of Care.

Claim Forms

When we receive notice of claim, we will send you a claim form. If we do not send such form within 15 days after we receive your notice, you can send us proof of loss by giving us a written statement of your claim.

Proof of Loss

For reimbursement of Eligible Expenses your proof of loss must include the provider's bill. In case of a loss for which this policy provides a periodic payment, written proof of loss must be given within 90 days after the end of each period for which we are liable. In case of a claim for any other loss, written proof must be given to us within 90 days after the date of the loss. If it was not reasonably possible to give us timely written proof, we will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

Time of Payment of Claims

We will make periodic payments for benefits which have accrued for more than one month. Subject to our receipt of written proof of loss, accrued benefits for such loss will be paid at the end of each month. Any balance unpaid when our liability for such loss ends will be paid immediately upon our receipt of written proof. Benefits for any other covered loss will be paid immediately once we receive written proof of loss.

Proration of Benefits

If you are eligible to receive NURSING HOME BENEFITS, ASSISTED LIVING FACILITY BENEFITS, HOME HEALTH CARE BENEFITS, or RESPITE CARE BENEFITS under this policy for less than the entire month, we will adjust such benefits for that month. Such benefits will be prorated based on the number of days you are confined to a Nursing Home or Assisted Living Facility that month, or the number of days which remain in the month after you first receive Home Health Care or Adult Day Care. We will assume that each of such months consist of 30 days regardless of the actual number of days in such month.

Payment of Claims

All benefits will be paid to you, if you are living, unless you have authorized us to pay benefits directly to a care provider.

Any accrued benefits unpaid at your death will be paid to your estate. At our option, any portion of the accrued benefits unpaid at your death, up to \$1,000 may, as an accommodation, be paid to an alternative payee deemed by us to be entitled to the payment. We will be fully discharged to the extent of any payment made in good faith under this paragraph.

Written Notification of Claim Denial

You will be notified in writing whether or not you are eligible for benefits. We will notify you within 10 days of receiving all the required information. If we deny benefits, you may request that we provide you the basis for our denial. Unless prohibited by state or federal law, we will notify you within 60 days of our receipt of your written request.

Appealing a Claims Decision

If you disagree with our decision regarding any claim, you may request in writing that we reconsider the claim. Such request must be made within 60 days of the date we notify you of our decision. You should submit any additional information that you feel we need to review our decision. You should include the names, addresses, and phone numbers of any care providers you think we should contact to learn more about your condition. You are responsible for the expense of securing additional information. We will reconsider our decision and send you written notification of the results. If we deny your appeal request, you may request that we provide you the basis for our denial. We will notify you within 60 days of our receipt of your written request.

Assignment of Benefits

You may instruct us to pay policy benefits directly to the provider responsible for providing your care. You must provide such instructions to us in writing. The care provider must also agree to the assignment of benefits. We do not assume any responsibility for the validity or effectiveness of any assignment.

Right of Recovery

If we pay benefits in a total amount which is, at any time, in excess of the benefits payable under this policy, we will have the right to recover such excess from you or from any providers to whom such payments were made. We may withhold future benefit payments in order to recover such excess benefit payments.

PREMIUM AND REINSTATEMENT PROVISIONS

Payment of Premiums

You will pay premiums to us to keep this policy in force. Your first premium is due on the Policy Effective Date. The frequency of payment you selected is shown as the premium mode in the Policy Schedule. You may change the premium mode by giving us prior written or verbal notice. We must receive your request at least 30 days prior to any premium payment date.

Grace Period

This policy has a 65-day grace period. This means that if a premium is not paid in full by the date it is due, it may be paid during the 65-day period following that date. During the grace period, this policy will stay in effect.

This policy will not lapse for nonpayment of premium unless we have given notice to you and any person(s) designated by you in the application, at the address provided by you for purposes of receiving notice of lapse. Notice will not be mailed until 30 days after the premium due date for a premium that is due and unpaid. Notice will be given by United States first-class mail. You will have at least 35 calendar days from the date of the notice of lapse to pay all premiums that are due. If the overdue premiums remain unpaid, this policy will lapse as of the premium due date.

Reinstatement

If your policy lapses for nonpayment of premium, you may request reinstatement of the policy by writing to us. You may be asked to complete an application for reinstatement. We have the right to require evidence of insurability. You will be required to pay the cost of any records that may be necessary to provide such evidence of insurability.

If the application is approved and payment of all past due premium is received by us, the policy will be reinstated as of the last premium due date. If we do not approve the application, we will inform you in writing within 45 days. If we fail to inform you, this policy will be reinstated on the 45th day following the date of the application. If we accept the payment of all past due premium, without requiring an application for reinstatement, this policy will be reinstated as of the last premium due date.

The reinstated policy only covers loss due to an injury sustained or physical or mental condition that begins after the date of reinstatement. In all other respects, you and we have the same rights under this policy as were in effect before it lapsed, unless special conditions are added in connection with the reinstatement.

Protection Against Unintentional Lapse

You have the right, at the time of application, to designate at least one person who is to receive notice of lapse or termination for nonpayment of premiums, in addition to yourself. You may change this designation at any time. To do so, you must notify us in writing. We will remind you in writing every two years of this opportunity.

If this policy lapses due to nonpayment of premiums because you were Chronically Ill, you may request, within five months of the date of lapse, that we reinstate this policy without requiring an application. You must undergo an Assessment by a Licensed Health Care Practitioner and obtain a certification that you became Chronically Ill on or before the date of lapse. Upon payment of all past due premiums, your policy will be reinstated as of the lapse date.

Refund of Unearned Premiums

Upon receipt of notice that you cancelled your policy or that you have died, we will refund the portion of the premium paid for the period between the date of cancellation or death and the next premium due date. We will pay the refund to you or, upon your death, your Spouse, if living, or to your estate.

Unpaid Premiums

When benefits are paid for a claim under this policy, any premium then due and unpaid may be deducted from the benefits payable.

GENERAL POLICY PROVISIONS

Entire Contract and Changes

This policy is a contract between you and us. The entire contract is:

- (a) this policy;
- (b) the attached signed application;
- (c) any supplemental applications made part of this policy;
- (d) any riders; and
- (e) any endorsements and amendments.

All statements made in the application will, in the absence of fraud, be considered representations and not warranties. We will not use any statement in defense of a claim or to contest this policy unless it is in a written application.

Any change made to this policy requires an Executive Officer's written consent. An agent does not have authority to change this policy or waive any of its terms.

Address for Notices and Requests

If, under this policy, you are required to provide notice or make a request to us, such notices or requests must be given to us at our Long-Term Care Service Center. The address and phone number for our Long-Term Care Service Center is shown on the first page of the Policy Schedule. If such address or phone number changes in the future, we will send you a revised Policy Schedule or otherwise notify you of such change.

Incontestability Period

In issuing this policy, we have relied upon the information presented in your application. We may rescind your policy or deny a claim due to a misrepresentation in your application that is material to our acceptance of you for coverage if your policy has been in force for less than six months following the Policy Effective Date.

If this policy has been in force for at least six months but less than two years, we may rescind your policy or deny a claim due to a misrepresentation in your application that is both material to our acceptance of you for coverage and pertains to the condition for which benefits are sought.

After this policy has been in force for two years, this policy is incontestable, except for relevant facts relating to your health that you knowingly and intentionally misrepresented or failed to disclose.

Clerical Error

Clerical errors or delays in making entries on our records will not void your coverage if your coverage would otherwise have been in effect. Clerical error will also not extend your coverage if your coverage would otherwise have ended or been reduced as provided by this policy. If a clerical error is found, premiums and benefits will be adjusted accordingly.

Physical Examinations

We, at our expense, may require you to under go a physical examination by a Physician when and as often as is reasonable while a claim is pending.

Misstatement of Age

If your age has been misstated in the application, all benefits payable will be those which the premium paid would have purchased at the correct age.

Legal Actions

No legal action can be brought to recover under this policy until at least 60 days after we have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

Nonparticipating

This policy will not pay dividends nor share in any of our surplus or earnings.

Conformity with Internal Revenue Code

If on its effective date, this policy does not comply with the requirements of Section 7702B(b) of the Internal Revenue Code of 1986, as amended, it will be treated as if it had been changed to comply with those requirements. Because this policy is guaranteed renewable, we will inform you in writing of any required change in the provisions of this policy, and you will be given the choice of accepting the change, or retaining this policy without that change.

Compliance with Law

We reserve the right to make any change to the provisions of this policy to comply with, or give you the benefit of, any federal or state statute, rule, or regulation.

United of Omaha Life Insurance Company
[Long Term Care Service Office]
[P.O. Box 64901]
[St. Paul, MN 55164-0901]
[Toll Free 1-877-894-2478]

Insured:

[**John Q. Public**]

Issue Age: [**57**]

[Spouse:

Suzy R. Public]

[Group: ABC Association]

Policy Number: [12345]

Policy Effective Date: [**January 1, 2009**]

Schedule Effective Date: [**January 1, 2009**]

Rate Classification

[Preferred/Select/Class I/Class II]

[Group Rate]

[Existing] [Medicare Supplement Certificate Holder/Policy Owner]

[Disability Income Certificate Holder/Policy Owner] [Life Policy Owner]

[Annuity Policy Owner] [Critical Illness Certificate Holder/Policy Owner]

[Producer]

Allowance

[[Spouse] [Married] [Two-Person Household] Allowance] [35%][15%][10%]

Policy Schedule Print Date: [01/01/09]

POLICY SCHEDULE

Your Elimination Period: [0, 30, 60, 90, 180 or 365] [calendar days]

Your Maximum Lifetime Benefit: [Product of 24, 36, 48, 60, 72 or 96 X \$1,500 - \$15,000 OR Lifetime OR \$XXX,XXX.XX] [\$XXX,XXX.XX]

Your Maximum Monthly Benefit or MMB: [\$1,500 - \$15,000]

Benefits Provided by Your Policy

(Deducted From Your Maximum Lifetime Benefit When Paid Unless Otherwise Indicated in Your Policy Schedule)	
NURSING HOME BENEFITS	
[Nursing Home Maximum Monthly Benefit]	[100% of MMB = \$2,000 per month]
Nursing Home Bed Reservation Benefit	[100% of MMB = \$67.00 per day, up to 30 days in a calendar year]
ASSISTED LIVING FACILITY BENEFITS	
[Assisted Living Facility Maximum Monthly Benefit]	[50%][75%][100%] of MMB = [\$2,000] per month]
Assisted Living Facility Bed Reservation Benefit	[[100%]of MMB = \$67.00 per day, up to 30 days in a calendar year]
HOME HEALTH CARE BENEFITS	
[Home Health Care Maximum Monthly Benefit] OR [Basic Home Health Care Maximum Monthly Benefit) Additional Benefit for Professional Home Health Care]	[50%][75%][100%] of MMB = \$2,000 per month] OR [50%][75%][100%] of MMB = \$2,000 each month] An additional [50%][75%][100%] of MMB each month = \$2,000 each month]
OTHER BENEFITS INCLUDED IN YOUR COVERAGE	
[Cash Benefit – [35%][40%][50%] of [Home Health Care Maximum Monthly Benefit][Basic Home Health Care Maximum Monthly Benefit] = \$1,000 per month]	[Included]
Your Premium	
[Basic Policy]	

OTHER POLICY BENEFITS	
Respite Care Maximum Monthly Benefit	[Pays up to 100% of MMB for one month in a calendar year = \$2,000]
Hospice Care Benefit	Pays Nursing Home Benefits, Assisted Living Facility Benefits and Home Health Care Benefits for Hospice Care
International Benefit	[Pays up to 100% of MMB up to an International Benefit Lifetime Maximum of 12 months = \$24,000]
Waiver of Premium	Included
CARE COORDINATOR BENEFITS	
Care Coordinator Benefit	<i>THIS BENEFIT IS NOT DEDUCTED FROM YOUR POLICY'S MAXIMUM LIFETIME BENEFIT.</i>
Alternate Care Benefit	Subject to your policy's Maximum Lifetime Benefit
STAY-AT-HOME BENEFITS	
Caregiver Training Benefit	These benefits combined are payable up to your Stay-At-Home Maximum Lifetime Benefit of 2 times the [HHC] [BHHC] MMB = \$4,000
Durable Medical Equipment Benefit	
Home Modification Benefit	
Medical Alert System Benefit	

OTHER BENEFITS INCLUDED IN YOUR COVERAGE		Your Premium
[Additional Benefit for Injury]	[Included]	[Basic Policy]
[Spouse Security Benefit -- 60%]	[Included]	[\$ xxx.xx]
[Spouse Waiver of Premium Benefit]	[Included]	[\$ xxx.xx]
[Spouse Waiver of Premium Qualification Period]	[XX Years]	[\$ xxx.xx]
[Spouse Shared Care Benefit]	[Included]	[\$ xxx.xx]
[Spouse Survivorship Benefit]	[Included]	
[Spouse Survivorship Benefit Qualification Period]	[XX Years]	[\$ xxx.xx]
[Restoration of Benefits]	[Included]	[\$ xxx.xx]
[Simple Inflation Protection - 5%]	[Included]	[\$ xxx.xx]
[Future Purchase Option]	[Included]	[Basic Policy]
[Compound Inflation Protection - Lifetime [3%] [3.5%] [4%] [4.5%] [5%]]	[Included] [Effective on Schedule Effective Date]	[\$ xxx.xx]
[Compound Inflation Protection With Buy-Up Option [3%] [3.5%] [4%] [4.5%] [5%]][Final Buy Up Date Age [65] [85]]	[Included] [Buy Up Effective on Schedule Effective Date]	[\$ xxx.xx]
[Compound Inflation Protection – 20 Year - 5%]		[\$ xxx.xx]
[[5%] Compound Inflation Protection With Maximum Increase Cap of [2X][3X][4X] your MMB]	[Included]	[\$ xxx.xx]
[Graded Compound Inflation Protection [3% - 3% - 0%] [5% - 3% - 0%]]	[Included]	[\$ xxx.xx]
[Full Return of Premium at Death Benefit]	[Included]	[\$ xxx.xx]
[Return of Premium at Death Less Claims Benefit]	[Included]	[\$xxx.xx]
[Return of Premium at Death Before Age 65 Less Claims Benefit]	[Included]	[\$ xxx.xx]
[Nonforfeiture Benefit – Shortened Benefit Period]	[Included]	[\$ xxx.xx]
[Contingent Nonforfeiture Benefit]	[Included]	[Basic Policy]
[Limited Pay Contingent Nonforfeiture Benefit]	[Included]	[Basic Policy]
[Christian Science Providers]	[Included]	[Basic Policy]
[Single Premium Payment Option]	[Included]	[\$ xxx.xx]
[10-Year Premium Payment Option]	[Included]	[\$ xxx.xx]
[20-Year Premium Payment Option]	[Included]	[\$ xxx.xx]
[To-Age-65 Premium Payment Option]	[Included]	[\$ xxx.xx]
[Flex To-Age-85]	[Included]	[\$xxx.xx]
[Rate Guarantee Period]	[None] [XX Years] [Additional X Years]	[Basic Policy] [\$ xxx.xx]
[Waiver of Elimination Period for Home Health Care Benefits]	[Included]	[\$xxx.xx]
BASIC POLICY PREMIUM		[\$XXX.XX]
[ANNUAL] TOTAL [SINGLE] PREMIUM (BASIC POLICY + OTHER BENEFITS)		[\$XXX.XX]
PREMIUM MODE		[Single Premium, Annual, SemiAnnual, Quarterly, Monthly, PRD, 9pay, 10pay, 11pay, 12pay, 24pay, and 26pay]
YOUR TOTAL POLICY [MODAL] [SINGLE] PREMIUM		[\$XXX.XX]

[

Flex To-Age-85 Table of Annually Increasing Scheduled Premiums	
Issue Age	[59]
Initial Premium	[\$818]
Fixed Premium	[\$1610]
Premium Effective Date	Premium Amount
[01/01/2009]	[\$1000.00]
[01/01/2010]	[\$1100.00]
[01/01/2011]	[\$1210.00]
[01/01/2012]	[\$1331.00]
[01/01/2013]	[\$1464.00]
[01/01/2014]	[\$1610.00] Fixed Premium
[01/01/2034]	\$0.00 Paid Up Premium

]

IF YOU ELECT TO PAY PREMIUMS OTHER THAN ANNUALLY, THE TOTAL AMOUNT OF PREMIUMS YOU WILL PAY EACH YEAR WILL BE GREATER THAN THE ANNUAL PREMIUM SHOWN IN THE TABLE BECAUSE THE COSTS ASSOCIATED WITH ADMINISTERING YOUR POLICY WILL BE GREATER.

Tax Qualified

The policy is intended to be a tax qualified long-term care insurance contract under §7702B(b) of the Internal Revenue Code of 1986, as amended. For additional information concerning the tax status of premiums paid and benefits received under the policy, you should consult your professional tax advisor.

UNITED OF OMAHA LIFE INSURANCE COMPANY

BASIC AND PROFESSIONAL HOME HEALTH CARE RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this section of the rider.

Basic Home Health Care means:

- (a) Home Health Care which we determine can be provided through the services of someone other than a Professional Provider; and
- (b) Adult Day Care.

Home Health Care received from a Nurse will be deemed Basic Home Health Care from after the day you receive 365 days of Home Health Care from a Nurse while the policy is in force.

Professional Home Health Care means Home Health Care which we determine can only be provided through the services of a Professional Provider. Home Health Care received from a Nurse will not be deemed Professional Home Health Care from and after the date you receive 365 days of Home Health Care from a Nurse while the policy is in force.

Professional Provider means:

- (a) A Nurse;
- (b) A physical therapist;
- (c) A respiratory therapist;
- (d) An occupational therapist;
- (e) A speech therapist;
- (f) An audiologist;
- (g) A chemotherapy specialist; or
- (h) A nutritional specialist.

AMENDMENT

The HOME HEALTH CARE BENEFITS section of the policy is deleted in its entirety and replaced with the following:

HOME HEALTH CARE BENEFITS

Basic Home Health Care Benefit

We will pay a Basic Home Health Care Benefit if you receive Basic Home Health Care and/or Professional Home Health Care. The Basic Home Health Care Benefit is equal to the Eligible Expenses incurred by you for Basic Home Health Care and Professional Home Health Care each month, up to the Basic Home Health Care Maximum Monthly Benefit shown in the Policy Schedule.

Additional Benefit for Professional Home Health Care

If in any month you incur Eligible Expenses for Professional Home Health Care in excess of the Basic Home Health Care Benefits paid to you that month, we will pay an Additional Benefit for Professional Home Health Care. The Additional Home Health Care Benefit is equal to the excess Eligible Expenses incurred by you for Professional Home Health Care that month, up to the Additional Benefit for Professional Home Health Care shown in the Policy Schedule.

We will not pay benefits in any month for Eligible Expenses incurred by you for Basic Home Health Care which exceeds the Basic Home Health Care Maximum Monthly Benefit.

Eligibility for Benefits

To be eligible for Home Health Care Benefits, Eligible Expenses incurred by you for Home Health Care must be provided by a Home Health Care Agency or an Independent Provider and for Adult Day Care must be provided by an Adult Day Care Center.

TERMINATION

This rider will terminate when the policy terminates.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, flowing style.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

WAIVER OF ELIMINATION PERIOD FOR HOME HEALTH CARE BENEFITS RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy.

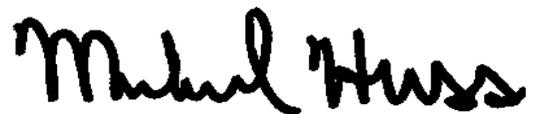
WAIVER OF ELIMINATION PERIOD FOR HOME HEALTH CARE BENEFITS

You do not need to satisfy the Elimination Period to receive Home Health Care Benefits under the policy.

TERMINATION

This rider will terminate when the policy terminates.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly stylized font.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

CHRISTIAN SCIENCE PROVIDERS RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the date shown in the Policy Schedule.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy.

CHRISTIAN SCIENCE PROVIDERS

If eligible to receive Alternate Care Benefits under the policy, we may, at our discretion, pay an Alternate Care Benefit for services:

- (a) provided by an accredited Christian Science Nurse listed in the Christian Science Journal; and
- (b) incurred while Confined in a Christian Science nursing organization/facility currently recognized by The Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc., or any comparable accrediting organization.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, flowing style.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

ADDITIONAL BENEFIT FOR INJURY RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this section of the rider.

Injury means bodily harm caused by an accident or trauma independent of disease or bodily infirmity or any other cause.

ELIGIBILITY FOR ADDITIONAL BENEFIT FOR INJURY

You are eligible for an Additional Benefit for Injury if, prior to the Policy Anniversary Date coinciding with or next following your 65th birthday, you sustain an Injury which results in your Confinement to a Nursing Home or Assisted Living Facility or receiving Home Health Care Benefits. You must sustain such Injury while the policy is in force, but when you are not Chronically Ill.

To confirm your eligibility, you must undergo an Assessment within 90 days of sustaining any accident or trauma. Based on such Assessment, a Licensed Health Care Practitioner must certify that you sustained an Injury. You will no longer be eligible for the Additional Benefit for Injury if a Licensed Health Care Practitioner determines that you are no longer Chronically Ill or you are Chronically Ill for reasons other than your Injury.

ADDITIONAL BENEFIT FOR INJURY

Payment of Benefit

We will pay an Additional Benefit for Injury any month you incur Eligible Expenses in excess of the Nursing Home Benefits, Assisted Living Facility Benefits or Home Health Care Benefits paid to you that month.

The Additional Benefit for Injury is equal to the excess Eligible Expenses:

- (a) made by a Nursing Home that month, up to the Nursing Home Maximum Monthly Benefit shown in the Policy Schedule. Nursing Home Benefits and the Additional Benefit for Injury will never exceed Eligible Expenses incurred by you for Confinement in a Nursing Home;
- (b) made by an Assisted Living Facility that month, up to the Assisted Living Facility Maximum Monthly Benefit shown in the Policy Schedule. Assisted Living Facility Benefits and the Additional Benefit for Injury will never exceed Eligible Expenses incurred by you for Confinement in an Assisted Living Facility; or
- (c) incurred by you for Home Health Care and/or Adult Day Care that month, up to the Home Health Care Maximum Monthly Benefit shown in the Policy Schedule. Home Health Care

Benefits and the Additional Benefit for Injury will never exceed Eligible Expenses incurred by you for Home Health Care and/or Adult Day Care.

No Reduction in Maximum Lifetime Benefit

Any Additional Benefit for Injury received by you will not reduce your Maximum Lifetime Benefit.

Continuation of Benefit

If you are receiving an Additional Benefit for Injury on the Policy Anniversary Date coinciding with or next following your 65th birthday, such benefit will continue so long as you remain eligible for the Additional Benefit for Injury.

Recurrent Injury

If you cease being eligible for an Additional Benefit for Injury and then experience a recurrence of your Injury, we will again pay an Additional Benefit for Injury provided no more than 180 days have passed since you last received such benefit.

TERMINATION

This rider will terminate when the policy terminates.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly slanted style.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

ADDITIONAL BENEFIT FOR INJURY RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this section of the rider.

Injury means bodily harm caused by an accident or trauma independent of disease or bodily infirmity or any other cause.

ELIGIBILITY FOR ADDITIONAL BENEFIT FOR INJURY

You are eligible for an Additional Benefit for Injury if, prior to the Policy Anniversary Date coinciding with or next following your 65th birthday, you sustain an Injury which results in your Confinement to a Nursing Home or Assisted Living Facility or receiving Home Health Care Benefits. You must sustain such Injury while the policy is in force, but when you are not Chronically Ill.

To confirm your eligibility, you must undergo an Assessment within 90 days of sustaining any accident or trauma. Based on such Assessment, a Licensed Health Care Practitioner must certify that you sustained an Injury. You will no longer be eligible for the Additional Benefit for Injury if a Licensed Health Care Practitioner determines that you are no longer Chronically Ill or you are Chronically Ill for reasons other than your Injury.

ADDITIONAL BENEFIT FOR INJURY

Payment of Benefit

We will pay an Additional Benefit for Injury any month you incur Eligible Expenses in excess of the Nursing Home Benefits, Assisted Living Facility Benefits or Home Health Care Benefits paid to you that month.

The Additional Benefit for Injury is equal to the excess Eligible Expenses:

- (a) made by a Nursing Home that month, up to the Nursing Home Maximum Monthly Benefit shown in the Policy Schedule. Nursing Home Benefits and the Additional Benefit for Injury will never exceed Eligible Expenses incurred by you for Confinement in a Nursing Home;
- (b) made by an Assisted Living Facility that month, up to the Assisted Living Facility Maximum Monthly Benefit shown in the Policy Schedule. Assisted Living Facility Benefits and the Additional Benefit for Injury will never exceed Eligible Expenses incurred by you for Confinement in an Assisted Living Facility; or
- (c) incurred by you for Basic Home Health Care that month, up to the Basic Home Health Care Maximum Monthly Benefit shown in the Policy Schedule. Home Health Care Benefits and the

Additional Benefit for Injury will never exceed Eligible Expenses incurred by you for Home Health Care and Adult Day Care.

No Reduction in Maximum Lifetime Benefit

Any Additional Benefit for Injury received by you will not reduce your Maximum Lifetime Benefit.

Continuation of Benefit

If you are receiving an Additional Benefit for Injury on the Policy Anniversary Date coinciding with or next following your 65th birthday, such benefit will continue so long as you remain eligible for the Additional Benefit for Injury.

Recurrent Injury

If you cease being eligible for an Additional Benefit for Injury and then experience a recurrence of your Injury, we will again pay an Additional Benefit for Injury provided no more than 180 days have passed since you last received such benefit.

TERMINATION

This rider will terminate when the policy terminates.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly stylized font.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

RESTORATION OF BENEFITS RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy.

RESTORATION OF BENEFITS

Restoration of Maximum Lifetime Benefit

If benefits have been paid under the policy and you later become eligible for Restoration of Benefits, we will restore your Maximum Lifetime Benefit. Except for any benefits paid for your Spouse under any Spouse Shared Care Benefit rider to the policy, the Maximum Lifetime Benefit will be restored to the amount that would have applied if no benefits had been paid under the policy.

Eligibility for Restoration of Benefits

To be eligible for restoration of benefits, a Licensed Health Care Practitioner must certify that you met the following requirements for a period of 180 consecutive days:

- (a) the ability to perform, without Substantial Assistance from another individual, all Activities of Daily Living; and
- (b) no need for Substantial Supervision by another person to protect yourself from threats to health and safety due to Severe Cognitive Impairment; and
- (c) no Physician or Licensed Health Care Practitioner has informed you that you require long-term care services.

Limitation on Restoration of Benefits

The Maximum Lifetime Benefit will be restored only once during the term of the policy. Any other annual and lifetime limitations shown in the Policy Schedule for benefits paid under the policy will not be restored by the terms of this rider.

Effect of Restoration of Benefits

You may not terminate this rider once the Maximum Lifetime Benefit has been restored. Following restoration of benefits, the premium due under the policy, including the premium for this rider, must be paid to keep the policy in force.

TERMINATION

This rider will terminate on the earliest of:

- (a) if your Maximum Lifetime Benefit has not been restored under this rider, the date we receive your written or verbal request to terminate this rider;
- (b) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (c) the date the policy terminates.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive style with a large, prominent initial "M".

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

SPOUSE SECURITY BENEFIT RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy.

SPOUSE SECURITY BENEFIT

We will pay a Spouse Security Benefit if you receive other benefits under the policy. However, we will not pay a Spouse Security Benefit if you receive benefits under any Cash Benefit Rider attached to the policy. The Spouse Security Benefit is equal to the other policy benefits received by you each month times the percentage shown for this rider benefit in the Policy Schedule. Spouse Security Benefits will not reduce your Maximum Lifetime Benefit.

TERMINATION

This rider will terminate on the earliest of:

- (a) the date we receive your written or verbal request to terminate this rider;
- (b) the date your Spouse dies;
- (c) the date your divorce from your Spouse becomes final; or
- (d) the date the policy terminates.

If you and your Spouse divorce, you must notify us within 90 days of the date your divorce is final.

United of Omaha Life Insurance



Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

SPOUSE WAIVER OF PREMIUM RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this rider.

Qualification Period means the number of years shown in the Policy Schedule for the Spouse Waiver of Premium Benefit. The Qualification Period commences on the effective date of any premium increase as a result of your adding or increasing a policy benefit.

ELIGIBILITY FOR BENEFIT

You are eligible for the benefits of this rider if both you and your Spouse are each covered under a separate in force United of Omaha Life Insurance Company Long-Term Care Insurance Policy (Form LTC09U), with a Spouse Waiver of Premium rider attached to the policy.

SPOUSE WAIVER OF PREMIUM

Except as otherwise provided in this rider, we will waive the payment of premium for your policy when and so long as the premium for your Spouse's policy is waived under the terms of his or her policy. When the waiver period under your Spouse's policy ends, premium payments will resume for your policy and must be paid to keep your policy in force.

An increase in the premium paid by you for the policy may occur as result of your adding or increasing a policy benefit following the Policy Effective Date. We will waive the increased amount of the premium when and so long as the premium for your Spouse's policy is waived under the terms of his or her policy, but only after the expiration of the Qualification Period.

TERMINATION

This rider will terminate on the earliest of:

- (a) the date we receive your written or verbal request to terminate this rider;
- (b) the date we receive your Spouse's written or verbal request to terminate the Spouse Waiver of Premium Benefit on his or her policy;
- (c) the date your divorce from your Spouse becomes final;
- (d) the date your policy terminates;

- (e) the date your Spouse's policy terminates;
- (f) the date your benefits are continued under the Extension of Benefits provision of the policy; or
- (g) the date your policy is in force under the terms of any nonforfeiture benefit applicable to the policy.

If you and your Spouse divorce, you must notify us within 90 days of the date your divorce is final.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly stylized font.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

SPOUSE SURVIVORSHIP BENEFIT RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this section of the rider.

Qualification Period means the number of years shown in the Policy Schedule for the Spouse Survivorship Benefit.

ELIGIBILITY FOR BENEFITS

You are eligible for the benefits of this rider if:

- (a) both you and your Spouse are each covered under a separate in force United of Omaha Life Insurance Company Long-Term Care Insurance Policy (Form LTC09U), with a Spouse Survivorship Benefit rider attached to the policy; and
- (b) your Spouse dies at any time after the expiration of the Qualification Period. For this purpose the Qualification Period commences on the Policy Effective Date.

To receive this benefit, you must notify us of the death of your Spouse. Your notice must be accompanied by satisfactory proof to us that your Spouse has died.

SPOUSE SURVIVORSHIP BENEFIT

Except as otherwise provided in this rider, no further premiums are due and payable for your policy from and after the date your Spouse dies.

An increase in the premium paid by you for the policy may occur as a result of your adding or increasing a policy benefit following the Policy Effective Date. If eligible for benefits under this rider, you will continue to pay the increased amount of the premium until the expiration of the Qualification Period. For this purpose, the Qualification Period commences on the effective date of such premium increase. Thereafter, no further premiums are required to keep the policy in force.

TERMINATION

This rider terminates on the earliest of:

- (a) the date we receive your written or verbal request to terminate this rider;
- (b) the date we receive your Spouse's written or verbal request to terminate the Spouse Survivorship Benefit on his or her policy;
- (c) the date your divorce from your Spouse becomes final;

- (d) the date your policy terminates;
- (e) the date your Spouse's policy terminates;
- (f) the date your benefits are continued under any the Extension of Benefits provision of the policy;
or
- (g) the date your policy is in force under the terms of any nonforfeiture benefit applicable to the policy.

If you and your Spouse divorce, you must notify us within 90 days of the date your divorce is final.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly slanted style.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

SPOUSE SHARED CARE BENEFIT RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them, as the context requires, in your policy or your Spouse's policy.

ELIGIBILITY FOR BENEFIT

You are eligible for benefits under this rider if:

- (a) both you and your Spouse are each covered under an identical separate in force United of Omaha Life Insurance Company Long-Term Care Insurance Policy (Form LTC09U). For purposes of this rider, the policies are identical if the Maximum Lifetime Benefit, Elimination Period, Maximum Monthly Benefit and optional benefits are the same (except for any reduction of the Maximum Lifetime Benefit as a result of you or your Spouse receiving benefits under the policies);
- (b) the Maximum Lifetime Benefit under your policy has been reduced to zero; and
- (c) the Maximum Lifetime Benefit under your Spouse's policy has not been reduced below an amount equal to the Maximum Monthly Benefit times 12.

SPOUSE SHARED CARE BENEFIT

You may draw from your Spouse's Maximum Lifetime Benefit to pay benefits under your policy. Benefits will be paid in accordance with the terms and conditions in effect under your policy at the time your Maximum Lifetime Benefit was reduced to zero. The Maximum Lifetime Benefit under your Spouse's policy will be reduced to the extent that you draw against it to pay benefits under your policy.

Death of Spouse

If your Spouse dies while his or her policy is in force, your Spouse's remaining Maximum Lifetime Benefit will be added to your Maximum Lifetime Benefit. No additional premiums will be due under your policy solely as a result of such increase in your Maximum Lifetime Benefit.

Effect of Your Spouse Drawing on Your Maximum Lifetime Benefit

If your Spouse is eligible to draw against your Maximum Lifetime Benefit under the terms of the Spouse Shared Care Benefit rider attached to his or her policy, you may continue to receive benefits under your policy at the same time as your Spouse is drawing against your Maximum Lifetime Limit. Any amount your Spouse draws against your Maximum Lifetime Benefit will not be restored by any restoration of benefits provision applicable to your policy.

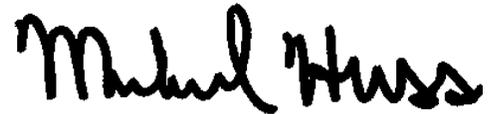
TERMINATION

This rider will terminate on the earliest of:

- (a) If you have not received benefits under this rider, the earlier of:
 - (1) the date we receive your written or verbal request to terminate this rider; or
 - (2) the date your divorce from your Spouse becomes final;
- (b) the date the Spouse Shared Care Benefit rider attached to your Spouse's policy terminates;
- (c) the date you no longer meet the requirements set forth in the Eligibility for Benefits provision of this rider;
- (d) the date benefits are continued under the Extension of Benefits provision of your policy;
- (e) the date your policy is in force under the terms of any nonforfeiture benefit applicable to your policy; or
- (f) the date your policy terminates.

If you and your Spouse divorce, you must notify us within 90 days of the date your divorce is final.

**United of Omaha Life Insurance
Company**

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, flowing style.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

DOMESTIC PARTNER AMENDMENT RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

AMENDMENT

Domestic Partner

The following definition of Domestic Partner is added to the DEFINITIONS section of the policy:

Domestic Partner means either of the following:

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

Spouse

The definition of Spouse is deleted from the DEFINITIONS section of the policy and replaced by the following:

Spouse means the person to whom you are legally married or your Domestic Partner.

Termination

The following phrase in the TERMINATION section of any rider to the policy is deleted:

“the date your divorce from your Spouse becomes final”

and replaced with the following:

“the date your divorce from the person to whom you are legally married become final or the date your relationship with your Domestic Partner ends.”

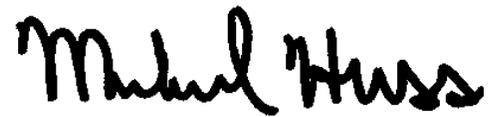
The following sentence in the TERMINATION section of any rider to the policy is deleted:

“If you and your Spouse divorce, you must notify us within 90 days of the date your divorce is final.”

and replaced with the following:

“You must notify us within 90 days of the date you and the person to whom you are legally married divorce or the date your relationship with your Domestic Partner ends.”

United of Omaha Life Insurance Company

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Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

SIMPLE INFLATION PROTECTION RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy.

SIMPLE INFLATION PROTECTION BENEFIT

Maximum Monthly Benefit

On each Policy Anniversary Date, we will automatically increase the Maximum Monthly Benefit then in effect under the policy by an amount equal to:

- (a) the Maximum Monthly Benefit in effect on the Policy Effective Date, times
- (b) the percentage shown for this benefit in the Policy Schedule.

The increase in the Maximum Monthly Benefit will be rounded to the nearest whole dollar.

Maximum Lifetime Benefit

On each Policy Anniversary Date, we will automatically increase the Maximum Lifetime Benefit remaining at the end of the prior Policy Year by an amount equal to the lesser of:

- (a) the Maximum Lifetime Benefit in effect on the Policy Effective Date, times the percentage shown for this benefit in the Policy Schedule; or
- (b) the Maximum Lifetime Benefit remaining at the end of the prior Policy Year, times the percentage shown for this benefit in the Policy Schedule.

The increase in the Maximum Lifetime Benefit will be rounded to the nearest whole dollar.

Benefits NOT Tied to CPI

The benefits provided by this rider are not based on the Consumer Price Index published by the Bureau of Labor Statistics of the United States Department of Labor or any other published index. The benefits provided by this rider may be greater or less than the actual economic inflation rate.

No Effect on Premiums

The premium for your policy will not increase solely because the Maximum Monthly Benefit and Maximum Lifetime Benefit increase under this rider.

TERMINATION

Voluntary Termination

This rider will voluntarily terminate on the date we receive your written or verbal request to terminate this rider. Upon voluntary termination of this rider, we will adjust the premium for the policy. Premium will be adjusted to that which we currently charge persons who would be in your Policy Class on the date of termination.

Automatic Termination

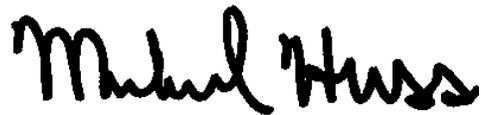
This rider will automatically terminate on the earliest of:

- (a) the date your benefits are continued under the Extension of Benefits provision of the policy;
- (b) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (c) the date the policy terminates.

Effect of Termination

On the date of voluntary or automatic termination, no further increases in the Maximum Monthly Benefit or Maximum Lifetime Benefit will be made under this rider. All increases to the Maximum Monthly Benefit and the Maximum Lifetime Benefit made under this rider prior to the date of voluntary or automatic termination will continue in effect.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly stylized font.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

COMPOUND INFLATION PROTECTION -- LIFETIME BENEFIT RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the date shown in the Policy Schedule.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this rider.

Compound Inflation Percentage means the percentage shown in the Policy Schedule for the Compound Inflation Protection – Lifetime Benefit.

Compound Inflation Protection Starting Date means the Policy Anniversary Date next following the effective date of this rider. However, if the effective date of this rider is the Policy Effective Date, the Compound Inflation Protection Starting Date is the first Policy Anniversary Date.

COMPOUND INFLATION PROTECTION – LIFETIME BENEFIT

Maximum Monthly Benefit

On each Policy Anniversary Date from and after the Compound Inflation Protection Starting Date, we will automatically increase the Maximum Monthly Benefit then in effect under the policy by the Compound Inflation Percentage. The increase in the Maximum Monthly Benefit will be rounded to the nearest whole dollar.

Maximum Lifetime Benefit

On each Policy Anniversary Date from and after the Compound Inflation Protection Starting Date, we will automatically increase the Maximum Lifetime Benefit remaining at the end of the prior Policy Year by the Compound Inflation Percentage. The increase in the Maximum Lifetime Benefit will be rounded to the nearest whole dollar.

Benefits NOT Tied to CPI

The benefits provided by this rider are not based on the Consumer Price Index published by the Bureau of Labor Statistics of the United States Department of Labor or any other published index. The benefits provided by this rider may be greater or less than the actual economic inflation rate.

No Effect on Premiums

The premium for your policy will not increase solely because your Maximum Monthly Benefit and Maximum Lifetime Benefit increase under this rider.

TERMINATION

Voluntary Termination

This rider will voluntarily terminate on the date we receive your written or verbal request to terminate this rider. Upon voluntary termination of this rider, we will adjust the premium for the policy. Premium will be adjusted to that which we currently charge persons who would be in your Policy Class on the date of termination.

Automatic Termination

This rider will automatically terminate on the earliest of:

- (a) the date your benefits are continued under the Extension of Benefits provision of the policy;
- (b) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy;
- (c) the date any Flex-to-Age-85SM rider attached to the policy is terminated; or
- (d) the date the policy terminates.

Effect of Termination

On the date of voluntary or automatic termination, no further increases in the Maximum Monthly Benefit or Maximum Lifetime Benefit will be made under this rider. All increases to the Maximum Monthly Benefit and the Maximum Lifetime Benefit made under this rider prior to the date of voluntary or automatic termination will continue in effect.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly slanted style.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

COMPOUND INFLATION PROTECTION BENEFIT WITH BUY UP OPTION RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this rider.

Compound Inflation Percentage means the percentage shown in the Policy Schedule for the Compound Inflation Protection Benefit with Buy Up Option.

Final Buy Up Option Date means the Policy Anniversary Date coinciding with or next following the date you reach the age shown in the Policy Schedule for the Compound Inflation Protection Benefit with Buy Up Option.

COMPOUND INFLATION PROTECTION BENEFIT

Maximum Monthly Benefit

On each Policy Anniversary Date, we will automatically increase the Maximum Monthly Benefit then in effect under the policy by the Compound Inflation Percentage. The increase in the Maximum Monthly Benefit will be rounded to the nearest whole dollar.

Maximum Lifetime Benefit

On each Policy Anniversary Date, we will automatically increase the Maximum Lifetime Benefit remaining at the end of the prior Policy Year by the Compound Inflation Percentage. The increase in the Maximum Lifetime Benefit will be rounded to the nearest whole dollar.

Effect on Premiums

Except when you elect the Buy Up Option, the premium for the policy will not increase solely because your Maximum Monthly Benefit and Maximum Lifetime Benefit increase under this rider.

BUY UP OPTION

Eligibility for Buy Up Option

You are eligible for the Buy Up Option if, at the time you elect the Buy Up Option:

- (a) we are not waiving premium under any provision of the policy; and
- (b) you are not Chronically Ill and have not, for the immediate two-year period, received benefits under the policy.

Electing the Buy Up Option

On or before the Final Buy Up Option Date, you may elect the Buy Up Option. Under the Buy Up Option, you may elect to increase the Compound Inflation Percentage to any percentage offered by us at the time of election. The Compound Inflation Percentage can never exceed 5%. You may make such election by written request to us. You may elect the Buy Up Option only once each Policy Year.

Buy Up Option Will Increase Your Premium

We will increase the premium for the policy each time you elect the Buy Up Option. Premium will increase by an amount determined by us at the time you elect the Buy Up Option. We will increase the premium for the policy on the Policy Anniversary Date coinciding with or next following the date we receive your written request. However, any increase in benefits will NOT occur until the Policy Anniversary next following the effective date of the increase in premium for the policy.

BENEFITS NOT TIED TO CPI

The benefits provided by this rider are not based on the Consumer Price Index published by the Bureau of Labor Statistics of the United States Department of Labor or any other published index. The benefits provided by this rider may be greater or less than the actual economic inflation rate.

TERMINATION

Voluntary Termination

This rider will voluntarily terminate on the date we receive your written or verbal request to terminate this rider. Upon voluntary termination of this rider, we will adjust the premium for the policy. Premium will be adjusted to that which we currently charge persons who would be in your Policy Class on the date of termination.

Automatic Termination

This rider will automatically terminate on the earliest of:

- (a) the date your benefits are continued under the Extension of Benefits provision of the policy;
- (b) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (c) the date the policy terminates.

Effect of Termination

On the date of voluntary or automatic termination, no further increases in the Maximum Monthly Benefit or Maximum Lifetime Benefit will be made under this rider. All increases to the Maximum Monthly Benefit and the Maximum Lifetime Benefit made under this rider prior to the date of voluntary or automatic termination will continue in effect.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly slanted style.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

COMPOUND INFLATION PROTECTION -- 20 YEAR BENEFIT RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this rider.

Compound Inflation Percentage means the percentage shown in the Policy Schedule for the Compound Inflation Protection – 20 Year Benefit.

COMPOUND INFLATION PROTECTION – 20 YEAR BENEFIT

Maximum Monthly Benefit

On each Policy Anniversary Date up to and including the 20th Policy Anniversary Date, we will automatically increase the Maximum Monthly Benefit then in effect under the policy by the Compound Inflation Percentage. The increase in the Maximum Monthly Benefit will be rounded to the nearest whole dollar.

Maximum Lifetime Benefit

On each Policy Anniversary Date up to and including the 20th Policy Anniversary Date, we will automatically increase the Maximum Lifetime Benefit remaining at the end of the prior Policy Year by the Compound Inflation Percentage. The increase in the Maximum Lifetime Benefit will be rounded to the nearest whole dollar.

Benefits NOT Tied to CPI

The benefits provided by this rider are not based on the Consumer Price Index published by the Bureau of Labor Statistics of the United States Department of Labor or any other published index. The benefits provided by this rider may be greater or less than the actual economic inflation rate.

No Effect on Premiums

The premium for your policy will not increase solely because your Maximum Monthly Benefit and Maximum Lifetime Benefit increase under this rider.

From and after the 20th Policy Anniversary Date, you must continue to pay the premium for the policy, including the premium for this benefit, to keep the policy in force.

TERMINATION

Voluntary Termination

If received prior to the 20th Policy Anniversary Date, this rider will voluntarily terminate on the date we receive your written or verbal request to terminate this rider. Upon voluntary termination of this rider, we will adjust the premium for the policy. Premium will be adjusted to that which we currently charge persons who would be in your Policy Class on the date of termination.

Automatic Termination

This rider will automatically terminate on the earliest of:

- (a) the date your benefits are continued under the Extension of Benefits provision of the policy;
- (b) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (c) the date the policy terminates.

Effect of Termination

On the date of voluntary or automatic termination, no further increases in the Maximum Monthly Benefit or Maximum Lifetime Benefit will be made under this rider. All increases to the Maximum Monthly Benefit and the Maximum Lifetime Benefit made under this rider prior to the date of voluntary or automatic termination will continue in effect.

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A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly slanted style.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

COMPOUND INFLATION PROTECTION BENEFIT WITH MAXIMUM INCREASE CAP RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this rider.

Compound Inflation Percentage means the percentage shown in the Policy Schedule for the Compound Inflation Protection Benefit with Maximum Increase Cap.

Maximum Increase Cap means an amount equal to the Maximum Monthly Benefit on the Policy Effective Date times the number shown for this benefit in the Policy Schedule.

Maximum Increase Cap Date means the Policy Anniversary Date on which the Maximum Monthly Benefit equals or exceeds the Maximum Increase Cap.

COMPOUND INFLATION PROTECTION BENEFIT WITH MAXIMUM INCREASE CAP

Maximum Monthly Benefit

On each Policy Anniversary Date, we will automatically increase the Maximum Monthly Benefit then in effect under the policy by the Compound Inflation Percentage. No further increases will be made to the Maximum Monthly Benefit from and after the Maximum Increase Cap Date. The increase in the Maximum Monthly Benefit will be rounded to the nearest whole dollar.

Maximum Lifetime Benefit

On each Policy Anniversary Date, we will automatically increase the Maximum Lifetime Benefit remaining at the end of the prior Policy Year by the Compound Inflation Percentage. No further increases will be made to the Maximum Lifetime Benefit from and after the Maximum Increase Cap Date. The increase in the Maximum Lifetime Benefit will be rounded to the nearest whole dollar.

Benefits NOT Tied to CPI

The benefits provided by this rider are not based on the Consumer Price Index published by the Bureau of Labor Statistics of the United States Department of Labor or any other published index. The benefits provided by this rider may be greater or less than the actual economic inflation rate.

No Effect on Premiums

The premium for your policy will not increase solely because your Maximum Monthly Benefit and Maximum Lifetime Benefit increase under this rider.

From and after the Maximum Increase Cap Date, you must continue to pay the premium for the policy, including the premium for this benefit, to keep the policy in force.

TERMINATION

Voluntary Termination

If received prior to the Maximum Increase Cap Date, this rider will voluntarily terminate on the date we receive your written or verbal request to terminate this rider. Upon voluntary termination of this rider, we will adjust the premium for the policy. Premium will be adjusted to that which we currently charge for persons who would be in your Policy Class on the date of termination.

Automatic Termination

This rider will automatically terminate on the earliest of:

- (a) the date your benefits are continued under the Extension of Benefits provision of the policy;
- (b) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (c) the date the policy terminates.

Effect of Termination

On the date of voluntary or automatic termination, no further increases in the Maximum Monthly Benefit or Maximum Lifetime Benefit will be made under this rider. All increases to the Maximum Monthly Benefit and the Maximum Lifetime Benefit made under this rider prior to the date of voluntary or automatic termination will continue in effect.

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Corporate Secretary

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GRADED COMPOUND INFLATION PROTECTION RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this rider.

Benefit Cap Date means the Policy Anniversary Date coinciding with or next following your 75th birthday.

GRADED COMPOUND INFLATION PROTECTION

Maximum Monthly Benefit

On each Policy Anniversary Date up to and including the Benefit Cap Date, we will automatically increase the Maximum Monthly Benefit then in effect under the policy by 3%. The increase in the Maximum Monthly Benefit will be rounded to the nearest whole dollar.

Maximum Lifetime Benefit

On each Policy Anniversary Date up to and including the Benefit Cap Date, we will automatically increase the Maximum Lifetime Benefit remaining at the end of the prior Policy Year by 3%. The increase in the Maximum Lifetime Benefit will be rounded to the nearest whole dollar.

Benefits NOT Tied to CPI

The benefits provided by this rider are not based on the Consumer Price Index published by the Bureau of Labor Statistics of the United States Department of Labor or any other published index. The benefits provided by this rider may be greater or less than the actual economic inflation rate.

No Effect on Premiums

The premium for your policy will not increase solely because your Maximum Monthly Benefit and Maximum Lifetime Benefit increase under this rider.

From and after the Benefit Cap Date, you must continue to pay the premium for the policy, including the premium for this benefit, to keep the policy in force.

TERMINATION

Voluntary Termination

If received prior to the Benefit Cap Date, this rider will voluntarily terminate on the date we receive your written or verbal request to terminate this rider. Upon voluntary termination of this rider, we will adjust the premium for the policy. Premium will be adjusted to that which we currently charge persons who would be in your Policy Class on the date of termination.

Automatic Termination

This rider will automatically terminate on the earliest of:

- (a) the date your benefits are continued under the Extension of Benefits provision of the policy;
- (b) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (c) the date the policy terminates.

Effect of Termination

On the date of voluntary or automatic termination, no further increases in the Maximum Monthly Benefit or Maximum Lifetime Benefit will be made under this rider. All increases to the Maximum Monthly Benefit and the Maximum Lifetime Benefit made under this rider prior to the date of voluntary or automatic termination will continue in effect.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly slanted style.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

GRADED COMPOUND INFLATION PROTECTION RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this rider.

Benefit Cap Date means the Policy Anniversary Date coinciding with or next following your 75th birthday.

GRADED COMPOUND INFLATION PROTECTION

5% Compound Inflation Protection

Maximum Monthly Benefit. On each Policy Anniversary Date up to and including the Policy Anniversary Date coinciding with or next following your 60th birthday, we will automatically increase the Maximum Monthly Benefit then in effect under the policy by 5%. The increase in the Maximum Monthly Benefit will be rounded to the nearest whole dollar.

Maximum Lifetime Benefit. On each Policy Anniversary Date up to and including the Policy Anniversary Date coinciding with or next following your 60th birthday, we will automatically increase the Maximum Lifetime Benefit remaining at the end of the prior Policy Year by 5%. The increase in the Maximum Lifetime Benefit will be rounded to the nearest whole dollar.

3% Compound Inflation Protection

Maximum Monthly Benefit. On the Policy Anniversary Date coinciding with or next following your 61st birthday and each Policy Anniversary Date thereafter up to and including the Benefit Cap Date, we will automatically increase the Maximum Monthly Benefit then effect under the policy by 3%. The increase in the Maximum Monthly Benefit will be rounded to the nearest whole dollar.

Maximum Lifetime Benefit. On the Policy Anniversary Date coinciding with or next following your 61st birthday and each Policy Anniversary Date thereafter up to and including the Benefit Cap Date, we will automatically increase the Maximum Lifetime Benefit remaining at the end of the prior Policy Year by 3%. The increase in the Maximum Lifetime Benefit will be rounded to the nearest whole dollar.

Compound Inflation Protection Ends At Benefit Cap Date

After the Benefit Cap Date, no further increases will be made to your Maximum Monthly Benefit or Maximum Lifetime Benefit under this rider.

Benefits NOT Tied to CPI

The benefits provided by this rider are not based on the Consumer Price Index published by the Bureau of Labor Statistics of the United States Department of Labor or any other published index. The benefits provided by this rider may be greater or less than the actual economic inflation rate.

No Effect on Premiums

The premium for your policy will not increase solely because your Maximum Monthly Benefit and Maximum Lifetime Benefit increase under this rider.

After the Benefit Cap Date, you must continue to pay the premium for the policy, including the premium for this benefit, to keep the policy in force.

TERMINATION

Voluntary Termination

If received prior to the Benefit Cap Date, this rider will voluntarily terminate on the date we receive your written or verbal request to terminate this rider. Upon voluntary termination of this rider, we will adjust the premium for the policy. Premium will be adjusted to that which we currently charge persons who would be in your Policy Class on the date of termination.

Automatic Termination

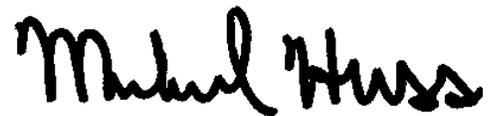
This rider will automatically terminate on the earliest of:

- (a) the date your benefits are continued under the Extension of Benefits provision of the policy;
- (b) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (c) the date the policy terminates.

Effect of Termination

On the date of voluntary or automatic termination, no further increases in the Maximum Monthly Benefit or Maximum Lifetime Benefit will be made under this rider. All increases to the Maximum Monthly Benefit and the Maximum Lifetime Benefit made under this rider prior to the date of voluntary or automatic termination will continue in effect.

United of Omaha Life Insurance Company



Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

FULL RETURN OF PREMIUM AT DEATH BENEFIT RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy.

FULL RETURN OF PREMIUM AT DEATH BENEFIT

Except as otherwise provided in this rider, if you die while the policy is in force, we will return the total amount of premiums paid for the policy. We will pay the benefit under this rider upon satisfactory proof to us that you have died.

The benefit paid under this rider does not include any premium waived or returned by us under any provision of the policy. Any claims paid under the policy will not be deducted from the benefit paid under this rider. We will not add interest to the benefit paid under this rider.

Payment to Beneficiary

Payment of the benefit under this rider will be made in one lump sum to your beneficiary. Your beneficiary will be as shown in your application unless later changed by you. You may change your beneficiary at any time by giving written notice to us. The effective date of the beneficiary change will be the date the change is received and recorded by us. If there is no named or living beneficiary on the date of your death, the benefit under this rider will be paid to your estate.

Important Notice Regarding Federal Income Tax Law

Payment of the benefit under this rider may have Federal income tax implications for your estate or beneficiary. You are advised to review this benefit with a qualified tax professional or attorney to determine any such tax impact.

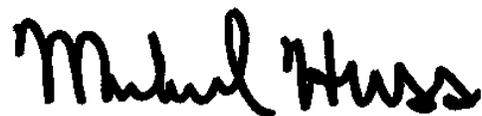
Exhaustion of Maximum Lifetime Benefit

If you exhaust your Maximum Lifetime Benefit, we will pay the benefit under this rider when you die.

TERMINATION

This rider will terminate when the policy terminates. However, if your policy would otherwise terminate because your Maximum Lifetime Benefit has been reduced to zero, both the policy and this rider will continue for so long and only for the purpose of paying the benefit under this rider.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive style with a large initial "M".

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

RETURN OF PREMIUM AT DEATH (LESS CLAIMS) BENEFIT RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy.

RETURN OF PREMIUM AT DEATH (LESS CLAIMS) BENEFIT

If you die while the policy is in force, we will return the total amount of premiums paid for the policy, less the amount of claims paid under the policy. We will pay the benefit under this rider upon satisfactory proof to us that you have died.

The benefit paid under this rider does not include any premium waived or returned by us under any provision of the policy. We will not add interest to the benefit paid under this rider.

We will pay the benefit under this rider after all claims for benefits have been paid under the policy. In the event a claim is filed after the benefit has been paid under this rider, any unpaid benefits due under the policy will be reduced by the amount of the benefit paid under this rider.

Payment to Beneficiary

Payment of the benefit under this rider will be made in one lump sum to your beneficiary. Your beneficiary will be as shown in your application unless later changed by you. You may change your beneficiary at any time by giving written notice to us. The effective date of the beneficiary change will be the date the change is received and recorded by us. If there is no named or living beneficiary on the date of your death, the benefit paid under this rider will be paid to your estate.

Important Notice Regarding Federal Income Tax Law

Payment of the benefit under this rider may have Federal income tax implications for your estate or beneficiary. You are advised to review this benefit with a qualified tax professional or attorney to determine any such tax impact.

TERMINATION

This rider will terminate when the policy terminates.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive style with a large initial "M".

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

RETURN OF PREMIUM (LESS CLAIMS PAID) IF DEATH OCCURS BEFORE AGE 65 BENEFIT RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy.

RETURN OF PREMIUM (LESS CLAIMS PAID) IF DEATH OCCURS BEFORE AGE 65 BENEFIT

If you die while the policy is in force, but prior to the Policy Anniversary Date coinciding with or next following your 65th birthday, we will return the total amount of premiums paid for the policy, less the amount of claims paid under the policy. We will pay the benefit under this rider upon satisfactory proof to us that you have died.

The benefit paid under this rider does not include any premium waived or returned by us under any provision of the policy. We will not add interest to the benefit paid under this rider.

We will pay the benefit under this rider after all claims for benefits have been paid under the policy. In the event a claim is filed after the benefit has been paid under this rider, any unpaid benefits due under the policy will be reduced by the amount of the benefit paid under this rider.

Payment to Beneficiary

Payment of the benefit under this rider will be made in one lump sum to your beneficiary. Your beneficiary will be as shown in your application unless later changed by you. You may change your beneficiary at any time by giving written notice to us. The effective date of the beneficiary change will be the date the change is received and recorded by us. If there is no named or living beneficiary on the date of your death, the benefit paid under this rider will be paid to your estate.

Important Notice Regarding Federal Income Tax Law

Payment of the benefit under this rider may have Federal income tax implications for your estate or beneficiary. You are advised to review this benefit with a qualified tax professional or attorney to determine any such tax impact.

TERMINATION

This rider will terminate when the policy terminates.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive style with a large initial "M".

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

NONFORFEITURE BENEFIT--SHORTENED BENEFIT PERIOD RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy.

NONFORFEITURE BENEFIT--SHORTENED BENEFIT PERIOD

If your policy lapses due to non-payment of premium, your coverage will be extended as a Nonforfeiture Benefit. However, the Non-forfeiture Benefit will NOT take effect if your policy lapses before the third Policy Anniversary Date.

Under the Nonforfeiture Benefit – Shortened Benefit Period rider, we will pay benefits under the policy in the amounts and in accordance with the terms of the policy on the date the policy lapsed. However, the Maximum Lifetime Benefit will be reduced resulting in your benefits being paid for a shorter length of time. The Maximum Lifetime Benefit will be reduced to an amount equal to the greater of:

- (a) the Maximum Monthly Benefit in effect on the date the policy lapsed; or
- (b) the total amount of premiums paid for your policy.

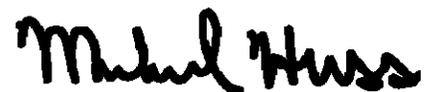
The total of all benefits paid under the policy will not exceed the Maximum Lifetime Benefit that would have been paid if your policy did not lapse.

TERMINATION

This rider will terminate on the earliest of:

- (a) the date we receive your written or verbal request to terminate this rider; or
- (b) the date the policy terminates.

United of Omaha Life Insurance Company



Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

CONTINGENT NONFORFEITURE BENEFIT RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the policy provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this section of the rider.

Substantial Premium Increase means a cumulative increase to your annual premium that is equal to or exceeds the percentage of your initial annual premium shown in the following table based on your Issue Age.

**Table of
Triggers for a Substantial Premium Increase**

Issue Age	Cumulative Percent Increase Over Initial Annual Premium	Issue Age	Cumulative Percent Increase Over Initial Premium
29 and under	200%	72	36%
30 – 34	190%	73	34%
35 – 39	170%	74	32%
40 – 44	150%	75	30%
45 – 49	130%	76	28%
50 – 54	110%	77	26%
55 – 59	90%	78	24%
60	70%	79	22%
61	66%	80	20%
62	62%	81	19%
63	58%	82	18%
64	54%	83	17%
65	50%	84	16%
66	48%	85	15%
67	46%	86	14%
68	44%	87	13%
69	42%	88	12%
70	40%	89	11%
71	38%	90 and Older	10%

NOTICE OF SUBSTANTIAL PREMIUM INCREASE

We will notify you of any increase in premium for your policy which constitutes a Substantial Premium Increase at least 60 days prior to the date your premium will change. The notice will include the amount of the premium and will offer you the following options:

- (a) You may reduce benefits under your policy to the level you can obtain for the premium in effect prior to the increase, without undergoing additional underwriting; or
- (b) You may elect to receive the Contingent Nonforfeiture Benefit. You have 120 days following the premium due date to make this election. If your policy lapses during the 120 days following the premium due date, you will be deemed to have made the election to receive this benefit.

If you are also eligible for the Limited Premium Payment Contingent Nonforfeiture Benefit, you must choose between receiving either that benefit or the Contingent Nonforfeiture Benefit. You may not elect to receive both benefits.

CONTINGENT NONFORFEITURE BENEFIT

Under the Contingent Nonforfeiture Benefit, we will pay benefits under the policy in the amounts and in accordance with the terms of the policy on the date the policy lapsed. However, the Maximum Lifetime Benefit will be reduced resulting in your benefits being paid for a shorter length of time. The Maximum Lifetime Benefit will be reduced to an amount equal to the greater of:

- (a) the Maximum Monthly Benefit in effect on the date the policy lapsed; or
- (b) the total amount of premiums paid for your policy.

The total of all benefits paid under the policy will not exceed the Maximum Lifetime Benefit that would have been paid if your policy did not lapse.

TERMINATION

This rider will terminate when the policy terminates.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly slanted style.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

LIMITED PREMIUM PAYMENT CONTINGENT NONFORFEITURE BENEFIT

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the policy provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this section of the rider.

Substantial Premium Increase means a cumulative increase to your annual premium that is equal to or exceeds the percentage of your initial annual premium shown in the following table based on your Issue Age.

**Table of
Triggers for a Substantial Premium Increase**

Issue Age	Cumulative Percent Increase Over Initial Annual Premium
Under 65	50%
65-80	30%
Over 80	10%

NOTICE OF SUBSTANTIAL PREMIUM INCREASE

We will notify you of any increase in premium for your policy which constitutes a Substantial Premium Increase at least 60 days prior to the date your premium will change. The notice will include the amount of the premium and will offer you the following options:

- (a) You may reduce benefits under your policy to the level you can obtain for the premium in effect prior to the increase, without undergoing additional underwriting; or
- (b) If eligible, you may elect to receive the Limited Premium Payment Contingent Nonforfeiture Benefit. You have 120 days following the premium due date to make this election. If your policy lapses during the 120 days following the premium due date, you will be deemed to have made the election to receive this benefit.

ELIGIBILITY FOR BENEFIT

You are eligible for the Limited Premium Payment Contingent Nonforfeiture Benefit if:

- (a) a Substantial Premium Increase has occurred; and
- (b) the number of months that premiums have been paid for your policy is equal to or greater than 40% of the total number of months that premiums are payable under the policy.

If you are also eligible for the Contingent Nonforfeiture Benefit, you must choose between receiving either that benefit or the Limited Premium Payment Contingent Nonforfeiture Benefit. You may not elect to receive both benefits.

LIMITED PREMIUM PAYMENT CONTINGENT NONFORFEITURE BENEFIT

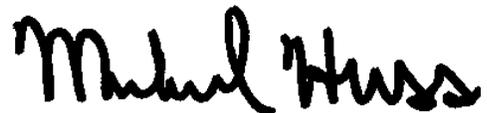
Under the Limited Premium Payment Contingent Nonforfeiture Benefit, your policy will be converted to a paid-up status, but with reduced policy benefits. Following conversion to a paid-up status, both the Maximum Monthly Benefit and the Maximum Lifetime Benefit will be equal to:

- (a) 90% of their value on the effective date of the lapse; times
- (b) the ratio of the number of months that premiums have been paid for your policy divided by the number of months that premiums are payable under the policy.

TERMINATION

This rider will terminate when the policy terminates.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly slanted style.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

SINGLE PREMIUM PAYMENT OPTION RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

SINGLE PREMIUM PAYMENT OPTION

You paid a single premium for the policy. You will be required to make no further premium payments to keep the policy in force. You will not be eligible for any refund under the Refund of Unearned Premiums provision of the policy.

TERMINATION

This rider will terminate when the policy terminates.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly slanted style.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

10-YEAR PREMIUM PAYMENT OPTION RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy.

10-YEAR PREMIUM PAYMENT OPTION

You will pay premium for the policy for 10 Policy Years. Except as otherwise provided in this rider, from and after the 11th Policy Anniversary Date, you will be required to make no further premium payments to keep the policy in force. From and after the 11th Policy Anniversary Date, you will not be eligible for any refund under the Refund of Unearned Premiums provision of the policy.

If an increase in premium for the policy occurs as a result of your adding or increasing a policy benefit, you will pay the amount of the increase in premium for 10 Policy Years. Thereafter, you will be required to make no further premium payments to keep the policy in force.

TERMINATION

Voluntary Termination

If received prior to the 11th Policy Anniversary Date, this rider will voluntarily terminate on the premium payment date next following the date we receive your written or verbal request to terminate this rider. Upon voluntary termination of this rider, we will adjust the premium for the policy. Premium will be adjusted to that which we currently charge persons who would be in your Policy Class on the date of termination. From and after the date of voluntary termination and subject to the terms of the policy, you will be required to make premium payments to keep the policy in force. You are not entitled to a refund of any premium paid for the policy as a result of voluntary termination of this rider.

Automatic Termination

This rider will automatically terminate on the earlier of:

- (a) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (b) the date the policy terminates.

United of Omaha Life Insurance Company



Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

20-YEAR PREMIUM PAYMENT OPTION RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy.

20-YEAR PREMIUM PAYMENT OPTION

You will pay premium for the policy for 20 Policy Years. Except as otherwise provided in this rider, from and after the 21st Policy Anniversary Date, you will be required to make no further premium payments to keep the policy in force. From and after the 21st Policy Anniversary Date, you will not be eligible for any refund under the Refund of Unearned Premiums provision of the policy.

If an increase in premium for the policy occurs as a result of your adding or increasing a policy benefit, you will pay the amount of the increase in premium for 20 Policy Years. Thereafter, you will be required to make no further premium payments to keep the policy in force.

TERMINATION

Voluntary Termination

If received prior to the 21st Policy Anniversary Date, this rider will voluntarily terminate on the premium payment date next following the date we receive your written or verbal request to terminate this rider. Upon voluntary termination of this rider, we will adjust the premium for the policy. Premium will be adjusted to that which we currently charge persons who would be in your Policy Class on the date of termination. From and after the date of voluntary termination and subject to the terms of the policy, you will be required to make premium payments to keep the policy in force. You are not entitled to a refund of any premium paid for the policy as a result of voluntary termination of this rider.

Automatic Termination

This rider will automatically terminate on the earlier of:

- (a) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (b) the date the policy terminates.

United of Omaha Life Insurance
Company



Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

TO-AGE-65 PREMIUM PAYMENT OPTION RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this rider.

Paid Up Premium Date means the Policy Anniversary Date coinciding with or next following your 65th birthday.

TO AGE 65 PREMIUM PAYMENT OPTION

You will pay premium for the policy until the Paid Up Premium Date. Except as otherwise provided in this rider, from and after the Paid Up Premium Date, you will be required to make no further premium payments to keep the policy in force. From and after the Paid Up Premium Date, you will not be eligible for any refund under the Refund of Unearned Premiums provision of the policy.

If an increase to the premium paid by you for the policy occurs as a result of your adding or increasing a policy benefit, you will pay the amount of the increase in premium until the Policy Anniversary Date next following the Paid Up Premium Date. Thereafter, you will be required to make no further premium payments to keep the policy in force.

TERMINATION

Voluntary Termination

If received prior to the Paid Up Premium Date, this rider will voluntarily terminate on the premium payment date next following the date we receive your written or verbal request to terminate this rider. Upon voluntary termination of this rider, we will adjust the premium for the policy. Premium will be adjusted to that which we currently charge persons who would be in your Policy Class on the date of termination. From and after the date of voluntary termination and subject to the terms of the policy, you will be required to make premium payments to keep the policy in force. You are not entitled to a refund of any premium paid for the policy as a result of voluntary termination of this rider.

Automatic Termination

This rider will automatically terminate on the earlier of:

- (a) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (b) the date the policy terminates.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly stylized font.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

FLEX TO-AGE-85SM RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions that are not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy and this section of the rider.

Fixed Premium Date means the Premium Effective Date shown opposite “Fixed Premium” in the Policy Schedule.

Paid Up Premium Date means the Premium Effective Date shown opposite “Paid Up Premium” in the Policy Schedule. The Paid Up Premium Date is the Policy Anniversary Date coinciding with or next following your 85th birthday.

Premium Effective Date means any date shown as a “Premium Effective Date” in the Policy Schedule for the Flexible Increasing Premium Option.

FLEX TO-AGE-85SM

On each Premium Effective Date shown in the Policy Schedule prior to the Fixed Premium Date, annual premium for the policy will increase to the amount shown opposite such date. On and after the Fixed Premium Date, but prior to the Paid Up Premium Date, the annual premium for the policy will equal the amount shown for the Fixed Premium Date in the Policy Schedule. Except as otherwise provided in the policy, premium for the policy will not increase on and after the Fixed Premium Date.

Paid-Up Policy Premiums

If you do not elect to discontinue premium increases under this rider, no further premiums will be due from and after the Paid Up Premium Date. From and after the Paid Up Premium Date, this policy will remain in force as a paid-up policy.

Option to Discontinue Premium Increases

You may, upon written request to us, elect to discontinue the premium increases scheduled for the policy. If you make such election, annual premium for the policy will thereafter equal the amount in effect on the date we receive your written request. Except as otherwise provided in the policy, premium for the policy will not increase from and after the effective date of your election to discontinue premium increases. The election to discontinue premium increases scheduled for the policy can only be made once. On the effective date of your election, the Compound Inflation Protection - Lifetime Benefit rider attached to the policy will terminate.

Effect on Waiver of Premium

Once any waiver of premium period under the policy has ended, premium payments will thereafter resume at the amounts shown in the Policy Schedule for the dates following such waiver period.

TERMINATION

This rider will terminate on the earliest of:

- (a) the date the Compound Inflation Protection - Lifetime Benefit rider attached to the policy terminates;
- (b) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (c) the date the policy terminates.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly stylized font.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

CASH BENEFIT RIDER

This rider is a part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy.

CASH BENEFITS

Payment of Cash Benefits

If you elect this benefit at the time of claim, we will pay a Cash Benefit each month you are Chronically Ill. The amount of the Cash Benefit to be paid each month is shown in the Policy Schedule.

A Cash Benefit will be paid in advance each month you are eligible for a Cash Benefit. If we determine you are eligible for a Cash Benefit for less than an entire month, we will adjust the Cash Benefit for that month. The Cash Benefit will be prorated based on the actual number of days you are eligible for a Cash Benefit in such month. We will assume that such month consists of 30 days regardless of the actual number of days in such month. If in any month you receive a Cash Benefit in excess of the amount for which you are eligible, we will reduce any future benefits paid to you under the policy by the amount of the unearned Cash Benefit.

Effect of Receiving Cash Benefits

While you are receiving Cash Benefits, no other benefits are payable under the policy. You may elect to discontinue receiving Cash Benefits by providing written notice to us. After Cash Benefits have been discontinued, you may receive any other benefit offered under the policy for which you are eligible. If you later decide not to receive other benefits under the policy, you may again elect to receive Cash Benefits.

Elimination Period

You do not need to satisfy the Elimination Period to receive Cash Benefits. However, any period for which you are receiving Cash Benefits cannot be used to satisfy the Elimination Period for any other benefit paid under the policy.

Plan of Care

We reserve the right to require you to submit a new Plan of Care at least once every 90 days while you are receiving Cash Benefits.

Waiver of Premium

We will waive the payment of premium for the policy so long as you are receiving Cash Benefits. Any premium paid for a period for which premiums have been waived will be credited towards future

premium payments. When the waiver period ends, premium payments will resume for the policy and must be paid to keep the policy in force.

This Waiver of Premium provision is in addition to the Waiver of Premium provision contained in the policy.

TERMINATION

This rider will terminate when the policy terminates.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive style with a large initial "M".

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

FUTURE PURCHASE OPTION RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy.

FUTURE PURCHASE OPTION

Eligibility for Benefit

You are eligible to purchase the Compound Inflation Protection – Lifetime Benefit rider if, at the time of purchase:

- (a) we are not waiving premium under any provision of the policy; and
- (b) you are not Chronically Ill and have not, for the immediate two-year period, received benefits under the policy.

Purchase of Compound Inflation Protection – Lifetime Benefit Rider

On or before the fifth Policy Anniversary Date, you may, upon written request to us, purchase the Compound Inflation Protection – Lifetime Benefit rider for the policy. Your purchase will be effective on the Policy Anniversary Date coinciding with or next following the date we receive your request. You may purchase the Compound Inflation Protection – Lifetime Benefit rider only once while the policy is in force.

Your Premium Will Increase

We will increase the premium for the policy if you purchase the Compound Inflation Protection – Lifetime Benefit rider. Premium will increase by an amount determined by us at the time of your purchase. We will increase the premium for the policy on the Policy Anniversary Date coinciding with or next following the date we receive your request to purchase the Compound Inflation Protection – Lifetime Benefit rider. However, any increase in benefits will NOT occur until the Policy Anniversary Date following the effective date of the increase in premium for the policy.

TERMINATION

This rider will terminate on the earliest of:

- (a) the effective date of any Compound Inflation Protection – Lifetime Benefit rider purchased under this rider;
- (b) the date your benefits are continued under the Extension of Benefits provision of the policy;
- (c) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (d) the date the policy terminates.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly stylized font.

Corporate Secretary

a stock company

LONG-TERM CARE INSURANCE - OUTLINE OF COVERAGE
For Long-Term Care Insurance Form LTC09U
Tax-Qualified

NOTICE TO BUYER: The policy may not cover all of the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

CAUTION: The issuance of the long-term care insurance policy is based upon the responses to questions on your application. A copy of your application will be attached to your policy if one is issued to you. If your answers are incorrect or untrue, we have the right to deny benefits or rescind the policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us at this address: United of Omaha Life Insurance Company, [Long-Term Care Service Office, P.O. Box 64901, St Paul, MN 55164-0901].

1. POLICY DESIGNATION

This is an individual policy of insurance to be issued in the state of Arkansas.

2. PURPOSE OF THE OUTLINE OF COVERAGE

This outline of coverage provides a very brief description of the important features of the policy. You should compare this outline of coverage to outlines of coverage for other policies available to you. This is not an insurance contract, but only a summary of coverage. Only the individual or group policy contains governing contractual provisions. This means that the individual or group policy sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR POLICY CAREFULLY!**

3. FEDERAL TAX CONSEQUENCES

The policy is intended to be federally tax-qualified long-term care insurance under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

4. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED

Renewability

THIS POLICY IS GUARANTEED RENEWABLE. This means you have the right to continue the policy in force for as long as you live or until the maximum lifetime benefit is exhausted. Subject to the terms of the policy, we cannot cancel your coverage as long as you pay the required premium when it is due. United of Omaha Life Insurance Company cannot change any of the terms of your policy on its own, except that, in the future, **WE MAY INCREASE THE PREMIUM YOU PAY.**

Waiver of Premium

We will waive the payment of premium for the policy if you are receiving Nursing Home Benefits, Assisted Living Facility Benefits or Home Health Care Benefits for, in any month, at least eight days of Home Health Care or Adult Day Care. We will waive premium so long as such benefits are payable. The Elimination Period must be satisfied before we will waive the payment of premium for this policy. Any premium paid for a period for which premiums have been waived will be credited towards future premium payments. When the waiver period ends, premium payments will resume for this policy and must be paid to keep the policy in force.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS

We reserve the right to increase the premium for this policy, but never more than once per year. However, any change in premium must apply to all policies issued to persons of the same Policy Class. That means, except when required by a change in benefits under the policy, premium will not increase due to a change in your age or health or your use of the long-term care coverage. We must give you at least 60 days written notice before we change premium. We will not increase the premium for this policy before the Rate Guarantee Period, if any, shown in the Policy Schedule has expired, except when required by a change in benefits under the policy.

6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED

- a) You may cancel your policy for any reason within 30 days after you receive it. To do so, mail or deliver the policy to either us or to the agent or office through which it was purchased. We will refund the full amount of any premium paid within 30 days of such a policy return and the policy will be considered never to have been issued.

b) The policy contains a provision for the return of unearned premium in the event of termination due to death. Upon receipt of notice that you cancelled your policy or that you have died, we will refund the portion of the premium paid for the period between the date of cancellation or death and the next premium due date. We will pay the refund to you or, upon your death, your spouse, if living, or to your estate.

[c)] [The [optional] Full Return of Premium at Death Benefit provides for a refund of premiums upon your death. If the company receives proof of your death occurring while your coverage was in force, the total amount of premiums paid for your coverage, from the effective date of the Full Return of Premium at Death Benefit coverage up to the date of your death may be refunded without interest.]

[The [optional] Return of Premium at Death Less Claims Benefit provides for a refund of premiums if you die while the policy is in force, less the amount of claims paid under the policy. We will not add interest to the benefit paid under this benefit.]

[The [optional] Return of Premium (Less Claims Paid) if Death Occurs Before Age 65 Benefit provides for a refund of premiums if you die while the policy is in force but prior to the policy anniversary date coinciding with or next following your 65th birthday. We will not add interest to the benefit paid under this benefit.]

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from United of Omaha Life Insurance Company. Neither United of Omaha Life Insurance Company nor its agents represent Medicare, the federal government, or any state government.

8. LONG-TERM CARE COVERAGE

Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a Nursing Home, in the community, or in the Home. This policy reimburses you for expenses you incur for covered long-term care expenses.

9. BENEFITS PROVIDED BY THE POLICY

Benefits

Benefits are available up to the monthly and lifetime maximum until the applicable maximum lifetime benefit has been reduced to zero. Refer to your completed application for the level of coverage and features selected.

Care Coordination

If you use a Care Coordinator designated by us, we will pay the eligible expenses made by a Care Coordinator for the following services: (a) assessing your need for long-term care services; (b) developing your Plan of Care; (c) coordinating the delivery of long-term care services; and (d) if you desire, monitoring the delivery of such long-term care services.

You may choose to use your own Care Coordinator to perform an assessment and develop a Plan of Care instead of using a Care Coordinator designated by us. If you choose to use your own Care Coordinator, we will pay the Eligible Expenses you incur for your Care Coordinator to perform an initial assessment and develop an initial Plan of Care only. The maximum benefit payable will not exceed an amount equal to one-sixth of your Nursing Home maximum monthly benefit shown on the policy schedule.

You are not required to use a Care Coordinator to receive benefits under the policy. While a Care Coordinator will assist you in identifying qualified providers, you are responsible for choosing your long-term care providers. You are not required to use the providers identified in any Plan of Care developed by a Care Coordinator. You do not need to satisfy the Elimination Period to receive the services of a Care Coordinator. The eligible expenses made by a Care Coordinator will not reduce your maximum lifetime benefit.

Facility Assessment

We will pay the eligible expenses made by a Care Coordinator to assess the safety and adequacy of the facility in which you are receiving long-term care. The Care Coordinator must provide you or your representative with a written report of such facility assessment. We will pay for such assessment no more than once per calendar year.

Nursing Home Benefit

We will pay a Nursing Home Benefit if you are confined to a Nursing Home. The Nursing Home Benefit is equal to the eligible expenses made by a Nursing Home each month, up to the Nursing Home maximum monthly benefit. Eligible expenses payable under the Nursing Home Benefit are limited to: (a) room and board; (b) Ancillary Services; and (c) patient supplies provided by the Nursing Home for care of its residents.

Eligible expenses do not include Physician's charges; hospital and laboratory charges; prescription or non-prescription medication; transportation; items and services furnished at your request for comfort, convenience or entertainment, such as televisions, telephones and beauty care; or guest meals or spouse charges.

Nursing Home Bed Reservation Benefit

If you are confined to a Nursing Home and absent for any reason other than discharge, we will continue to pay the Nursing Home Benefit as if you were still confined. This Nursing Home Bed Reservation Benefit will be paid only if you have incurred a charge to reserve your place at the Nursing Home. No additional Nursing Home Bed Reservation Benefits are payable in any calendar year once we have paid Nursing Home Bed Reservation Benefits for the maximum number of days [(up to 30 days in a calendar year.)] Any unused days cannot be carried over into the next calendar year.

Assisted Living Facility Benefit

We will pay an Assisted Living Facility Benefit if you are confined to an Assisted Living Facility. The Assisted Living Facility Benefit is equal to the eligible expenses made by an Assisted Living Facility each month, up to the Assisted Living Facility maximum monthly benefit. Eligible expenses payable under the Assisted Living Facility Benefit are limited to: (a) room and board for a one-bedroom unit; (b) Ancillary Services; and (c) patient supplies provided by the Assisted Living Facility for care of its residents.

Eligible expenses do not include Physician's charges; hospital and laboratory charges; prescription or non-prescription medication; transportation; items and services furnished at your request for comfort, convenience or entertainment, such as televisions, telephones and beauty care; or guest meals or spouse charges.

Assisted Living Facility Bed Reservation Benefit

If you are confined to an Assisted Living Facility and absent for any reason other than discharge, we will continue to pay the Assisted Living Facility Benefit as if you were still confined. This Assisted Living Facility Bed Reservation benefit will be paid only if you have incurred a charge to reserve your place at the Assisted Living Facility. No additional Assisted Living Facility Bed Reservation Benefits are payable in any calendar year once we have paid Assisted Living Facility Bed Reservation Benefits for the maximum number of days [(up to 30 days in a calendar year.)] Any unused days cannot be carried over into the next calendar year.

Home Health Care Benefit

We will pay a Home Health Care benefit if you receive Home Health Care or Adult Day Care. The Home Health Care Benefit is equal to the eligible expenses incurred by you for Home Health Care or Adult Day Care each month, up to the Home Health Care maximum monthly benefit [amount selected]. To be eligible for Home Health Care Benefits, eligible expenses incurred by you for Home Health Care must be provided by a Home Health Care Agency or independent provider and for Adult Day Care must be provided by an Adult Day Care Center. Home Health Care Benefits include eligible expenses incurred by you for transportation to and from an Adult Day Care Center.]

Basic and Professional Home Health Care Benefit

We will pay a Basic Home Health Care Benefit if you receive Basic Home Health Care and/or Professional Home Health Care. The Basic Home Health Care Benefit is equal to the eligible expenses incurred by you for Basic Home Health Care and Professional Home Health Care each month, up to the Basic Home Health Care maximum monthly benefit [amount selected].

Additional Benefit for Professional Home Health Care

If in any month you incur eligible expenses for Professional Home Health Care in excess of the Basic Home Health Care Benefits paid to you that month, we will pay an additional benefit for Professional Home Health Care. The additional Home Health Care Benefit is equal to the excess eligible expenses incurred by you for Professional Home Health Care that month, up to the additional Benefit for Professional Home Health Care [amount selected]. We will not pay benefits in any month for Eligible Expenses incurred by you for Basic Home Health Care which exceeds the Basic Home Health Care maximum monthly benefit.

Basic Home Health Care means (a) Home Health Care which we determine can be provided through the services of someone other than a Professional Provider and (b) Adult Day Care. Home Health Care received from a nurse will be deemed Basic Home Health Care from after the day you receive 365 days of Home Health Care from a nurse while the policy is in force.

Professional Home Health Care means Home Health Care which we determine can only be provided through the services of a Professional Provider. Home Health Care received from a nurse will not be deemed Professional Home Health Care from and after the date you receive 365 days of Home Health Care from a nurse while the policy is in force.

Professional Provider means (a) A nurse; (b) A physical therapist; (c) A respiratory therapist; (d) An occupational therapist; (e) A speech therapist; (f) An audiologist; (g) A chemotherapy specialist; or (h) A nutritional specialist.]

Respite Care Benefit

In order to provide temporary relief to an unpaid caregiver, you may receive Respite Care during a temporary stay in a Nursing Home or Assisted Living Facility or in your Home or an Adult Day Care Center. When you receive Respite Care, we will pay the eligible charges made by a Nursing Home or Assisted Living Facility or incurred by you for Home Health Care or Adult Day Care each month, up to the Respite Care maximum monthly benefit. Respite Care Benefits will be paid for no longer than the period of time [selected and shown in your policy schedule]. You do not need to satisfy the Elimination Period to receive Respite Care Benefits.

Hospice Care Benefit

If you are terminally ill, you may receive Hospice Care during a confinement to a Nursing Home or Assisted Living Facility or in your Home or Adult Day Care Center. When you receive Hospice Care, we will pay Nursing Home benefits, Assisted Living Facility benefits and Home Health Care benefits, without requiring you to satisfy the Elimination Period. No additional Hospice Care benefits are payable if your Physician ceases to certify you as terminally ill.

International Benefit

We will pay an International Benefit if you are confined to a Nursing Home or Assisted Living Facility or receive Home Health Care or Adult Day Care outside of the United States, its possessions or territories, Canada or the United Kingdom. The International Benefit is equal to the maximum monthly benefit [selected by you]. The International Benefit is paid each month you are eligible to receive the International Benefit. The International Benefit will be paid regardless of whether eligible expenses incurred by you in any month are more or less than the maximum monthly benefit. No additional International Benefits are payable under this policy once we have paid International Benefits equal to the International Benefit Lifetime Maximum. All payments of International Benefits will be made in U.S. dollars.

Stay-At-Home Benefits *

We will pay the eligible expenses for Stay-At-Home Benefits if recommended in a written Plan of Care. Except for the Caregiver Training Benefit, it must be mutually agreeable to you and us that the Stay-At-Home Benefit is a cost-effective alternative to benefits otherwise provided by the policy. We will not pay eligible expenses incurred prior to the date of mutual agreement.

You can receive Stay-At-Home Benefits at the same time you receive other benefits under the policy. No further Stay-At-Home Benefits will be paid once we have paid Stay-At-Home Benefits in an amount equal to the Stay-At-Home Lifetime Maximum. (These benefits combined are payable up to two times the Basic/Professional/Home Health Care maximum monthly benefit.) You do not need to satisfy the Elimination Period to receive Stay-At-Home Benefits.

*** Caregiver Training Benefit**

We will pay the eligible expenses for training a Family Member or friend to provide care for you in your Home. To be eligible for this benefit, the training must cover the proper use and care of a therapeutic device or an appropriate care giving procedure by a trainer approved by us. We will not pay to train someone who will be paid to care for you. The training can be received while you are confined in a hospital, Assisted Living Facility or Nursing Home only if it is reasonably expected that such training will make it possible for you to return Home where you can be cared for by the person receiving the training.

*** Durable Medical Equipment Benefit**

We will pay the eligible expenses for Durable Medical Equipment. Eligible expenses payable under the Durable Medical Equipment Benefit are limited to the purchase price of the Durable Medical Equipment or, if such Durable Medical Equipment is normally rented on a periodic basis, the rental charge. The decision whether to purchase as opposed to rent Durable Medical Equipment will be made by us at our sole discretion.

*** Home Modification Benefit**

We will pay the eligible expenses for modifications to your Home which are intended to enhance your ability to perform the Activities of Daily Living and/or allow you to remain in your Home safely. Eligible expenses payable under the Home Modification Benefit are limited to the expenses incurred by you for labor, equipment, and supplies. The Home Modification Benefit may not be used solely to increase the value of your Home.

*** Medical Alert System Benefit**

We will pay the eligible expenses for a Medical Alert System to be installed in your Home. Eligible expenses payable under the Medical Alert System Benefit are limited to the installation and rental charges for a Medical Alert System.

Alternate Care Benefit

We may, at our sole discretion, pay an Alternate Care Benefit. An Alternate Care Benefit will be paid if you receive an alternative type of care, treatment, service or supply for which benefits are not payable under the policy. The amount of

any Alternate Care Benefit will be determined by us at time we approve such care. Your Licensed Health Care Practitioner, you or your representative and we must all agree that the alternative type of care appropriately meets your needs and is a cost-saving alternative to other benefits provided by the policy.

At the time we approve such care, we will determine whether you must satisfy the Elimination Period to receive Alternate Care Benefits. Upon written notice to you or your representative, we may, at our discretion, discontinue paying you Alternate Care Benefits without affecting your rights to other benefits provided by the policy.

Cash Benefit

[If you elect this option:]

Payment of Cash Benefits

We will pay a Cash Benefit each month you are Chronically Ill, if you elect this benefit at the time of claim. The amount of the Cash Benefit to be paid each month is the amount you select and shown in the policy schedule.

A Cash Benefit will be paid in advance each month you are eligible for a Cash Benefit. If we determine you are eligible for a Cash Benefit for less than an entire month, we will adjust the Cash Benefit for that month. The Cash Benefit will be prorated based on the actual number of days you are eligible for a Cash Benefit in such month. We will assume that such month consists of 30 days regardless of the actual number of days in such month. If in any month you receive a Cash Benefit in excess of the amount for which you are eligible, we will reduce any future benefits paid to you under the policy by the amount of the unearned Cash Benefit.

Effect of Receiving Cash Benefits

While you are receiving Cash Benefits, no other benefits are payable under the policy. You may elect to discontinue receiving Cash Benefits by providing written notice to us. After Cash Benefits have been discontinued, you may receive any other benefit offered under the policy for which you are eligible. If you later decide not to receive other benefits under the policy, you may again elect to receive Cash Benefits.

Other Information

You do not need to satisfy the Elimination Period to receive Cash Benefits. We reserve the right to require you to submit a new Plan of Care at least once every 90 days while you are receiving Cash Benefits.]

Additional Benefit for Injury

[If you elect this option:] You are eligible for an Additional Benefit for Injury if, prior to the policy anniversary date coinciding with or next following your 65th birthday, you sustain an injury which results in your confinement to a Nursing Home or Assisted Living Facility or receiving Home Health Care Benefits. You must sustain such injury while the policy is in force, but when you are not Chronically Ill.

To confirm your eligibility, you must undergo an assessment within 90 days of sustaining any accident or trauma. Based on such assessment, a Licensed Health Care Practitioner must certify that you sustained an injury. You will no longer be eligible for the Additional Benefit for Injury if a Licensed Health Care Practitioner determines that you are no longer Chronically Ill or you are Chronically Ill for reasons other than your injury.

We will pay an Additional Benefit for Injury any month you incur eligible expenses in excess of the Nursing Home Benefits, Assisted Living Facility Benefits or Home Health Care Benefits paid to you that month.]

OPTIONAL BENEFITS

You may elect any of the following options to expand the benefits under the policy:

Waiver of Elimination Period for Home Health Care Benefit

If elected, you do not need to satisfy the Elimination Period to receive Home Health Care Benefits under the policy.]

Restoration of Benefits

If benefits have been paid under the policy and you later become eligible for Restoration of Benefits, we will restore your maximum lifetime benefit. Except for any benefits paid for your spouse under any Spouse Shared Care Benefit to the policy, the maximum lifetime benefit will be restored to the amount that would have applied if no benefits had been paid under the policy. To be eligible for Restoration of Benefits, a Licensed Health Care Practitioner must certify that you meet the following requirements for a period of 180 consecutive days: (a) the ability to perform, without Substantial Assistance from another individual, all Activities of Daily Living; and (b) no need for Substantial Supervision by another person to protect yourself from threats to health and safety due to Severe Cognitive Impairment; and (c) no Physician or Licensed Health Care Practitioner has informed you that you require long-term care services. The maximum lifetime benefit will be restored only once during the term of the policy.]

[Spouse Security Benefit

We will pay a Spouse Security Benefit if you receive other benefits under the policy. However, we will not pay a Spouse Security Benefit if you receive benefits under any Cash Benefit rider attached to the policy. The Spouse Security Benefit is equal to the other policy benefits received by you each month times [60%]. Spouse Security Benefits will not reduce the maximum lifetime benefit.]

[Spouse Waiver of Premium Benefit

You are eligible for this benefit, if both you and your spouse are covered under a separate in force United of Omaha Life Insurance Company Long-Term Care Insurance policy (Form LTC09U), with a Spouse Waiver of Premium rider.

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

An increase in the premium paid by you for the policy may occur as result of your adding or increasing a policy benefit following the policy effective date. We will waive the increased amount of the premium when and so long as the premium for your spouse's policy is waived under the terms of his or her policy, but only after the expiration of the Qualification Period ([7] [8] [10] years).]

[Spouse Survivorship Benefit

This benefit is applicable only if both you and your spouse are covered under policy (Form LTC09U) Long-Term Care Insurance Policies with this benefit, and you and your spouse are living on the date the Survivorship Benefit has been in force for the length of the Qualification Period ([7] [8] [10] years), and both policies are in force. If your spouse dies on or after the date the Survivorship Benefit has been in force for the length of the Qualification Period, your policy will become paid up effective on its next policy renewal date and will continue in force without further premium payments for the rest of your lifetime. The premium for any benefit added or increased after the death of your spouse will not be paid up.]

[Spouse Shared Care Benefit

If both you and your spouse are each covered under an identical separate in force United of Omaha Life Insurance Company's Long-Term Care policy (Form LTC09U), you may draw from your spouse's maximum lifetime benefit to pay benefits under your policy. Benefits will be paid in accordance with the terms and conditions in effect under your policy at the time your maximum lifetime benefit was reduced to zero. The maximum lifetime benefit under your spouse's policy will be reduced to the extent that you draw against it to pay benefits under your policy.]

[Christian Science Providers

If you are eligible to receive Alternate Care Benefits, we may, at our discretion, pay an Alternate Care Benefit for services: (a) provided by an accredited Christian Science Nurse listed in the Christian Science Journal; and (b) incurred while confined in a Christian Science nursing organization/facility currently recognized by The Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc., or any comparable accrediting organization.]

[LIMITED PREMIUM PAYMENT OPTIONS

You may elect any of the following options to pay the premiums for your policy within a limited time period:]

[Single Premium Payment Option

If you select this option, that means you paid a single premium for the policy. You will be required to make no further premium payments to keep the policy in force.]

[10-Year Premium Payment Option

If you select this option, you will pay premium for the policy for 10 policy years. Except as otherwise provided in the rider, from and after the 11th policy anniversary date, you will be required to make no further premium payments to keep the policy in force. From and after the 11th policy anniversary date, you will not be eligible for any refund under the Refund of Unearned Premiums provision of the policy.

If an increase in premium for the policy occurs as a result of your adding or increasing a policy benefit, you will pay the amount of the increase in premium for 10 Policy Years. Thereafter, you will be required to make no further premium payments to keep the policy in force.]

[20-Year Premium Payment Option

If you select this option, you will pay premium for the policy for 20 policy years. Except as otherwise provided in the rider, from and after the 21st policy anniversary date, you will be required to make no further premium payments to keep

the policy in force. From and after the 21st policy anniversary date, you will not be eligible for any refund under the Refund of Unearned Premiums provision of the policy.

If an increase in premium for the policy occurs as a result of your adding or increasing a policy benefit, you will pay the amount of the increase in premium for 20 Policy Years. Thereafter, you will be required to make no further premium payments to keep the policy in force.]

[To-Age-65 Premium Payment Option

If you select this option, you will pay premium for the policy until the Paid Up Premium Date. (**Paid Up Premium Date** means the policy anniversary date coinciding with or next following your 65th birthday.) Except as otherwise provided in this rider, from and after the Paid Up Premium Date, you will be required to make no further premium payments to keep the policy in force. From and after the Paid Up Premium Date, you will not be eligible for any refund under the Refund of Unearned Premiums provision of the policy.

If an increase to the premium paid by you for the policy occurs as a result of your adding or increasing a policy benefit, you will pay the amount of the increase in premium until the policy anniversary date next following the Paid Up Premium Date. Thereafter, you will be required to make no further premium payments to keep the policy in force.]

[Flex To-Age-85SM

If you select the Flex To-Age-85SM option, your initial premium is reduced. Premiums will later increase and then become fixed, as shown in the **Table of Annually Increasing Scheduled Premiums**. Premiums will be paid up on the policy anniversary date coinciding with or next following your 85th birthday, and no further premiums will be required to keep the policy in force.]

OPTIONAL NONFORFEITURE BENEFITS

Nonforfeiture Benefit – Shortened Benefit Period

If you elect the optional Nonforfeiture Benefit – Shortened Benefit Period, your coverage will be extended as a Nonforfeiture Benefit, if your policy lapses due to non-payment of premium. However, the Non-forfeiture Benefit will NOT take effect if your policy lapses before the third policy anniversary date.

Under the Nonforfeiture Benefit – Shortened Benefit Period, we will pay benefits under the policy in the amounts and in accordance with the terms of the policy on the date the policy lapsed. However, the maximum lifetime benefit will be reduced resulting in your benefits being paid for a shorter length of time. The maximum lifetime benefit will be reduced to an amount equal to the greater of:

- (a) the maximum monthly benefit in effect on the date the policy lapsed; or
- (b) the total amount premiums paid for your policy.

The total of all benefits paid under the policy will not exceed the maximum lifetime benefit that would have been paid if your policy did not lapse.

Contingent Nonforfeiture Benefit

You will receive coverage under this benefit if you do not elect the Nonforfeiture Benefit--Shortened Benefit Period.

Notice of Substantial Premium Increase

We will notify you of any increase in premium for your policy which constitutes a Substantial Premium Increase at least 60 days prior to the date your premium will change. The notice will include the amount of the premium and will offer you the following options:

- (a) You may reduce benefits under your policy to the level you can obtain for the premium in effect prior to the increase, without undergoing additional underwriting; or
- (b) You may elect to receive the Contingent Nonforfeiture Benefit. You have 120 days following the premium due date to make this election. If your policy lapses during the 120 days following the premium due date, you will be deemed to have made the election to receive this benefit.

If you are also eligible for the Limited Premium Payment Contingent Nonforfeiture Benefit, you must choose between receiving either that benefit or the Contingent Nonforfeiture Benefit. You may not elect to receive both benefits.

Contingent Nonforfeiture Benefit

Under the Contingent Nonforfeiture Benefit, we will pay benefits under the policy in the amounts and in accordance with the terms of the policy on the date the policy lapsed. However, the maximum lifetime benefit will be reduced resulting in your benefits being paid for a shorter length of time. The maximum lifetime benefit will be reduced to an amount equal to the greater of:

- (a) the maximum monthly benefit in effect on the date the policy lapsed; or
- (b) the total amount premiums paid for your policy.

The total of all benefits paid under the policy will not exceed the maximum lifetime benefit that would have been paid if your policy did not lapse.

Please refer to the Potential Rate Increase Disclosure Form to determine whether or not a change in premiums constitutes a Substantial Premium Increase. Substantial Premium Increase means a cumulative increase to your annual premium that is equal to or exceeds the percentage of your initial annual premium as shown in the Potential Rate Increase Disclosure Form and based on your issue age.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

You are eligible for benefits under the policy if you are Chronically Ill. You are Chronically Ill if, within the preceding twelve month period, a Licensed Health Care Practitioner certifies that: (a) You are unable to perform, without Substantial Assistance from another person, at least two Activities of Daily Living for a period that is expected to last at least 90 consecutive days due to a loss of functional capacity; or (b) You require Substantial Supervision to protect yourself from threats to health and safety due to a Severe Cognitive Impairment.

DEFINITIONS

Activities of Daily Living means the following self-care functions:

Bathing: Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.

Continence: The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag.)

Dressing: Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating: Feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.

Toileting: Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring: Moving into or out of a bed, chair or wheelchair.

Adult Day Care means a program for six or more individuals of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the Home.

Adult Day Care Center means a facility that is licensed or certified to provide Adult Day Care by the state in which it operates. If the state does not license or certify such facilities, then it must meet all of the following standards:

- (a) it provides Adult Day Care in a protective setting and under appropriate supervision;
- (b) it operates on less than a 24-hour basis;
- (c) it keeps a written record of services for each person; and
- (d) it has established procedures for obtaining appropriate aid in the event of a medical emergency.

Alzheimer's Facility means a specialized facility that is engaged primarily in providing care for persons with Alzheimer's disease or other Severe Cognitive Impairment and has the appropriate state licensure, certification or registration to operate as an Alzheimer's Facility.

Ancillary Services means physical, occupational, speech, and respiratory therapies, wound care, medication management, continence care support and similar care-related services or supplies that support Activities of Daily Living.

Assisted Living Facility means a facility or distinctly separate part of a facility that is engaged primarily in providing non-skilled long term care. If required by the state in which it is located, an Assisted Living Facility must have the appropriate state licensure, certification or registration to operate as an Assisted Living Facility.

If the state in which it is located does not require an Assisted Living Facility to be licensed, certified or registered, the facility must meet the following requirements:

- (a) provides services and care on a continuous 24-hour basis for persons requiring Substantial Assistance with the Activities of Daily Living or Substantial Supervision due to Severe Cognitive Impairment;
- (b) maintains trained staff on duty at all times to provide the services and care;
- (c) provides at least three meals a day and accommodates special dietary needs;
- (d) provides residential services and Maintenance or Personal Care Services in one location;
- (e) maintains formal arrangements with a Physician or nurse to furnish medical care in case of an emergency; and
- (f) maintains appropriate procedures to provide onsite assistance with prescription medications.

An Alzheimer's Facility or a Hospice Care Facility may be an Assisted Living Facility if such facility meets the requirements contained in this definition for an Assisted Living Facility located in a state which does not require licensure, certification or registration.

Assisted Living Facility does not include a hospital or clinic; a place that operates primarily for the treatment of alcoholism, drug addiction or mental or nervous disorder; a Nursing Home; a domiciliary care facility; or your primary place of residence in an area used principally for independent residential living; or a similar establishment.

Care Coordinator means a Licensed Health Care Practitioner who is qualified by training and experience to assess and coordinate the overall care needs of a person who is Chronically Ill. The care coordinator may provide services independent of, or be employed by or under contract to, an agency. You are not required to use a Care Coordinator designated by us. You may choose to use your own Care Coordinator.

Chronically Ill has the meaning found for such term in the ELIGIBILITY FOR BENEFITS section of this outline and the policy.

Elimination Period means the number of calendar days shown in the policy schedule. (Refer to the LIMITATIONS OR CONDITIONS ON ELIGIBILITY OF BENEFITS section of this outline for additional information.)

Family Member means your mother, father, son, daughter, brother, sister or spouse.

Home means the place where you maintain your primary independent residence. Home does not include: a Nursing Home; a hospital; an Assisted Living Facility; any other institutional setting where you are dependent on others for assistance with Activities of Daily Living; or the residence of the person providing the Home Health Care.

Home Health Care means medical and non-medical services, provided to ill, disabled or infirm persons in their Homes. Such services include, but are not limited to: (a) part-time or intermittent skilled services provided by a nurse; (b) services to support your compliance with your medication/treatment regimen; (c) home health aide services; (d) physical therapy, respiratory therapy, occupational therapy, speech therapy or audiology therapy; (e) services provided by a specialist in the field of nutrition or the administration of chemotherapy; (f) Homemaker Services; (g) Maintenance or Personal Care Services; (h) Respite Care; (i) Hospice Care.

Home Health Care Agency means an entity that is regularly engaged in providing Home Health Care for compensation and employs staff who are qualified by training or experience to provide such care. The entity must: (a) be supervised by a qualified professional such as a registered nurse (RN), a licensed social worker, or a Physician; (b) keep clinical records or care plans on all patients; (c) provide ongoing supervision and training to its employees appropriate to the services to be provided; and (d) have the appropriate state licensure, accreditation or certification, where required.

Homemaker Services means those services needed to maintain an adequate Home environment such as: laundry services; routine food shopping and errands; meal preparation and cleanup; and domestic or cleaning services.

Hospice Care means palliative care to alleviate the physical, emotional and social discomfort of individuals who are terminally ill.

Hospice Care Facility means a facility which provides Hospice Care under the direction of a Physician on an inpatient basis. A Hospice Care Facility must be licensed or certified by the state in which it is located, if such license is required.

Licensed Health Care Practitioner means any of the following who is not a Family Member: a Physician; a registered nurse (RN); a licensed social worker; or any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury of the United States.

Maintenance or Personal Care Services means any care the primary purpose of which is the provision of needed assistance with helping you conduct Activities of Daily Living while you are Chronically Ill. This includes protection from threats to health and safety due to Severe Cognitive Impairment.

Nursing Home means a facility or distinctly separate part of a facility that is engaged primarily in providing nursing care. If required by the state in which it is located, a Nursing Home must have the appropriate state licensure, certification or registration to operate as a Nursing Home.

If the state in which it is located does not require a Nursing Home to be licensed, certified or registered, the facility must meet the following requirements:

- (a) provides twenty-four (24) hour-a-day nursing care under the supervision of a licensed practical nurse (LPN), registered nurse (RN) or a Physician;
- (b) maintains a daily medical record of each inpatient; and
- (c) provides nursing care at skilled, intermediate, or custodial levels.

An Alzheimer's Facility or a Hospice Care Facility may be a Nursing Home if such facility meets the requirements contained in this definition for a Nursing Home located in a state which does not require licensure, certification or registration.

Nursing Home does not include a hospital or clinic; a place which operates primarily for the treatment of alcoholism, drug addiction, or mental or nervous disorders; an Assisted Living Facility; an adult residential care home; a domiciliary care facility; or your primary place of residence in an area used principally for independent residential living; or a similar establishment.

Physician means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state in which he or she performs such function or action (as defined in Section 1861 (r) (1) of the Social Security Act) other than you or a Family Member. He or she must be providing services within the scope of his or her license.

Plan of Care means a written plan of services prescribed for you by a Licensed Health Care Practitioner. We reserve the right to discuss the Plan of Care with the Licensed Health Care Practitioner. We have the right to verify that your Plan of Care is appropriate and consistent with generally accepted standards for care of the Chronically Ill. The Plan of Care must specify the type, cost, frequency and providers of the services you require. The Plan of Care will be modified as required to reflect changes in your functional or cognitive abilities, social situation, and care service needs.

Policy Class means persons who are insured by us under this policy form with the same issue age, rate classification and benefits similar to the benefits under the policy. Such persons live in the same geographic area of the state as you did on the policy effective date.

Qualified Long-Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and Maintenance or Personal Care Services which are required by a Chronically Ill person.

Respite Care means the supervision and care of you while the Family Members or other individuals who normally provide substantial amounts of unpaid care on a daily basis take short-term leave or rest that provides them with temporary relief from the responsibilities of providing care.

Severe Cognitive Impairment means a loss or deterioration in intellectual capacity that is comparable to and includes Alzheimer's disease and similar forms of irreversible dementia; and is measured by clinical evidence and standardized tests that reliably measure impairment in your: (a) short-term or long-term memory; (b) orientation as to people, places or time; (c) deductive or abstract reasoning; and (d) judgment as it relates to safety awareness.

Substantial Assistance means either Hands-on Assistance or Standby Assistance.

- (a) **Hands-on Assistance** means the physical assistance of another person without which you would be unable to perform the Activities of Daily Living.
- (b) **Standby Assistance** means the presence of another person, within your arm's reach, that is necessary to prevent, by physical intervention, injury while you are performing the Activities of Daily Living.

Substantial Supervision means continual supervision (which may include cueing by verbal prompting, gestures or other demonstrations) by another person that is necessary to protect you from threats to your health or safety (including, but not limited to, such threats as may result from wandering.)

10. LIMITATIONS AND EXCLUSIONS

We will not pay benefits for:

- (a) services provided from a Family Member;
- (b) services for which no charge would be made in the absence of insurance;
- (c) for services provided outside of the United States, its possessions or territories, Canada or the United Kingdom (except as provided in the INTERNATIONAL BENEFIT section of this policy);
- (d) services provided due to suicide (while sane or insane), attempted suicide or an intentionally self-inflicted injury;
- (e) for treatment of alcoholism or drug addiction (except for an addiction to a prescription medication when administered in accordance with the advice of your Physician);
- (f) for treatment of mental or nervous disorders (except for Alzheimer's disease);
- (g) for treatment provided in a government facility unless we are required by law to cover the charges;

- (h) for treatment of an injury or sickness which would entitle you to benefits under any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law;
- (i) for services received while this policy is not in force (except as provided in the **Extension of Benefits** section);
- (j) services provided due to an act of declared or undeclared war.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY OF BENEFITS

Conditions

Except as otherwise provided in the policy, you must incur eligible expenses for Qualified Long-Term Care Services in order to receive benefits under the policy. Such Qualified Long-Term Care Services must be specified in a Plan of Care prepared for you by a Licensed Health Care Practitioner. Except for Stay-At-Home Benefits, if you are eligible for more than one type of benefit under the policy on a single day, we will pay the benefit which pays the greater amount.

Satisfying the Elimination Period

Except as otherwise provided in the policy, we will not pay benefits for eligible expenses incurred during the Elimination Period. The Elimination Period commences on the first day you are eligible for benefits under the policy and on which you: (a) are confined to a Nursing Home or an Assisted Living Facility; (b) receive Home Health Care or Adult Day Care; or (c) receive long-term care services covered under the policy that are Medicare eligible (for which benefits are not payable under the policy). The Elimination Period must be satisfied only once during the term of the policy.

Maximum Lifetime Benefit

Except as otherwise provided in the policy, any benefits paid under the policy will reduce the amount of your maximum lifetime benefit. No additional benefits are payable under the policy once the maximum lifetime benefit has been reduced to zero.

Non-Duplication of Benefits

We will not pay benefits under the policy to the extent that eligible expenses are reimbursable under Medicare or other government program (except Medicaid) or would be so reimbursable except for the application of a deductible or coinsurance amount.

Coordination of Benefits

Benefits under the policy may be reduced if benefits for eligible expenses are paid by us or one of our affiliates under another individual long-term care insurance policy. Benefits will be reduced under the policy only when payment under the policy and such other long-term care insurance policy(ies) combined would exceed the actual amount you incur for eligible expenses. In no event will we pay more under this policy than the difference between your actual eligible expenses and the amount payable by such other long-term care insurance policy(ies).

If you are insured under one or more policies without a similar Coordination of Benefits provision, such policy(ies) will be deemed primary and pay benefits first. Then, payment will be made under any policy without a similar Coordination of Benefits provision in order of effective date, from the earliest to the latest.

THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. You may elect one of the inflation protection options to increase your coverage. Only increases taken in accordance with one of the inflation protection options do not require proof of insurability.

5% Compound Inflation Protection (Lifetime)

If you elect the optional 5% Compound Inflation Protection Benefit, on each policy anniversary date from and after the compound inflation protection starting date, we will automatically increase the maximum monthly benefit then in effect under the policy by 5%. In addition, on each policy anniversary date from and after the compound inflation protection starting date, we will automatically increase the maximum lifetime benefit remaining at the end of the prior policy year by 5%. The increase in the maximum monthly benefit and the maximum lifetime benefit will be rounded to the nearest whole dollar.

[In addition to 5% Compound Inflation Protection (Lifetime) Benefit, as described above, you may select other percentages such as: [3%] [3.5%] [4%] [4.5%]]

4.5% Compound Inflation Protection With Buy Up Option

If you elect the optional 4.5% Compound Inflation Protection With Buy Up Option Benefit, on each policy anniversary date, we will automatically increase the maximum monthly benefit then in effect under the policy by 4.5%. In addition, on each policy anniversary date, we will automatically increase the maximum lifetime benefit remaining at the end of the prior policy year by 4.5%. The increase in the maximum monthly benefit and the maximum lifetime benefit will be rounded to the nearest whole dollar.

Eligibility for Buy Up Option

You are eligible for the Buy Up Option if, at the time you elect the Buy Up Option: (a) we are not waiving premium under any provision of the policy; and (b) you are not Chronically Ill and have not, for the immediate two-year period, received benefits under the policy.

Electing the Buy Up Option

On or before the final Buy Up Option date, you may elect the Buy Up Option. Under the Buy Up Option, you may elect to increase the Compound Inflation Percentage to any percentage offered by us at the time of election. The compound inflation percentage can never exceed 5%. You may make such election by written request to us. You may elect the Buy Up Option only once each policy year.

Buy Up Option Will Increase Your Premium

We will increase the premium for the policy each time you elect the Buy Up Option. Premium will increase by an amount determined by us at the time you elect the Buy Up Option. We will increase the premium for the policy on the policy anniversary date coinciding with or next following the date we receive your written request. However, any increase in benefits will NOT occur until the policy anniversary next following the effective date of the increase in premium for the policy.

In addition to 4.5% Compound Inflation With Buy Up Option, as described above, you may select other percentages such as: [3%] [3.5%] [4%]]

5% Compound Inflation Protection – 20 Year

If you elect the optional 5% Compound Inflation Protection -20 Year Benefit, on each policy anniversary date up to and including the 20th policy anniversary date, we will automatically increase each maximum monthly benefit then in effect under the policy by 5%. On each policy anniversary date up to and including the 20th policy anniversary date, we will automatically increase the maximum lifetime benefit remaining at the end of the prior policy year by 5%. The increase in the maximum monthly benefit and the maximum lifetime benefit will be rounded to the nearest whole dollar.]

5% Compound Inflation Protection With Maximum Increase Cap

If you elect the optional Compound Inflation Protection Benefit With Maximum Increase Cap, on each policy anniversary date, we will automatically increase the maximum monthly benefit then in affect under the policy by 5%. In addition, on each policy anniversary date, we will automatically increase the maximum lifetime benefit remaining at the end of the prior policy year by 5%. No further increases will be made to the maximum monthly and lifetime benefit from and after the Maximum Increase Cap Date. The increase in the maximum monthly benefit and the maximum lifetime benefit will be rounded to the nearest whole dollar.

Maximum Increase Cap means an amount equal to the maximum monthly benefit on the policy effective date times the number shown for this benefit in the policy schedule.

Maximum Increase Cap Date means the policy anniversary date on which the maximum monthly benefit equals or exceeds the Maximum Increase Cap.]

5% Simple Inflation Protection

If you elect the optional 5% Simple Inflation Protection Benefit, on each policy anniversary date, we will automatically increase the maximum monthly benefit then in effect under the policy by an amount equal to the maximum monthly benefit in effect on the policy effective date multiplied by 5%. In addition, on each policy anniversary date, we will automatically increase the maximum lifetime benefit remaining at the end of the prior policy year by an amount equal to the lesser of: (a) the maximum lifetime benefit in effect on the policy effective date multiplied by 5%; or (b) the maximum lifetime benefit remaining at the end of the prior policy year multiplied by 5%. The increase in the maximum monthly benefit and the maximum lifetime benefit will be rounded to the nearest whole dollar.]

Future Purchase Option

If you elect this benefit, you may, upon written request to us, purchase the Compound Inflation Protection – Lifetime Benefit rider for the policy, on or before the fifth policy anniversary date. You will be eligible to purchase the Compound Inflation Protection – Lifetime Benefit rider if, at the time of purchase: (a) we are not waiving premium under any provision of the policy; and (b) you are not Chronically Ill and have not for the immediate two-year period received benefits under the policy.

Purchase of Compound Inflation Protection The Compound Inflation Protection – Lifetime Benefit rider will be effective on the policy anniversary date coinciding with or next following the date of your request. You may purchase the Compound Inflation Protection Lifetime Benefit only once while the policy is in force.

Your Premium Will Increase We will increase the premium for the policy if you purchase the Compound Inflation Protection – Lifetime Benefit rider. Premium will increase by an amount determined by us at the time of your purchase. We will increase the premium for the policy on the effective date of your purchase. However, any increase in benefits will NOT occur until the policy anniversary date following the effective date of your purchase.]

[Graded Compound Inflation Protection - 5% (For Partnership Qualified Policies)

5% Compound Inflation through age 60

On each policy anniversary date up to and including the policy anniversary date coinciding with or next following your 60th birthday, we will automatically increase the maximum monthly benefit then in effect under the policy by 5%. In addition, on each policy anniversary date up to and including the policy anniversary date coinciding with or next following your 60th birthday, we will automatically increase the maximum lifetime benefit remaining at the end of the prior policy year by 5%. The increase in the maximum monthly benefit and the maximum lifetime benefit will be rounded to the nearest whole dollar.

3% Compound Inflation from age 61 through age 75

On the policy anniversary date coinciding with or next following your 61st birthday and each policy anniversary date thereafter up to and including the Benefit Cap Date, we will automatically increase the maximum monthly benefit then in effect under the policy by 3%. In addition, on the policy anniversary date coinciding with or next following your 61st birthday and each policy anniversary date thereafter up to and including the Benefit Cap Date, we will automatically increase the maximum lifetime benefit remaining at the end of the prior policy year by 3%. The increase in the maximum monthly benefit and the maximum lifetime benefit will be rounded to the nearest whole dollar.

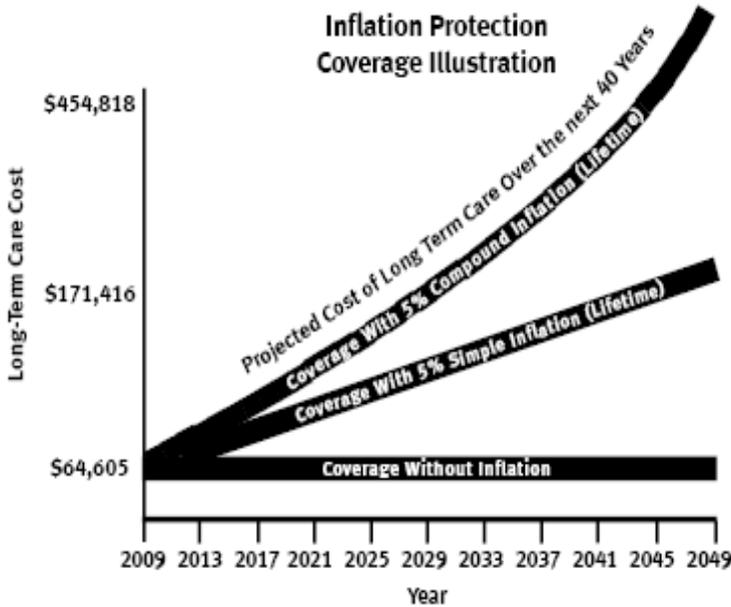
Benefit Cap Date means the policy anniversary date coinciding with or next following your 75th birthday.]

[Graded Compound Inflation Protection - 3% (For Partnership Qualified Policies)

On each policy anniversary date up to and including the Benefit Cap Date, we will automatically increase the maximum monthly benefit then in effect under the policy by 3%. In addition, on each policy anniversary date up to and including the Benefit Cap Date, we will automatically increase the maximum lifetime benefit remaining at the end of the prior policy year by 3%. The increase in the maximum monthly benefit and the maximum lifetime benefit will be rounded to the nearest whole dollar.

Benefit Cap Date means the policy anniversary date coinciding with or next following your 75th birthday.]

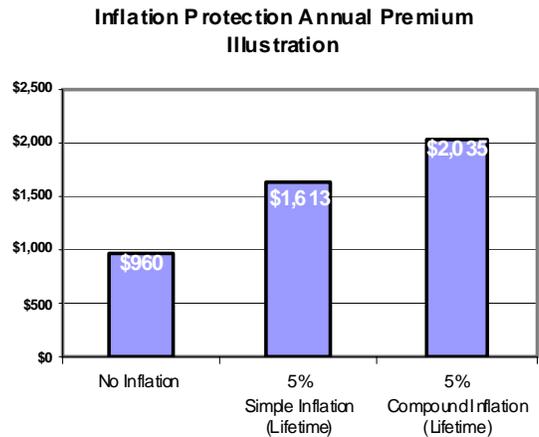
Inflation Protection – Graphic Comparisons



The chart to the left compares and contrasts the anticipated cost for one year of institutional care of a 40-year period with the maximum lifetime benefit for three types of coverage: one with 5% Compound Inflation Protection (Lifetime); one with 5% Simple Inflation (Lifetime); and one with no inflation protection at all. The chart assumes the insured starts with \$64,605.

The chart to the right compares the annual premium paid by a 63-year old person for a policy with 5% Compound Inflation Protection; 5% Simple Inflation Protection; and no inflation protection, assuming the following coverage features:

- a 3-year benefit at \$3000/month (\$3000 times 36 months = \$108,000 MLB);
- \$3000/month Nursing Home MMB;
- \$3000/month Assisted Living Facility MMB;
- \$3000/month Home Health Care MMB; and
- an Elimination Period of 90 days.



12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Once your application for coverage under the policy is approved, the policy provides coverage for treatment of Alzheimer's disease, Parkinson's disease, senile dementia, and all other forms of organic brain disease.

13. PREMIUM

Refer to the table below to find the annual premium.

PREMIUM	
Premium Payment Mode (Adjustment Factor)	Limited Pay - Complete below.
<input type="checkbox"/> Annual (1.0)	<input type="checkbox"/> Semi-Annual (.51)
<input type="checkbox"/> Quarterly (.26)	<input type="checkbox"/> Monthly Electronic Funds Transfer (.09)
	Basic Policy Coverage Premium: \$ <u>XXX.XX</u>
	Nonforfeiture Benefit – Shortened Benefit Period: \$ <u>XXX.XX</u>
	5% Compound Inflation Protection: \$ <u>XXX.XX</u>
	[3% Compound Inflation Protection [With Buy Up Option Benefit]: \$ <u>XXX.XX</u>
	[3.5% Compound Inflation Protection [With Buy Up Option Benefit]: \$ <u>XXX.XX</u>
	[4% Compound Inflation Protection [With Buy Up Option Benefit]: \$ <u>XXX.XX</u>
	[4.5% Compound Inflation Protection [With Buy Up Option Benefit]: \$ <u>XXX.XX</u>
	[Future Purchase Option: \$ <u>XXX.XX</u>
	[5% Compound Inflation Protection – 20 Year: \$ <u>XXX.XX</u>
	[5% Simple Inflation Protection: \$ <u>XXX.XX</u>
	[5% Compound Inflation (2 X Maximum Increase Cap): \$ <u>XXX.XX</u>
	[5% Compound Inflation (3 X Maximum Increase Cap): \$ <u>XXX.XX</u>
	[5% Compound Inflation (4 X Maximum Increase Cap): \$ <u>XXX.XX</u>
	[Graded Compound Inflation 5% (For Partnership Qualified Policies): \$ <u>XXX.XX</u>
	[Graded Compound Inflation 3% (For Partnership Qualified Policies): \$ <u>XXX.XX</u>
	[Full Return of Premium at Death Benefit: \$ <u>XXX.XX</u>
	[Return of Premium at Death Less Claims Benefit: \$ <u>XXX.XX</u>
	[Return of Premium at Death (Less Claims Paid) if Death occurs before Age 65 Benefit: \$ <u>XXX.XX</u>
	[Additional Benefit for Injury: \$ <u>XXX.XX</u>
	[Cash Benefit: \$ <u>XXX.XX</u>
	[Additional Rate Guarantee Period: \$ <u>XXX.XX</u>
	[Spouse Security Benefit – [60%]: \$ <u>XXX.XX</u>
	[Spouse Shared Care Benefit: \$ <u>XXX.XX</u>
	[Spouse Waiver of Premium Benefit: \$ <u>XXX.XX</u>
	[Spouse Survivorship Benefit: \$ <u>XXX.XX</u>
	[Limited Pay - 10 Year Pay Option: \$ <u>XXX.XX</u>
	[Limited Pay - 20 Year Pay Option: \$ <u>XXX.XX</u>
	[Limited Pay - To Age 65 Pay Option: \$ <u>XXX.XX</u>
	[Flex To-Age-85 SM : \$ <u>XXX.XX</u>
	[Single Premium Payment Option: \$ <u>XXX.XX</u>
	[Waiver of Elimination Period for Home Health Care Benefit: \$ <u>XXX.XX</u>
	[Restoration of Benefits: \$ <u>XXX.XX</u>
	Total Annual Premium: \$ <u>XXX.XX</u>
	Modal Premium: \$ <u>XXX.XX</u>
	<i>(Annual X Mode Factor)</i>

14. ADDITIONAL FEATURES

Underwriting

Medical underwriting is required. We will underwrite your application by reviewing one or more of the following: the information submitted on your application; an attending Physician's report; copies of your medical records; a medical evaluation; a telephone interview; and an in-person interview.

Extension of Benefits

If your policy lapses for nonpayment of premium while you are continuously confined in a Nursing Home or Assisted Living Care Facility, benefits will be continued under the policy.

Protection Against Unintentional Lapse

You have the right, at the time of application, to designate at least one person who is to receive notice of lapse or termination for nonpayment of premiums in addition to yourself. You may change this designation at any time. To do so, you must notify us in writing. We will remind you in writing every two years of this opportunity.

If the policy lapses due to nonpayment of premiums because you were Chronically Ill, you may request, within five months of the date of lapse that we reinstate this policy without requiring an application. You must undergo an assessment by a Licensed Health Care Practitioner and obtain a certification that you became Chronically Ill on or before the date of lapse. Upon payment of all past due premiums, the policy will be reinstated as of the lapse date.

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY.

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175



[Submit Application To: Long-Term Care Service Office, P.O. Box 64901, St. Paul, MN 55164-0901]

[Overnight Submission: Long-Term Care Service Office, 7805 Hudson Rd., Ste. 180, Woodbury, MN 55125-1591]

[Fax Number: ###-###-####]

New Business

Reinstatement

[If [Sponsored] [or] [Association], List Name [and Service Group Number] _____]

Section A		GENERAL INFORMATION	
Applicant A		Applicant B	
1 Name:	1 Name:	1 Name:	1 Name:
_____	_____	_____	_____
Last Name	Last Name	_____	_____
_____	_____	_____	_____
First Name	Middle Initial	First Name	Middle Initial
2 Legal Residence Address:	2 Legal Residence Address (If Different than Applicant A):	2 Legal Residence Address (If Different than Applicant A):	2 Legal Residence Address (If Different than Applicant A):
_____	_____	_____	_____
Number, Street, Apartment Number	Number, Street, Apartment Number	_____	_____
_____	_____	_____	_____
City, State, ZIP Code	City, State, ZIP Code	_____	_____
3 Contact Information:	3 Contact Information (If Different than Applicant A):	3 Contact Information (If Different than Applicant A):	3 Contact Information (If Different than Applicant A):
() - () -	() - () -	() - () -	() - () -
Daytime Phone Number	Evening Phone Number	Daytime Phone Number	Evening Phone Number
: a.m.	: p.m.	: a.m.	: p.m.
Best Time to Call	Best Time to Call	_____	_____
_____	_____	_____	_____
E-mail Address	E-mail Address	_____	_____
4 Social Security Number:	4 Social Security Number:	4 Social Security Number:	4 Social Security Number:
□□□-□□-□□□□	□□□-□□-□□□□	□□□-□□-□□□□	□□□-□□-□□□□
5 Birth Date, Age and Gender:	5 Birth Date, Age and Gender:	5 Birth Date, Age and Gender:	5 Birth Date, Age and Gender:
□□/□□/□□□□ □□	□□/□□/□□□□ □□	□□/□□/□□□□ □□	□□/□□/□□□□ □□
Month / Day / Year	Age	Month / Day / Year	Age
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female	
6 Occupation and Duties:	6 Occupation and Duties:	6 Occupation and Duties:	6 Occupation and Duties:
_____	_____	_____	_____
Occupation	Occupation	_____	_____
_____	_____	_____	_____
Occupational Duties	Occupational Duties	_____	_____

Section A

GENERAL INFORMATION (CONTINUED)

Applicant A

Applicant B

7 U.S. Citizenship:

Are you a citizen of the United States? Yes No

If **"No,"** do you have a Permanent Resident Card – Form I-551 (also known as an "Alien Registration Receipt Card" or "Green Card")?

Yes. Card Number _____
and Date of Arrival in the U.S. _____

No. You are not eligible for this coverage.

7 U.S. Citizenship:

Are you a citizen of the United States? Yes No

If **"No,"** do you have a Permanent Resident Card – Form I-551 (also known as an "Alien Registration Receipt Card" or "Green Card")?

Yes. Card Number _____
and Date of Arrival in the U.S. _____

No. You are not eligible for this coverage.

8 Beneficiary:

First Name, Middle Initial, Last Name

Number, Street, Apartment Number

City, State, ZIP Code

Relationship to you

8 Beneficiary (If Different than Applicant A):

First Name, Middle Initial, Last Name

Number, Street, Apartment Number

City, State, ZIP Code

Relationship to you

Section B

ALLOWANCES

You may be eligible for allowances based on your answers to the following questions in this Section B.

- 1** Are you married?
[Do you have a Domestic Partner[*]?]
If **"No,"** go to question 2. If **"Yes,"**:
(a) Is your Spouse [or Domestic Partner] also applying for this coverage?
If **"Yes,"** provide name
(b) Does he/she have an existing United of Omaha Life Insurance Company or Mutual of Omaha Insurance Company long-term care policy/certificate?
If **"Yes,"** provide existing long-term care policy/certificate number(s)
- 2** Are you single and have you been continuously residing with another person for the last 12 months and are they also applying for this coverage?
If **"Yes,"** provide name
- 3** Do you have [or are you applying for] [another] [either] [a] [Medicare Supplement][,] [or] [Medicare Select][,] [or] [Disability Income][,] [or] [Life][,] [or] [Annuity] [or] [Critical Illness] policy/certificate with [Mutual of Omaha Insurance Company][,] [or] [United of Omaha Life Insurance Company][,] [or] [United World Life Insurance Company] [or] [Companion Life Insurance Company]?.....
If **"Yes,"** provide existing policy/certificate number(s)
- 4** Are you a member, or qualified family member, of a [Sponsored] [or] [Association] group endorsing this long-term care product?.....
If **"Yes,"** provide [Sponsored] [or] [Association] Service Group Number _____
Full Name of Organization _____
Name and Relationship to Member _____

	Applicant A		Applicant B	
	Yes	No	Yes	No
1 Are you married? [Do you have a Domestic Partner[*]?] If "No," go to question 2. If "Yes," : (a) Is your Spouse [or Domestic Partner] also applying for this coverage? If "Yes," provide name (b) Does he/she have an existing United of Omaha Life Insurance Company or Mutual of Omaha Insurance Company long-term care policy/certificate? If "Yes," provide existing long-term care policy/certificate number(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Are you single and have you been continuously residing with another person for the last 12 months and are they also applying for this coverage? If "Yes," provide name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you have [or are you applying for] [another] [either] [a] [Medicare Supplement][,] [or] [Medicare Select][,] [or] [Disability Income][,] [or] [Life][,] [or] [Annuity] [or] [Critical Illness] policy/certificate with [Mutual of Omaha Insurance Company][,] [or] [United of Omaha Life Insurance Company][,] [or] [United World Life Insurance Company] [or] [Companion Life Insurance Company]?..... If "Yes," provide existing policy/certificate number(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Are you a member, or qualified family member, of a [Sponsored] [or] [Association] group endorsing this long-term care product?..... If "Yes," provide [Sponsored] [or] [Association] Service Group Number _____ Full Name of Organization _____ Name and Relationship to Member _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Section C

REPLACEMENT COVERAGE

Provide Replacement Coverage Information.

- 1** Do you currently have another long-term care insurance policy/certificate in force (including health care service contracts or health maintenance organization contracts)?
- 2** Did you have another long-term care insurance policy/certificate in force during the last 12 months?
- 3** Do you intend to replace other long-term care coverage or any of your medical or health insurance coverage with this policy?
If **“Yes,”** please read and sign the Notice to Applicant Regarding Replacement form included with this application.

Applicant A		Applicant B	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 Question to be answered by the Producer:
Have you, **the Producer**, sold any health insurance, including long-term care policies, to Applicant A or Applicant B which: are still in force; or were sold in the last five years but are no longer in force?

If any question 1-4 was answered “Yes,” in the above Section C, please provide details in C5 below.
(Attach additional signed page(s) if more space is needed.)

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

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

6 Have you ever been declined, rated, or denied reinstatement for long-term care insurance?
If **“Yes,”** provide details below. (Attach additional signed page(s) if more space is needed.)

Applicant A		Applicant B	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Section D

HEALTH INSURABILITY QUESTIONS

If you answer “Yes” to any of the questions in this Section D, we are unable to accept this application or offer you Long-Term Care Insurance. Do not continue.

		Applicant A		Applicant B	
		Yes	No	Yes	No
1	Do you currently use any of the following: <ul style="list-style-type: none"> • wheelchair • walker • nebulizer • electric scooter • quad cane • oxygen 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Within the past 6 months have you been confined to, or been advised to have, any of the following: <ul style="list-style-type: none"> • residential care, assisted living or adult day care facility services • nursing home or home health care services • physical, occupational or speech therapy 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you require the assistance or supervision of another person or a device of any kind for any of the following: <ul style="list-style-type: none"> • bathing • toileting • dressing • eating • medication management • getting in and out of a chair or bed • your inability to control your bowel or bladder 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you ever had, been diagnosed as having, or received medical advice or medical care from a physician or health care provider for any of the following: <ul style="list-style-type: none"> • Alzheimer’s Disease • Dementia • Memory Loss • Mental Retardation • Schizophrenia • Psychosis • Organ Transplant • Amyotrophic Lateral Sclerosis (ALS) • Huntington’s Chorea • Kidney Failure or received Dialysis • Parkinson’s Disease • Multiple Sclerosis • Muscular Dystrophy • Chronic Hepatitis • Cirrhosis • Myasthenia Gravis • Paralysis • Scleroderma • Systemic Lupus • Ministroke or Transient Ischemic Attack (TIA) in the past year, single episode stroke in the past 2 years, two or more strokes or TIAs, or you have not fully recovered or continue to have weakness, decreased sensation or loss of function from a stroke or TIA • Diabetes and currently taking more than 50 units of insulin daily, or with peripheral neuropathy, numbness, tingling or decreased sensation in your feet, retinopathy or history of a stroke, ministroke or a TIA • Cancer (except basal or squamous cell skin cancers, or stage I/A bladder, thyroid, breast or prostate cancers) in the past 2 years • Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Chronic Bronchitis and have used tobacco in the past year 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) Infection (symptomatic or asymptomatic)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are you currently eligible for benefits under, or covered by, Medicaid (not Medicare), disability income, workers’ compensation, Social Security disability or any federal or state disability plan?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section E

PRIMARY CARE PHYSICIAN INFORMATION AND MEDICATION

1 Provide the name, complete address and phone number of your Primary Care Physician.

	Applicant A	Applicant B (If Different than Applicant A)
Primary Care Physician	_____	_____
Address	_____	_____
City, State, ZIP	_____	_____
Phone Number	_____	_____
2 Date & Reason for Last Visit:	_____	_____

3 Are you taking or have you taken any prescription medication(s) within the past 12 months, or are you currently taking any over-the-counter medication(s) on a weekly basis or more frequently?...
 If "Yes," please list below all the medication name(s) using pharmacy label, dosage/frequency and reason prescribed. (Attach additional signed page(s) if more space is needed.)

Applicant A		Applicant B	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Applicant A	Applicant B
Medication Name	_____	_____
Dosage/Frequency	_____	_____
Disease/Disorder/Condition	_____	_____
Medication Name	_____	_____
Dosage/Frequency	_____	_____
Disease/Disorder/Condition	_____	_____
Medication Name	_____	_____
Dosage/Frequency	_____	_____
Disease/Disorder/Condition	_____	_____
Medication Name	_____	_____
Dosage/Frequency	_____	_____
Disease/Disorder/Condition	_____	_____
Medication Name	_____	_____
Dosage/Frequency	_____	_____
Disease/Disorder/Condition	_____	_____
Medication Name	_____	_____
Dosage/Frequency	_____	_____
Disease/Disorder/Condition	_____	_____

Section F

ADDITIONAL HEALTH QUESTIONS

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

Section F

ADDITIONAL HEALTH QUESTIONS (continued)

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

Applicant A

Disease/Disorder/Condition	Date of Occurrence	Date of Last Visit	Physician/Facility Information
			Name _____ Address _____ City, State, ZIP Code _____ Phone # _____
			Name _____ Address _____ City, State, ZIP Code _____ Phone # _____
			Name _____ Address _____ City, State, ZIP Code _____ Phone # _____
			Name _____ Address _____ City, State, ZIP Code _____ Phone # _____

Applicant B

Disease/Disorder/Condition	Date of Occurrence	Date of Last Visit	Physician/Facility Information
			Name _____ Address _____ City, State, ZIP Code _____ Phone # _____
			Name _____ Address _____ City, State, ZIP Code _____ Phone # _____
			Name _____ Address _____ City, State, ZIP Code _____ Phone # _____
			Name _____ Address _____ City, State, ZIP Code _____ Phone # _____

INSTRUCTIONS: Complete Section G [for ASSURED SOLUTIONS GOLD] – OR – Section H [for CASH-FIRSTSM].

Section G

[ASSURED SOLUTIONS GOLD]

Applicant A

Applicant B (If selecting Spouse Shared Care Benefit, benefits must be identical to Applicant A)

Assured Solutions Gold

Assured Solutions Gold

[Standard Assured Solutions Gold Benefits:]

- [Nursing Home,] [Assisted Living Facility] and [Basic] [Home Health Care] Benefits are each up to 100% of the Maximum Monthly Benefit (MMB)
- Additional Benefit for Professional Home Health Care is up to 100% of the [Basic] Home Health Care Benefit
- Cash Benefit is [35%] [40%] [50%] of [Basic] Home Health Care Benefit
- Return of Premium (Less Claims Paid) If Death Occurs Before Age 65
- Additional Benefit for Injury
- 5 Year Rate Guarantee

1 Maximum Monthly Benefit (MMB) (must enter):

\$, per month
 ((\$1,500-\$15,000) in \$500 increments)

1 Maximum Monthly Benefit (MMB) (must enter):

\$, per month
 ((\$1,500-\$15,000) in \$500 increments)

2 Maximum Lifetime Benefit = number of months selected x MMB (must check one):

- 2 Year (24 months) 3 Year (36 months)
- 4 Year (48 months) 5 Year (60 months)
- 6 Year (72 months) 8 Year (96 months)
- Lifetime

2 Maximum Lifetime Benefit = number of months selected x MMB (must check one):

- 2 Year (24 months) 3 Year (36 months)
- 4 Year (48 months) 5 Year (60 months)
- 6 Year (72 months) 8 Year (96 months)
- Lifetime

3 Calendar Day Elimination Period (must check one):

- 0 Day 30 Day 60 Day
- 90 Day 180 Day 365 Day

3 Calendar Day Elimination Period (must check one):

- 0 Day 30 Day 60 Day
- 90 Day 180 Day 365 Day

4 Inflation Protection:

5% Compound (Lifetime)
 (must check "YES" or "NO"):

- YES, I am selecting the 5% Compound Inflation Protection (Lifetime)**
- NO, 5% Compound Inflation Protection (Lifetime) is NOT desired:** I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound [and Simple] Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.

[If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:]

- 5% Simple (Lifetime)
- 5% Compound (20 Year)
- 5% Compound (2 times Maximum Increase)
- 5% Compound (3 times Maximum Increase)
- 5% Compound (4 times Maximum Increase)
- 5% Graded Inflation Percentage for Partnership (5/3/0)
- 4.5% Compound with Buy Up Option (Lifetime)
- 4% Compound (Lifetime)
- 4% Compound with Buy Up Option (Lifetime)
- 3.5% Compound with Buy Up Option (Lifetime)
- 3% Compound (Lifetime)
- 3% Compound with Buy Up Option (Lifetime)
- 3% Graded Inflation Percentage for Partnership (3/3/0)
- No Inflation Protection [with Future Purchase Option]
- No Inflation Protection

4 Inflation Protection:

5% Compound (Lifetime)
 (must check "YES" or "NO"):

- YES, I am selecting the 5% Compound Inflation Protection (Lifetime)**
- NO, 5% Compound Inflation Protection (Lifetime) is NOT desired:** I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound [and Simple] Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.

[If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:]

- 5% Simple (Lifetime)
- 5% Compound (20 Year)
- 5% Compound (2 times Maximum Increase)
- 5% Compound (3 times Maximum Increase)
- 5% Compound (4 times Maximum Increase)
- 5% Graded Inflation Percentage for Partnership (5/3/0)
- 4.5% Compound with Buy Up Option (Lifetime)
- 4% Compound (Lifetime)
- 4% Compound with Buy Up Option (Lifetime)
- 3.5% Compound with Buy Up Option (Lifetime)
- 3% Compound (Lifetime)
- 3% Compound with Buy Up Option (Lifetime)
- 3% Graded Inflation Percentage for Partnership (3/3/0)
- No Inflation Protection [with Future Purchase Option]
- No Inflation Protection

Section G

ASSURED SOLUTIONS GOLD

Applicant A

Applicant B (If selecting Spouse Shared Care Benefit, benefits must be identical to Applicant A)

Assured Solutions Gold

Assured Solutions Gold

Standard Assured Solutions Gold Benefits:

- Nursing Home, Assisted Living Facility and Home Health Care Benefits are each up to 100% of the Maximum Monthly Benefit (MMB)
- Cash Benefit is 40% of Home Health Care Benefit
- 5 Year Rate Guarantee

1 Maximum Monthly Benefit (MMB) (must enter):

\$, per month
 (\$1,500-\$15,000 in \$500 increments)

1 Maximum Monthly Benefit (MMB) (must enter):

\$, per month
 (\$1,500-\$15,000 in \$500 increments)

2 Maximum Lifetime Benefit = number of months selected x MMB (must check one):

- 2 Year (24 months) 3 Year (36 months)
 4 Year (48 months) 5 Year (60 months)
 6 Year (72 months) 8 Year (96 months)
 Lifetime

2 Maximum Lifetime Benefit = number of months selected x MMB (must check one):

- 2 Year (24 months) 3 Year (36 months)
 4 Year (48 months) 5 Year (60 months)
 6 Year (72 months) 8 Year (96 months)
 Lifetime

3 Calendar Day Elimination Period (must check one):

- 0 Day 30 Day 60 Day
 90 Day 180 Day 365 Day

3 Calendar Day Elimination Period (must check one):

- 0 Day 30 Day 60 Day
 90 Day 180 Day 365 Day

4 Inflation Protection:

5% Compound (Lifetime)
 (must check "YES" or "NO"):

YES, I am selecting the 5% Compound Inflation Protection (Lifetime)
 NO, 5% Compound Inflation Protection (Lifetime) is NOT desired: I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound and Simple Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.

If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:

- 5% Simple (Lifetime)
 5% Compound (20 Year)
 5% Compound (2 times Maximum Increase)
 5% Compound (3 times Maximum Increase)
 5% Compound (4 times Maximum Increase)
 4.5% Compound with Buy Up Option (Lifetime)
 4% Compound with Buy Up Option (Lifetime)
 3.5% Compound with Buy Up Option (Lifetime)
 3% Compound with Buy Up Option (Lifetime)
 No Inflation Protection with Future Purchase Option

4 Inflation Protection:

5% Compound (Lifetime)
 (must check "YES" or "NO"):

YES, I am selecting the 5% Compound Inflation Protection (Lifetime)
 NO, 5% Compound Inflation Protection (Lifetime) is NOT desired: I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound and Simple Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.

If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:

- 5% Simple (Lifetime)
 5% Compound (20 Year)
 5% Compound (2 times Maximum Increase)
 5% Compound (3 times Maximum Increase)
 5% Compound (4 times Maximum Increase)
 4.5% Compound with Buy Up Option (Lifetime)
 4% Compound with Buy Up Option (Lifetime)
 3.5% Compound with Buy Up Option (Lifetime)
 3% Compound with Buy Up Option (Lifetime)
 No Inflation Protection with Future Purchase Option

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Applicant A

5 Nonforfeiture Benefit – Shortened Benefit Period

(must check “YES” or “NO”):

- YES**
- NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired:** I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.

Applicant B

5 Nonforfeiture Benefit – Shortened Benefit Period

(must check “YES” or “NO”):

- YES**
- NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired:** I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.

[OPTIONAL BENEFITS FOR ASSURED SOLUTIONS GOLD]

Applicant A

6 Assisted Living Facility Benefit Reduced from 100% of Maximum Monthly Benefit to:

- 80% 75% 70%
- 60% 50%

7 [Basic] Home Health Care Benefit Reduced from [100%] of Maximum Monthly Benefit to:

- 75% 50%

8 Waiver of Elimination Period for Home Health Care Benefit

9 Cash Benefit [–] [Increase][Decrease] [to][from] [35%][40%][50%] [to][from] [35%][40%][50%] [of [Basic] Home Health Care Benefit] [(automatically included)]
 [Monthly Cash Benefit [increases][decreases] [to] [from] [35%][40%][50%] of the [Basic] Home Health Care Benefit [to][from] [35%][40%][50%] of the [Basic] Home Health Care Benefit.]

10 Spousal Benefits:

[The] [Spouse Waiver of Premium,] [Spouse Survivorship Benefit] [and] [Spouse Shared Care Benefit] [are] only available when both Spouses [or Domestic Partners] apply at the same time and both policies are issued.

- Spouse Waiver of Premium**
- Spouse Survivorship Benefit**
- Spouse Shared Care Benefit**

[The **Spouse Shared Care Benefit** is only available when both policies are issued with identical benefits.]

11 Spouse Security Benefit

Not available for issue ages 70 and older, with other Spousal Benefits or if Spouse [or Domestic Partner] is applying for this coverage.

 Spouse’s [or Domestic Partner’s] Name

12 Restoration of Benefits

[Not available with Lifetime Benefits.]

13 Additional Benefit for Injury

Applicant B

6 Assisted Living Facility Benefit Reduced from 100% of Maximum Monthly Benefit to:

- 80% 75% 70%
- 60% 50%

7 [Basic] Home Health Care Benefit Reduced from [100%] of Maximum Monthly Benefit to:

- 75% 50%

8 Waiver of Elimination Period for Home Health Care Benefit

9 Cash Benefit [–] [Increase][Decrease] [to][from] [35%][40%][50%] [to][from] [35%][40%][50%] [of [Basic] Home Health Care Benefit] [(automatically included)]
 [Monthly Cash Benefit [increases][decreases] [to][from] [35%][40%][50%] of the [Basic] Home Health Care Benefit [to][from] [35%][40%][50%] of the [Basic] Home Health Care Benefit.]

10

11

12 Restoration of Benefits

[Not available with Lifetime Benefits.]

13 Additional Benefit for Injury

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Section G

ASSURED SOLUTIONS GOLD (continued)

Applicant A

Applicant B

5 Nonforfeiture Benefit – Shortened Benefit Period (must check “YES” or “NO”):

- YES
NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired: I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.

5 Nonforfeiture Benefit – Shortened Benefit Period (must check “YES” or “NO”):

- YES
NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired: I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.

OPTIONAL BENEFITS FOR ASSURED SOLUTIONS GOLD

Applicant A

Applicant B

6 Assisted Living Facility Benefit Reduced from 100% of Maximum Monthly Benefit to:

- 80% 75% 70%
60% 50%

6 Assisted Living Facility Benefit Reduced from 100% of Maximum Monthly Benefit to:

- 80% 75% 70%
60% 50%

7 Home Health Care Benefit Reduced from 100% of Maximum Monthly Benefit to:

- 75% 50%

7 Home Health Care Benefit Reduced from 100% of Maximum Monthly Benefit to:

- 75% 50%

8 Waiver of Elimination Period for Home Health Care Benefit

8 Waiver of Elimination Period for Home Health Care Benefit

9 Cash Benefit Increase from 40% to 50%
Monthly Cash Benefit increases from 40% of the Home Health Care Benefit to 50% of the Home Health Care Benefit.

9 Cash Benefit Increase from 40% to 50%
Monthly Cash Benefit increases from 40% of the Home Health Care Benefit to 50% of the Home Health Care Benefit.

10 Spousal Benefits:
The Spouse Waiver of Premium, Spouse Survivorship Benefit and Spouse Shared Care Benefit are only available when both Spouses or Domestic Partners apply at the same time and both policies are issued.

- Spouse Waiver of Premium
Spouse Survivorship Benefit
Spouse Shared Care Benefit

The Spouse Shared Care Benefit is only available when both policies are issued with identical benefits.

11 Spouse Security Benefit
Not available for issue ages 70 and older, with other Spousal Benefits or if Spouse or Domestic Partner is applying for this coverage.

Spouse’s or Domestic Partner’s Name

12 Restoration of Benefits
Not available with Lifetime Benefits.

11

12 Restoration of Benefits
Not available with Lifetime Benefits.

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Applicant A

Applicant B

14 [Return of Premium at Death Benefit:]

Return of Premium (Less Claims Paid) If Death Occurs Before Age 65]

[OR]

Return of Premium at Death (Less Claims Paid)]

[OR]

Full Return of Premium at Death]

14 [Return of Premium at Death Benefit:]

Return of Premium (Less Claims Paid) If Death Occurs Before Age 65]

[OR]

Return of Premium at Death (Less Claims Paid)]

[OR]

Full Return of Premium at Death]

15 Additional Years of Rate Guarantee (5 years built in):

1 Yr] 2 Yrs] 3 Yrs] 4 Yrs] 5 Yrs]

15 Additional Years of Rate Guarantee (5 years built in):

1 Yr] 2 Yrs] 3 Yrs] 4 Yrs] 5 Yrs]

16 Premium Options:

[(Lifetime Premium is default [if no option chosen])]

Lifetime]

Single Premium]

10-Year Pay]

20-Year Pay]

To-Age-65]

Flex To-Age-85^[SM]]

[Select percent of full premium to be paid in the first policy year. Premium will increase each year thereafter until the date shown in the Policy Schedule.*]

50%] 60%] 70%]

75%] 80%] 90%]

[*Patent pending. Uses FIPO, licensed by United of Omaha from Strategic Health Management Corporation.]

16 Premium Options:

[(Lifetime Premium is default [if no option chosen])]

Lifetime]

Single Premium]

10-Year Pay]

20-Year Pay]

To-Age-65]

Flex To-Age-85^[SM]]

[Select percent of full premium to be paid in the first policy year. Premium will increase each year thereafter until the date shown in the Policy Schedule.*]

50%] 60%] 70%]

75%] 80%] 90%]

[*Patent pending. Uses FIPO, licensed by United of Omaha from Strategic Health Management Corporation.]

If you completed Section G [for ASSURED SOLUTIONS GOLD] – SKIP Section H and continue to Section I.

OPTIONAL BENEFITS FOR ASSURED SOLUTIONS GOLD (continued)

Applicant A

Applicant B

13 **Return of Premium at Death (Less Claims Paid)**

13 **Return of Premium at Death (Less Claims Paid)**

14 **Additional Years of Rate Guarantee** (5 years built in):

- 1 Yr 2 Yrs 3 Yrs 4 Yrs 5 Yrs

14 **Additional Years of Rate Guarantee** (5 years built in):

- 1 Yr 2 Yrs 3 Yrs 4 Yrs 5 Yrs

15 **Premium Options:**

(Lifetime Premium is default if no option chosen)

- Single Premium
- 10-Year Pay
- 20-Year Pay
- To-Age-65
- Flex To-Age-85SM

Select percent of full premium to be paid in the first policy year. Premium will increase each year thereafter until the date shown in the Policy Schedule.

- 70% 80% 90%

15 **Premium Options:**

(Lifetime Premium is default if no option chosen)

- Single Premium
- 10-Year Pay
- 20-Year Pay
- To-Age-65
- Flex To-Age-85SM

Select percent of full premium to be paid in the first policy year. Premium will increase each year thereafter until the date shown in the Policy Schedule.

- 70% 80% 90%

If you completed Section G for ASSURED SOLUTIONS GOLD – SKIP Section H and continue to Section I.

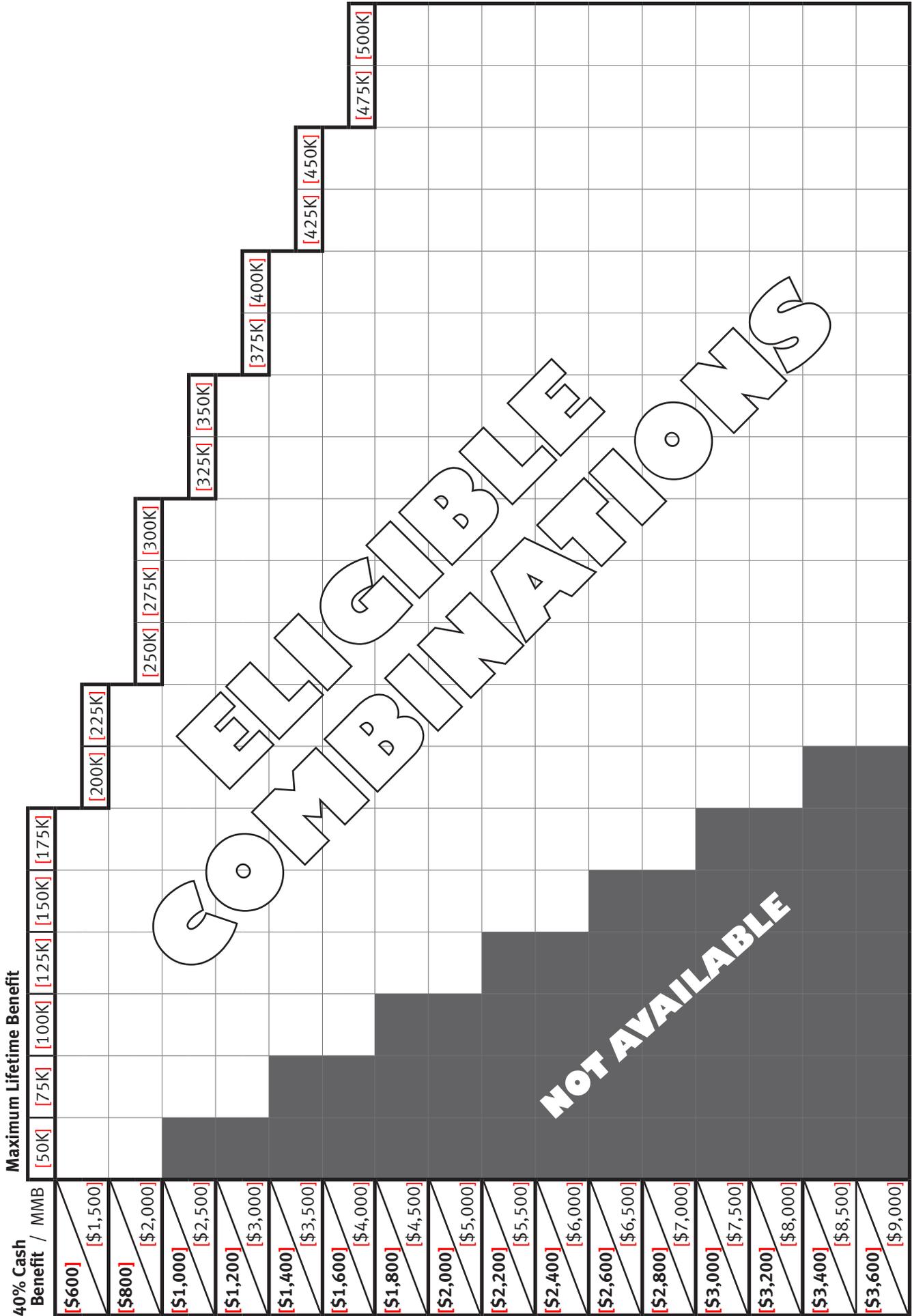
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Reference Grid

For use with Cash-FirstSM Section H2



COMBINATION

NOT AVAILABLE

[200K] [225K]

[250K] [275K] [300K]

[325K] [350K]

[375K] [400K]

[425K] [450K]

[475K] [500K]

Complete Section H [for CASH-FIRSTSM] if Section G [for ASSURED SOLUTIONS GOLD] was not selected.

Section H

[CASH-FIRSTSM]

Applicant A

Applicant B (If selecting Spouse Shared Care Benefit, benefits must be identical to Applicant A)

Cash-FirstSM

Cash-FirstSM

[Standard Cash-FirstSM Benefits:]

- Cash Benefit is [35%] [40%] [50%] of [Basic] Home Health Care Benefit
- Nursing Home Benefit is up to 100% of the Maximum Monthly Benefit (MMB)
- Assisted Living Facility Benefit is up to 50% of the MMB
- [Basic] Home Health Care Benefit is up to 100% of the MMB
- Additional Benefit for Professional Home Health Care is up to 100% of the [Basic] Home Health Care Benefit
- Return of Premium (Less Claims Paid) If Death Occurs Before Age 65
- Additional Benefit for Injury
- 5 Year Rate Guarantee

1 Monthly Cash Benefit/Maximum Monthly Benefit (MMB) Combination (must check one):

- | | |
|---|---|
| <input type="checkbox"/> \$600 Cash Benefit
[\$1,500 MMB] | <input type="checkbox"/> \$800 Cash Benefit
[\$2,000 MMB] |
| <input type="checkbox"/> \$1,000 Cash Benefit
[\$2,500 MMB] | <input type="checkbox"/> \$1,200 Cash Benefit
[\$3,000 MMB] |
| <input type="checkbox"/> \$1,400 Cash Benefit
[\$3,500 MMB] | <input type="checkbox"/> \$1,600 Cash Benefit
[\$4,000 MMB] |
| <input type="checkbox"/> \$1,800 Cash Benefit
[\$4,500 MMB] | <input type="checkbox"/> \$2,000 Cash Benefit
[\$5,000 MMB] |
| <input type="checkbox"/> \$2,200 Cash Benefit
[\$5,500 MMB] | <input type="checkbox"/> \$2,400 Cash Benefit
[\$6,000 MMB] |
| <input type="checkbox"/> \$2,600 Cash Benefit
[\$6,500 MMB] | <input type="checkbox"/> \$2,800 Cash Benefit
[\$7,000 MMB] |
| <input type="checkbox"/> \$3,000 Cash Benefit
[\$7,500 MMB] | <input type="checkbox"/> \$3,200 Cash Benefit
[\$8,000 MMB] |
| <input type="checkbox"/> \$3,400 Cash Benefit
[\$8,500 MMB] | <input type="checkbox"/> \$3,600 Cash Benefit
[\$9,000 MMB] |

1 Monthly Cash Benefit/Maximum Monthly Benefit (MMB) Combination (must check one):

- | | |
|---|---|
| <input type="checkbox"/> \$600 Cash Benefit
[\$1,500 MMB] | <input type="checkbox"/> \$800 Cash Benefit
[\$2,000 MMB] |
| <input type="checkbox"/> \$1,000 Cash Benefit
[\$2,500 MMB] | <input type="checkbox"/> \$1,200 Cash Benefit
[\$3,000 MMB] |
| <input type="checkbox"/> \$1,400 Cash Benefit
[\$3,500 MMB] | <input type="checkbox"/> \$1,600 Cash Benefit
[\$4,000 MMB] |
| <input type="checkbox"/> \$1,800 Cash Benefit
[\$4,500 MMB] | <input type="checkbox"/> \$2,000 Cash Benefit
[\$5,000 MMB] |
| <input type="checkbox"/> \$2,200 Cash Benefit
[\$5,500 MMB] | <input type="checkbox"/> \$2,400 Cash Benefit
[\$6,000 MMB] |
| <input type="checkbox"/> \$2,600 Cash Benefit
[\$6,500 MMB] | <input type="checkbox"/> \$2,800 Cash Benefit
[\$7,000 MMB] |
| <input type="checkbox"/> \$3,000 Cash Benefit
[\$7,500 MMB] | <input type="checkbox"/> \$3,200 Cash Benefit
[\$8,000 MMB] |
| <input type="checkbox"/> \$3,400 Cash Benefit
[\$8,500 MMB] | <input type="checkbox"/> \$3,600 Cash Benefit
[\$9,000 MMB] |

2 Maximum Lifetime Benefit (must enter or check):

\$,
 ((\$50,000-\$500,000) in [\$25,000] increments)

[See 'Reference Grid,' if not selecting Lifetime, for valid Cash Benefit and Maximum Lifetime Benefit combinations.]

[OR]

Lifetime

2 Maximum Lifetime Benefit (must enter or check):

\$,
 ((\$50,000-\$500,000) in [\$25,000] increments)

[See 'Reference Grid,' if not selecting Lifetime, for valid Cash Benefit and Maximum Lifetime Benefit combinations.]

[OR]

Lifetime

3 Calendar Day Elimination Period (must check one):

- | | | |
|---------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 0 Day | <input type="checkbox"/> 30 Day | <input type="checkbox"/> 60 Day |
| <input type="checkbox"/> 90 Day | <input type="checkbox"/> 180 Day | <input type="checkbox"/> 365 Day |

3 Calendar Day Elimination Period (must check one):

- | | | |
|---------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 0 Day | <input type="checkbox"/> 30 Day | <input type="checkbox"/> 60 Day |
| <input type="checkbox"/> 90 Day | <input type="checkbox"/> 180 Day | <input type="checkbox"/> 365 Day |

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Complete Section H for CASH-FIRSTSM if Section G for ASSURED SOLUTIONS GOLD was not selected.

Section H

CASH-FIRSTSM

Applicant A

Applicant B (If selecting Spouse Shared Care Benefit, benefits must be identical to Applicant A)

Cash-FirstSM

Cash-FirstSM

Standard Cash-FirstSM Benefits:

- Cash Benefit is 40% of Basic Home Health Care Benefit
- Nursing Home Benefit is up to 100% of the Maximum Monthly Benefit (MMB)
- Assisted Living Facility Benefit is up to 50% of the MMB
- Basic Home Health Care Benefit is up to 100% of the MMB
- Additional Benefit for Professional Home Health Care is up to 100% of the Basic Home Health Care Benefit
- Return of Premium (Less Claims Paid) If Death Occurs Before Age 65
- Additional Benefit for Injury
- 5 Year Rate Guarantee

1 Monthly Cash Benefit/Maximum Monthly Benefit (MMB)

Combination (must check one):

- | | |
|--|--|
| <input type="checkbox"/> \$600 Cash Benefit
\$1,500 MMB | <input type="checkbox"/> \$800 Cash Benefit
\$2,000 MMB |
| <input type="checkbox"/> \$1,000 Cash Benefit
\$2,500 MMB | <input type="checkbox"/> \$1,200 Cash Benefit
\$3,000 MMB |
| <input type="checkbox"/> \$1,400 Cash Benefit
\$3,500 MMB | <input type="checkbox"/> \$1,600 Cash Benefit
\$4,000 MMB |
| <input type="checkbox"/> \$1,800 Cash Benefit
\$4,500 MMB | <input type="checkbox"/> \$2,000 Cash Benefit
\$5,000 MMB |
| <input type="checkbox"/> \$2,200 Cash Benefit
\$5,500 MMB | <input type="checkbox"/> \$2,400 Cash Benefit
\$6,000 MMB |
| <input type="checkbox"/> \$2,600 Cash Benefit
\$6,500 MMB | <input type="checkbox"/> \$2,800 Cash Benefit
\$7,000 MMB |
| <input type="checkbox"/> \$3,000 Cash Benefit
\$7,500 MMB | <input type="checkbox"/> \$3,200 Cash Benefit
\$8,000 MMB |
| <input type="checkbox"/> \$3,400 Cash Benefit
\$8,500 MMB | <input type="checkbox"/> \$3,600 Cash Benefit
\$9,000 MMB |

1 Monthly Cash Benefit/Maximum Monthly Benefit (MMB)

Combination (must check one):

- | | |
|--|--|
| <input type="checkbox"/> \$600 Cash Benefit
\$1,500 MMB | <input type="checkbox"/> \$800 Cash Benefit
\$2,000 MMB |
| <input type="checkbox"/> \$1,000 Cash Benefit
\$2,500 MMB | <input type="checkbox"/> \$1,200 Cash Benefit
\$3,000 MMB |
| <input type="checkbox"/> \$1,400 Cash Benefit
\$3,500 MMB | <input type="checkbox"/> \$1,600 Cash Benefit
\$4,000 MMB |
| <input type="checkbox"/> \$1,800 Cash Benefit
\$4,500 MMB | <input type="checkbox"/> \$2,000 Cash Benefit
\$5,000 MMB |
| <input type="checkbox"/> \$2,200 Cash Benefit
\$5,500 MMB | <input type="checkbox"/> \$2,400 Cash Benefit
\$6,000 MMB |
| <input type="checkbox"/> \$2,600 Cash Benefit
\$6,500 MMB | <input type="checkbox"/> \$2,800 Cash Benefit
\$7,000 MMB |
| <input type="checkbox"/> \$3,000 Cash Benefit
\$7,500 MMB | <input type="checkbox"/> \$3,200 Cash Benefit
\$8,000 MMB |
| <input type="checkbox"/> \$3,400 Cash Benefit
\$8,500 MMB | <input type="checkbox"/> \$3,600 Cash Benefit
\$9,000 MMB |

2 Maximum Lifetime Benefit (must enter or check):

\$,

(\$50,000-\$500,000 in \$25,000 increments)

See 'Reference Grid,' if not selecting Lifetime, for valid Cash Benefit and Maximum Lifetime Benefit combinations.

OR

Lifetime

2 Maximum Lifetime Benefit (must enter or check):

\$,

(\$50,000-\$500,000 in \$25,000 increments)

See 'Reference Grid,' if not selecting Lifetime, for valid Cash Benefit and Maximum Lifetime Benefit combinations.

OR

Lifetime

3 Calendar Day Elimination Period (must check one):

- | | | |
|---------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 0 Day | <input type="checkbox"/> 30 Day | <input type="checkbox"/> 60 Day |
| <input type="checkbox"/> 90 Day | <input type="checkbox"/> 180 Day | <input type="checkbox"/> 365 Day |

3 Calendar Day Elimination Period (must check one):

- | | | |
|---------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 0 Day | <input type="checkbox"/> 30 Day | <input type="checkbox"/> 60 Day |
| <input type="checkbox"/> 90 Day | <input type="checkbox"/> 180 Day | <input type="checkbox"/> 365 Day |

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Applicant A

Applicant B

4 Inflation Protection:

5% Compound (Lifetime)
(must check "YES" or "NO"):

- YES, I am selecting the 5% Compound Inflation Protection (Lifetime)**
- NO, 5% Compound Inflation Protection (Lifetime) is NOT desired:** I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound [and Simple] Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.

If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:

- 5% Simple (Lifetime)]
- 5% Compound (20 Year)]
- 5% Compound (2 times Maximum Increase)]
- 5% Compound (3 times Maximum Increase)]
- 5% Compound (4 times Maximum Increase)]
- 5% Graded Inflation Percentage for Partnership (5/3/0)]
- 4.5% Compound with Buy Up Option (Lifetime)]
- 4% Compound (Lifetime)]
- 4% Compound with Buy Up Option (Lifetime)]
- 3.5% Compound with Buy Up Option (Lifetime)]
- 3% Compound (Lifetime)]
- 3% Compound with Buy Up Option (Lifetime)]
- 3% Graded Inflation Percentage for Partnership (3/3/0)]
- No Inflation Protection [with Future Purchase Option]]
- No Inflation Protection]

5 Nonforfeiture Benefit – Shortened Benefit Period

(must check "YES" or "NO"):

- YES**
- NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired:** I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.

4 Inflation Protection:

5% Compound (Lifetime)
(must check "YES" or "NO"):

- YES, I am selecting the 5% Compound Inflation Protection (Lifetime)**
- NO, 5% Compound Inflation Protection (Lifetime) is NOT desired:** I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound [and Simple] Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.

If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:

- 5% Simple (Lifetime)]
- 5% Compound (20 Year)]
- 5% Compound (2 times Maximum Increase)]
- 5% Compound (3 times Maximum Increase)]
- 5% Compound (4 times Maximum Increase)]
- 5% Graded Inflation Percentage for Partnership (5/3/0)]
- 4.5% Compound with Buy Up Option (Lifetime)]
- 4% Compound (Lifetime)]
- 4% Compound with Buy Up Option (Lifetime)]
- 3.5% Compound with Buy Up Option (Lifetime)]
- 3% Compound (Lifetime)]
- 3% Compound with Buy Up Option (Lifetime)]
- 3% Graded Inflation Percentage for Partnership (3/3/0)]
- No Inflation Protection [with Future Purchase Option]]
- No Inflation Protection]

5 Nonforfeiture Benefit – Shortened Benefit Period

(must check "YES" or "NO"):

- YES**
- NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired:** I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.

[OPTIONAL BENEFITS FOR CASH-FIRSTSM]

- 6 **Cash Benefit [-] [Increase][Decrease] [to][from] [35%][40%][50%] [to][from] [35%][40%][50%] [of [Basic] Home Health Care Benefit] [(automatically included)]**
[Monthly Cash Benefit [increases][decreases] [to] [from] [35%][40%][50%] of the [Basic] Home Health Care Benefit [to][from] [35%][40%][50%] of the [Basic] Home Health Care Benefit.]

- 6 **Cash Benefit [-] [Increase][Decrease] [to][from] [35%][40%][50%] [to][from] [35%][40%][50%] [of [Basic] Home Health Care Benefit] [(automatically included)]**
[Monthly Cash Benefit [increases][decreases] [to] [from] [35%][40%][50%] of the [Basic] Home Health Care Benefit [to][from] [35%][40%][50%] of the [Basic] Home Health Care Benefit.]

7 Assisted Living Facility Benefit Increase from [50%] of Maximum Monthly Benefit to:

- 60%] 70%] 75%]
- 80%] 100%]

7 Assisted Living Facility Benefit Increase from [50%] of Maximum Monthly Benefit to:

- 60%] 70%] 75%]
- 80%] 100%]

8 Waiver of Elimination Period for Home Health Care Benefit8 Waiver of Elimination Period for Home Health Care Benefit

Applicant A

Applicant B

4 Inflation Protection:

5% Compound (Lifetime)
(must check "YES" or "NO"):

- YES, I am selecting the 5% Compound Inflation Protection (Lifetime)**
- NO, 5% Compound Inflation Protection (Lifetime) is NOT desired:** I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound and Simple Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.

If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:

- 5% Simple (Lifetime)
- 5% Compound (20 Year)
- 5% Compound (2 times Maximum Increase)
- 5% Compound (3 times Maximum Increase)
- 5% Compound (4 times Maximum Increase)
- 4.5% Compound with Buy Up Option (Lifetime)
- 4% Compound with Buy Up Option (Lifetime)
- 3.5% Compound with Buy Up Option (Lifetime)
- 3% Compound with Buy Up Option (Lifetime)
- No Inflation Protection with Future Purchase Option

4 Inflation Protection:

5% Compound (Lifetime)
(must check "YES" or "NO"):

- YES, I am selecting the 5% Compound Inflation Protection (Lifetime)**
- NO, 5% Compound Inflation Protection (Lifetime) is NOT desired:** I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound and Simple Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.

If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:

- 5% Simple (Lifetime)
- 5% Compound (20 Year)
- 5% Compound (2 times Maximum Increase)
- 5% Compound (3 times Maximum Increase)
- 5% Compound (4 times Maximum Increase)
- 4.5% Compound with Buy Up Option (Lifetime)
- 4% Compound with Buy Up Option (Lifetime)
- 3.5% Compound with Buy Up Option (Lifetime)
- 3% Compound with Buy Up Option (Lifetime)
- No Inflation Protection with Future Purchase Option

5 Nonforfeiture Benefit – Shortened Benefit Period
(must check "YES" or "NO"):

- YES**
- NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired:** I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.

5 Nonforfeiture Benefit – Shortened Benefit Period
(must check "YES" or "NO"):

- YES**
- NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired:** I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.

OPTIONAL BENEFITS FOR CASH-FIRSTSM

6 **Cash Benefit Increase from 40% to 50%**
Monthly Cash Benefit increases from 40% of the Basic Home Health Care Benefit to 50% of the Basic Home Health Care Benefit.

6 **Cash Benefit Increase from 40% to 50%**
Monthly Cash Benefit increases from 40% of the Basic Home Health Care Benefit to 50% of the Basic Home Health Care Benefit.

7 Assisted Living Facility Benefit Increase from 50% of Maximum Monthly Benefit to:

- 60% 70% 75%
- 80% 100%

7 Assisted Living Facility Benefit Increase from 50% of Maximum Monthly Benefit to:

- 60% 70% 75%
- 80% 100%

8 **Waiver of Elimination Period for Home Health Care Benefit**

8 **Waiver of Elimination Period for Home Health Care Benefit**

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OPTIONAL BENEFITS FOR CASH-FIRSTSM (continued)

Applicant A

Applicant B

9 Spousal Benefits:
 [The] [Spouse Waiver of Premium,] [Spouse Survivorship Benefit] [and] [Spouse Shared Care Benefit] [are] only available when both Spouses [or Domestic Partners] apply at the same time and both policies are issued.

Spouse Waiver of Premium

Spouse Survivorship Benefit

Spouse Shared Care Benefit

[The Spouse Shared Care Benefit is only available when both policies are issued with identical benefits.]

9

10 Spouse Security Benefit
 Not available for issue ages 70 and older, with other Spousal Benefits or if Spouse [or Domestic Partner] is applying for this coverage.

 Spouse's [or Domestic Partner's] Name

10

11 Restoration of Benefits
 [Not available with Lifetime Benefits.]

11 Restoration of Benefits
 [Not available with Lifetime Benefits.]

12 Additional Benefit for Injury

12 Additional Benefit for Injury

13 [Replace] [Return of Premium If Death Occurs Before Age 65 (Less Claims Paid)] [with][:]

Return of Premium at Death (Less Claims Paid)

[OR]

Full Return of Premium at Death

13 [Replace] [Return of Premium If Death Occurs Before Age 65 (Less Claims Paid)] [with][:]

Return of Premium at Death (Less Claims Paid)

[OR]

Full Return of Premium at Death

14 [Additional] Years of Rate Guarantee (5 years built in):

1 Yr] 2 Yrs] 3 Yrs] 4 Yrs] 5 Yrs]

14 [Additional] Years of Rate Guarantee (5 years built in):

1 Yr] 2 Yrs] 3 Yrs] 4 Yrs] 5 Yrs]

15 Premium Options:
 [(Lifetime Premium is default [if no option chosen])]

Lifetime]

Single Premium]

10-Year Pay]

20-Year Pay]

To-Age-65]

Flex To-Age-85^[SM]

[Select percent of full premium to be paid in the first policy year. Premium will increase each year thereafter until the date shown in the Policy Schedule.*]

50%] 60%] 70%]

75%] 80%] 90%]

[*Patent pending. Uses FIPO, licensed by United of Omaha from Strategic Health Management Corporation.]

15 Premium Options:
 [(Lifetime Premium is default [if no option chosen])]

Lifetime]

Single Premium]

10-Year Pay]

20-Year Pay]

To-Age-65]

Flex To-Age-85^[SM]

[Select percent of full premium to be paid in the first policy year. Premium will increase each year thereafter until the date shown in the Policy Schedule.*]

50%] 60%] 70%]

75%] 80%] 90%]

[*Patent pending. Uses FIPO, licensed by United of Omaha from Strategic Health Management Corporation.]

Continue to Section I

OPTIONAL BENEFITS FOR CASH-FIRSTSM (continued)

Applicant A

Applicant B

9 Spousal Benefits:
 The **Spouse Waiver of Premium, Spouse Survivorship Benefit** and **Spouse Shared Care Benefit** are only available when both Spouses or Domestic Partners apply at the same time and both policies are issued.

Spouse Waiver of Premium

Spouse Survivorship Benefit

Spouse Shared Care Benefit
 The **Spouse Shared Care Benefit** is only available when both policies are issued with identical benefits.

9

10 **Spouse Security Benefit**
 Not available for issue ages 70 and older, with other Spousal Benefits or if Spouse or Domestic Partner is applying for this coverage.

 Spouse's or Domestic Partner's Name

10

11 **Restoration of Benefits**
 Not available with Lifetime Benefits.

11 **Restoration of Benefits**
 Not available with Lifetime Benefits.

12 Replace Return of Premium If Death Occurs Before Age 65 (Less Claims Paid) with:

Return of Premium at Death (Less Claims Paid)
OR
 Full Return of Premium at Death

12 Replace Return of Premium If Death Occurs Before Age 65 (Less Claims Paid) with:

Return of Premium at Death (Less Claims Paid)
OR
 Full Return of Premium at Death

13 Additional Years of Rate Guarantee (5 years built in):

1 Yr 2 Yrs 3 Yrs 4 Yrs 5 Yrs

13 Additional Years of Rate Guarantee (5 years built in):

1 Yr 2 Yrs 3 Yrs 4 Yrs 5 Yrs

14 Premium Options:
 (Lifetime Premium is default if no option chosen)

Single Premium

10-Year Pay

20-Year Pay

To-Age-65

Flex To-Age-85SM
 Select percent of full premium to be paid in the first policy year. Premium will increase each year thereafter until the date shown in the Policy Schedule.

70% 80% 90%

14 Premium Options:
 (Lifetime Premium is default if no option chosen)

Single Premium

10-Year Pay

20-Year Pay

To-Age-65

Flex To-Age-85SM
 Select percent of full premium to be paid in the first policy year. Premium will increase each year thereafter until the date shown in the Policy Schedule.

70% 80% 90%

Continue to Section I

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Section I

PREMIUM INFORMATION

Applicant A

Applicant B

1 Premium Amount:

Modal Premium: \$ _____

Premium Collected: \$ _____
[- [Two] Months Minimum]

1 Premium Amount:

Modal Premium: \$ _____

Premium Collected: \$ _____
[- [Two] Months Minimum]

2 Recurring Premium Mode (check one [unless Single Premium]):

2 Recurring Premium Mode (check one [unless Single Premium]):

Monthly Automatic Checking Account (.09) [or Credit Card] Deduction

Specify the date premiums will be withdrawn (1st through the 28th of the month): _____

Bank Name _____

Routing Number

_____|_____|_____|_____|_____|_____|_____|_____|

Account Number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

[[Or] include a voided check.])

[Or Type of Credit Card: Master Card VISA]

[Name on Card] _____

[Credit Card Number] _____ [Expiration] _____

Monthly Automatic Checking Account (.09) [or Credit Card] Deduction

Specify the date premiums will be withdrawn (1st through the 28th of the month): _____

Bank Name _____

Routing Number

_____|_____|_____|_____|_____|_____|_____|_____|

Account Number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

[[Or] include a voided check.])

[Or Type of Credit Card: Master Card VISA]

[Name on Card] _____

[Credit Card Number] _____ [Expiration] _____

Authorization to Withdraw Funds by United of Omaha Life Insurance Company

I authorize United of Omaha Life Insurance Company (United of Omaha) to withdraw funds from my account [or Credit Card] for my initial and/or renewal premiums and understand that the amounts may differ. I also authorize United of Omaha to collect any premium(s) due by bank draft withdrawal [or Credit Card]. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize you, my financial institution, to pay from my account [or Credit Card] any checks, drafts or preauthorized electronic fund transfers from my account [or Credit Card] to United of Omaha. Your rights with each charge will be the same as if personally paid by me. This authorization will be effective until I give you at least three business days' notice to cancel it. If notice is given verbally, you may require written confirmation from me within 14 days after my verbal notice.



X

Signature of Applicant A Date



X

Signature of Applicant B Date

Direct Bill:

Quarterly (.26) Semiannual (.51) Annual (1.0)

Billing Address for Premium Notices
(if different from page 1):

Name

Street Address, Apartment Number

City, State, ZIP Code

List Bill] [- Applicable Only with [Sponsored] [or] [Association] Group Sales]
[Provide Association Service Group Number _____]

Direct Bill:

Quarterly (.26) Semiannual (.51) Annual (1.0)

Billing Address for Premium Notices
(if different from page 1):

Name

Street Address, Apartment Number

City, State, ZIP Code

List Bill] [- Applicable Only with [Sponsored] [or] [Association] Group Sales]
[Provide Association Service Group Number _____]

3 Select Effective Date:

Date of Application]

Date Policy is Issued]

For Replacements Only, Requested Effective Date of Coverage _____
(up to [60] days from application date)]

3 Select Effective Date:

Date of Application]

Date Policy is Issued]

For Replacements Only, Requested Effective Date of Coverage _____
(up to [60] days from application date)]

Section J

NOTICE BEFORE LAPSE OR TERMINATION

Please check the applicable box and complete the requested information. You may want to consider designating someone other than a Spouse [or Domestic Partner].

Applicant A

- I wish to designate an additional person to receive notice of lapse or termination of the policy due to nonpayment of premium.

Name (Print full name of other person to receive notice of lapse or termination)

Street Address, Apartment Number

City, State, ZIP Code

Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid.

OR

- I elect NOT to designate any person to receive such notice.

Applicant B

- I wish to designate an additional person to receive notice of lapse or termination of the policy due to nonpayment of premium.

(If Different than Applicant A)

Name (Print full name of other person to receive notice of lapse or termination)

Street Address, Apartment Number

City, State, ZIP Code

Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid.

OR

- I elect NOT to designate any person to receive such notice.

1. The undersigned applicant agrees that (a) all answers in this application are true and complete and United of Omaha Life Insurance Company will rely on these answers to determine insurability, and (b) incorrect or misleading answers may void this application and any policy issued from its effective date.
2. Applicant acknowledges that United of Omaha Life Insurance Company may require: an Attending Physician’s Statement, medical records, an underwriting assessment, a medical examination, or other information.
3. Applicant agrees that United of Omaha Life Insurance Company will not issue a policy as a result of this application unless (a) the insurance applicant completes all medical examinations and tests required by United of Omaha Life Insurance Company, (b) United of Omaha Life Insurance Company receives any additional information requested for underwriting (such as Personal Worksheet, Personal Health Interview, or Attending Physician’s Statement), and (c) the insurance applicant is, as of the policy application date, determined to be eligible for the exact insurance coverage applied for, or the insurance applicant has subsequently accepted an offer by United of Omaha Life Insurance Company for coverage other than as applied for, according to the underwriting standards of United of Omaha Life Insurance Company then in force.
4. Applicant agrees that there is no temporary or interim insurance prior to policy issuance. If the Applicant has made an advance premium payment, Applicant agrees to the terms and conditions of the Conditional Receipt. Applicant agrees that completing this application or making an advance premium payment is not a guarantee that this application will be approved. If approved, the issued policy will indicate its effective date. Applicant acknowledges that if his or her application is declined, the long-term care coverage applied for will not become effective and any advance premium payment submitted with the application will be refunded to Applicant, without interest.
5. Applicant acknowledges that no Producer can (a) waive or change any receipt or policy provision, or (b) agree to issue a policy.
6. Applicant acknowledges receipt of an Outline of Coverage, Shopper’s Guide to Long-Term Care Insurance, Potential Rate Increase Disclosure Form and, if applicable, *Guide to Health Insurance for People with Medicare*.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Caution: If your answers on this application are incorrect or untrue, United of Omaha Life Insurance Company has the right to deny benefits or rescind your policy.

I have read and understand this Agreements and Acknowledgements Section, including the Fraud Warning and I approve all my answers as recorded in this application.

Signed at _____ City State X Signature of Applicant A Date	Signed at _____ City State X Signature of Applicant B Date
--	--

I/We, the Producer(s) certify that each question was asked exactly as written and I/we have recorded the answers provided by the Applicant(s) completely and accurately. I/We also agree that my/our answers in this application are true and complete.

Yes No (If “No,” please explain) _____

X
 Signature of Licensed Producer(s)

Section A**GENERAL INFORMATION (continued)****Applicant A****Applicant B****6 Social Security Number:**

□	□	□	—	□	□	—	□	□	□	□
---	---	---	---	---	---	---	---	---	---	---

6 Social Security Number:

□	□	□	—	□	□	—	□	□	□	□
---	---	---	---	---	---	---	---	---	---	---

7 Are you actively at work[*]
30 hours per week or more?

Yes **No**

Name of your Employer

7 Are you actively at work[*]
30 hours per week or more?

Yes **No**

Name of your Employer

[* Actively at work shall mean you are an employee whom, on the date of this application and throughout the prior six months (1) is age 18 to 64, (2) is and has been currently paid by the employer, (3) is and has been regularly scheduled to work at least 30 hours per week, (4) is not and has not been on an authorized absence due to illness, injury, or on leave without pay, and (5) is and has been performing the material and substantial duties of your job at your place of your employment or an alternative work site designated by your employer. In addition, if you work from home, you are considered actively at work if on the date of this application and throughout the prior six months you are not and have not been hospital confined or disabled to a degree that you could not have performed the material and substantial duties of your job at least 30 hours per week at the employer's usual place of business.]

Applicant A**Applicant B****8 If Applicant A is Employee:**

Date of Hire □□/□□/□□□□

If Returning from Leave
Date of Return □□/□□/□□□□

8 If Applicant B is Employee:

Date of Hire □□/□□/□□□□

If Returning from Leave
Date of Return □□/□□/□□□□

9 Occupation and Duties:

Occupation

Occupational Duties

9 Occupation and Duties:

Occupation

Occupational Duties

10 U.S. Citizenship:

Are you a citizen of the United States? Yes No

If **"No,"** do you have a Permanent Resident Card – Form I-551 (also known as an "Alien Registration Receipt Card" or "Green Card")?

Yes. Card Number _____

and Date of Arrival in the U.S. _____

No. You are not eligible for this coverage.

10 U.S. Citizenship:

Are you a citizen of the United States? Yes No

If **"No,"** do you have a Permanent Resident Card – Form I-551 (also known as an "Alien Registration Receipt Card" or "Green Card")?

Yes. Card Number _____

and Date of Arrival in the U.S. _____

No. You are not eligible for this coverage.

11 Beneficiary:

First Name, Middle Initial, Last Name

Number, Street, Apartment Number

City, State, ZIP Code

Relationship to you

11 Beneficiary (If Different than Applicant A):

First Name, Middle Initial, Last Name

Number, Street, Apartment Number

City, State, ZIP Code

Relationship to you

Section B

ALLOWANCES

You may be eligible for allowances based on your answers to the following questions in this Section B.

1 Are you married?

[Do you have a Domestic Partner?

If “No,” go to question 2. If “Yes,”:

(a) Is your Spouse [or Domestic Partner] also applying for this coverage?

If “Yes,” provide name

(b) Does he/she have an existing United of Omaha Life Insurance Company or Mutual of Omaha Insurance Company long-term care policy/certificate?.....

If “Yes,” provide existing long-term care policy/certificate number(s)

2 Are you single and have you been continuously residing with another person for the last 12 months and are they also applying for this coverage?

If “Yes,” provide name

Applicant A

Yes No

.....

.....

.....

Applicant B

Yes No

.....

.....

.....

Section C

REPLACEMENT COVERAGE

Provide Replacement Coverage Information.

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

If any question 1-4 was answered "Yes," in the above Section C, please provide details in C5 below.
(Attach additional signed page(s) if more space is needed.)

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

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

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

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

Section D Complete for MODIFIED GUARANTEED, SIMPLIFIED or FULL UNDERWRITING

• If you answer “**YES**” to questions in this section, do not continue. We will be unable to offer you Long-Term Care coverage.

• If you answer “**NO**” to questions in this section and are in the **Modified Guaranteed Underwriting program, SKIP to Section G.**

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

Section E Complete for SIMPLIFIED or FULL UNDERWRITING

• If you answer “**YES**” to questions in this section, do not continue. We will be unable to offer you Long-Term Care coverage.

• If you answer “**NO**” to questions in this section and are in the **Simplified Underwriting program, SKIP to Section G.**

	Applicant A		Applicant B	
	Yes	No	Yes	No
1 Within the past 6 months have you been confined to, or been advised to have, any of the following: • residential care, assisted living or adult day care facility services • nursing home or home health care services • physical, occupational or speech therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you ever had, been diagnosed as having, or received medical advice or medical care from a physician or health care provider for any of the following: • Alzheimer’s Disease • Amyotrophic Lateral Sclerosis (ALS) • Chronic Hepatitis • Dementia • Huntington’s Chorea • Cirrhosis • Memory Loss • Kidney Failure or received Dialysis • Myasthenia Gravis • Mental Retardation • Parkinson’s Disease • Paralysis • Schizophrenia • Multiple Sclerosis • Scleroderma • Psychosis • Muscular Dystrophy • Systemic Lupus • Organ Transplant • Ministroke or Transient Ischemic Attack (TIA) in the past year, single episode stroke in the past 2 years, two or more strokes or TIAs, or you have not fully recovered or continue to have weakness, decreased sensation or loss of function from a stroke or TIA • Diabetes and currently taking more than 50 units of insulin daily, or with peripheral neuropathy, numbness, tingling or decreased sensation in your feet, retinopathy or history of a stroke, ministroke or a TIA • Cancer (except basal or squamous cell skin cancers, or stage I/A bladder, thyroid, breast or prostate cancers) in the past 2 years • Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Chronic Bronchitis and have used tobacco in the past year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) Infection (symptomatic or asymptomatic)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section F

Complete for FULL UNDERWRITING

Applicant A

1 Provide the name, address and phone number of your primary care physician:

Primary Care Name

Address

City, State, ZIP Code

Phone Number

2 Date & Reason for Last Visit:

Applicant B

1 Provide the name, address and phone number of your primary care physician *(If Different than Applicant A)*:

Primary Care Name

Address

City, State, ZIP Code

Phone Number

2 Date & Reason for Last Visit:

3 Are you taking or have you taken any prescription medication(s) within the past 12 months, or are you currently taking any over-the-counter medication(s) on a weekly basis or more frequently?...

If **“Yes,”** please list below all the medication name(s) using pharmacy label, dosage/frequency and reason prescribed. (Attach additional signed page(s) if more space is needed.)

Applicant A

Yes

No

Applicant B

Yes

No

Applicant A

Medication Name

Dosage/Frequency

Disease/Disorder/Condition

Medication Name

Dosage/Frequency

Disease/Disorder/Condition

Medication Name

Dosage/Frequency

Disease/Disorder/Condition

Applicant B

Medication Name

Dosage/Frequency

Disease/Disorder/Condition

Medication Name

Dosage/Frequency

Disease/Disorder/Condition

Medication Name

Dosage/Frequency

Disease/Disorder/Condition

Section F

Complete for FULL UNDERWRITING (continued)

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

Section F

Complete for FULL UNDERWRITING (continued)

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

Applicant A

Disease/Disorder/Condition

Date of Occurrence

Date of Last Visit

Physician/Facility Name

Address

City, State, ZIP Code

Phone Number

Disease/Disorder/Condition

Date of Occurrence

Date of Last Visit

Physician/Facility Name

Address

City, State, ZIP Code

Phone Number

Disease/Disorder/Condition

Date of Occurrence

Date of Last Visit

Physician/Facility Name

Address

City, State, ZIP Code

Phone Number

Applicant B

Disease/Disorder/Condition

Date of Occurrence

Date of Last Visit

Physician/Facility Name

Address

City, State, ZIP Code

Phone Number

Disease/Disorder/Condition

Date of Occurrence

Date of Last Visit

Physician/Facility Name

Address

City, State, ZIP Code

Phone Number

Disease/Disorder/Condition

Date of Occurrence

Date of Last Visit

Physician/Facility Name

Address

City, State, ZIP Code

Phone Number

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

Applicant A

Applicant B (If selecting Spouse Shared Care Benefit, benefits must be identical to Applicant A)

[Standard Base, Bronze, Silver, Gold and Platinum Package Benefits:]

- [Nursing Home,] [Assisted Living Facility] and [Basic] [Home Health Care] Benefits are each up to 100% of the Maximum Monthly Benefit (MMB)
- Additional Benefit for Professional Home Health Care is up to 100% of the [Basic] Home Health Care Benefit
- Cash Benefit is [35%] [40%] [50%] of [Basic] Home Health Care Benefit
- 90 Calendar Day Elimination Period
- Additional Benefit for Injury
- 5 Year Rate Guarantee
- Lifetime Premium

1 Select a Benefit Package and Maximum Monthly Benefit (MMB):

- Base] Bronze] Silver] Gold] Platinum]
 [\$50,000-\$250,000] Maximum Lifetime Benefit]
 [/] [\$1,500-\$9,000] [MMB]

1 Select a Benefit Package and Maximum Monthly Benefit (MMB):

- Base] Bronze] Silver] Gold] Platinum]
 [\$50,000-\$250,000] Maximum Lifetime Benefit]
 [/] [\$1,500-\$9,000] [MMB]

Section G BASE, BRONZE, SILVER, GOLD AND PLATINUM PACKAGES (continued)

Applicant A

Applicant B

2 Inflation Protection:

5% Compound (Lifetime)
 (must check "YES" or "NO"):

- YES, I am selecting the 5% Compound Inflation Protection (Lifetime)**
- NO, 5% Compound Inflation Protection (Lifetime) is NOT desired:** I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound [and Simple] Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.

If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:

- 5% Simple (Lifetime)
- 5% Compound (20 Year)
- 5% Compound (2 times Maximum Increase)
- 5% Compound (3 times Maximum Increase)
- 5% Compound (4 times Maximum Increase)
- 5% Graded Inflation Percentage for Partnership (5/3/0)
- 4.5% Compound with Buy Up Option (Lifetime)
- 4% Compound (Lifetime)
- 4% Compound with Buy Up Option (Lifetime)
- 3.5% Compound with Buy Up Option (Lifetime)
- 3% Compound (Lifetime)
- 3% Compound with Buy Up Option (Lifetime)
- 3% Graded Inflation Percentage for Partnership (3/3/0)
- No Inflation Protection [with Future Purchase Option]
- No Inflation Protection

2 Inflation Protection:

5% Compound (Lifetime)
 (must check "YES" or "NO"):

- YES, I am selecting the 5% Compound Inflation Protection (Lifetime)**
- NO, 5% Compound Inflation Protection (Lifetime) is NOT desired:** I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound [and Simple] Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.

If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:

- 5% Simple (Lifetime)
- 5% Compound (20 Year)
- 5% Compound (2 times Maximum Increase)
- 5% Compound (3 times Maximum Increase)
- 5% Compound (4 times Maximum Increase)
- 5% Graded Inflation Percentage for Partnership (5/3/0)
- 4.5% Compound with Buy Up Option (Lifetime)
- 4% Compound (Lifetime)
- 4% Compound with Buy Up Option (Lifetime)
- 3.5% Compound with Buy Up Option (Lifetime)
- 3% Compound (Lifetime)
- 3% Compound with Buy Up Option (Lifetime)
- 3% Graded Inflation Percentage for Partnership (3/3/0)
- No Inflation Protection [with Future Purchase Option]
- No Inflation Protection

3 Nonforfeiture Benefit – Shortened Benefit Period

(must check "YES" or "NO"):

- YES**
- NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired:** I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.

3 Nonforfeiture Benefit – Shortened Benefit Period

(must check "YES" or "NO"):

- YES**
- NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired:** I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.

[OPTIONAL BENEFIT] [S] [FOR] [BASE,] [BRONZE,] [SILVER,] [GOLD] [OR] [PLATINUM] [PACKAGES]

Applicant A

Applicant B

4 Spouse Shared Care Benefit

Only available when both Spouses [or Domestic Partners] apply at the same time and both policies are issued with identical benefits.

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

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

Applicant A

Applicant B (If selecting Spouse Shared Care Benefit, benefits must be identical to Applicant A)

Standard Base, Bronze, Silver, Gold and Platinum Package Benefits:

- Nursing Home, Assisted Living Facility and Home Health Care Benefits are each up to 100% of the Maximum Monthly Benefit (MMB)
- Cash Benefit is 40% of Home Health Care Benefit
- 90 Calendar Day Elimination Period
- Additional Benefit for Injury
- 5 Year Rate Guarantee
- Lifetime Premium

1 Select a Benefit Package and Maximum Monthly Benefit (MMB):

- Base**
\$50,000 Maximum Lifetime Benefit/\$2,000 MMB
- Bronze**
\$100,000 Maximum Lifetime Benefit/\$3,000 MMB
- Silver**
\$150,000 Maximum Lifetime Benefit/\$4,000 MMB
- Gold**
\$200,000 Maximum Lifetime Benefit/\$5,000 MMB
- Platinum**
\$250,000 Maximum Lifetime Benefit/\$6,000 MMB

1 Select a Benefit Package and Maximum Monthly Benefit (MMB):

- Base**
\$50,000 Maximum Lifetime Benefit/\$2,000 MMB
- Bronze**
\$100,000 Maximum Lifetime Benefit/\$3,000 MMB
- Silver**
\$150,000 Maximum Lifetime Benefit/\$4,000 MMB
- Gold**
\$200,000 Maximum Lifetime Benefit/\$5,000 MMB
- Platinum**
\$250,000 Maximum Lifetime Benefit/\$6,000 MMB

2 Inflation Protection:

5% Compound (Lifetime)
(must check "YES" or "NO"):

- YES, I am selecting the 5% Compound Inflation Protection (Lifetime)**
- NO, 5% Compound Inflation Protection (Lifetime) is NOT desired:** I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound and Simple Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.

If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:

- 4.5% Compound with Buy Up Option (Lifetime)
- 4% Compound with Buy Up Option (Lifetime)
- 3.5% Compound with Buy Up Option (Lifetime)
- 3% Compound with Buy Up Option (Lifetime)
- No Inflation Protection

2 Inflation Protection:

5% Compound (Lifetime)
(must check "YES" or "NO"):

- YES, I am selecting the 5% Compound Inflation Protection (Lifetime)**
- NO, 5% Compound Inflation Protection (Lifetime) is NOT desired:** I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound and Simple Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.

If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:

- 4.5% Compound with Buy Up Option (Lifetime)
- 4% Compound with Buy Up Option (Lifetime)
- 3.5% Compound with Buy Up Option (Lifetime)
- 3% Compound with Buy Up Option (Lifetime)
- No Inflation Protection

3 Nonforfeiture Benefit – Shortened Benefit Period

(must check "YES" or "NO"):

- YES**
- NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired:** I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.

3 Nonforfeiture Benefit – Shortened Benefit Period

(must check "YES" or "NO"):

- YES**
- NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired:** I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.

OPTIONAL BENEFIT FOR BASE, BRONZE, SILVER, GOLD OR PLATINUM PACKAGES

Applicant A

Applicant B

4 **Spouse Shared Care Benefit**
Only available when both Spouses or Domestic Partners apply at the same time and both policies are issued with identical benefits.

4

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

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Note to DOI: This page shows our intent to initially market on printed version.

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

Section H

[FLEX]

Applicant A

Applicant B (If selecting Spouse Shared Care Benefit, benefits must be identical to Applicant A)

Flex

Flex

Standard [Flex] Benefits:

- [Nursing Home,] [Assisted Living Facility] and [Basic] [Home Health Care] Benefits are each up to 100% of the Maximum Monthly Benefit (MMB)
- Additional Benefit for Professional Home Health Care is up to 100% of the [Basic] Home Health Care Benefit
- Cash Benefit is [35%] [40%] [50%] of [Basic] Home Health Care Benefit
- Additional Benefit for Injury
- 5 Year Rate Guarantee

1 Maximum Monthly Benefit (MMB) (must enter):

\$, per month
 ((\$1,500-\$15,000) in [\$500] increments)

1 Maximum Monthly Benefit (MMB) (must enter):

\$, per month
 ((\$1,500-\$15,000) in [\$500] increments)

2 Maximum Lifetime Benefit (must enter or check):

\$,
 ((\$50,000-\$500,000) in [\$25,000] increments)

[OR]

Lifetime

2 Maximum Lifetime Benefit (must enter or check):

\$,
 ((\$50,000-\$500,000) in [\$25,000] increments)

[OR]

Lifetime

2 Maximum Lifetime Benefit = number of months selected x MMB (must check one):

- 2 Year (24 months)
- 3 Year (36 months)
- 4 Year (48 months)
- 5 Year (60 months)
- 6 Year (72 months)
- 8 Year (96 months)
- Lifetime

2 Maximum Lifetime Benefit = number of months selected x MMB (must check one):

- 2 Year (24 months)
- 3 Year (36 months)
- 4 Year (48 months)
- 5 Year (60 months)
- 6 Year (72 months)
- 8 Year (96 months)
- Lifetime

3 Calendar Day Elimination Period (must check one):

- 0 Day
- 30 Day
- 60 Day
- 90 Day
- 180 Day
- 365 Day

3 Calendar Day Elimination Period (must check one):

- 0 Day
- 30 Day
- 60 Day
- 90 Day
- 180 Day
- 365 Day

4 Inflation Protection:

5% Compound (Lifetime)

(must check "YES" or "NO"):

- YES, I am selecting the 5% Compound Inflation Protection (Lifetime)**
- NO, 5% Compound Inflation Protection (Lifetime) is NOT desired:** I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound [and Simple] Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.

If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:

- 5% Simple (Lifetime)
- 5% Compound (20 Year)
- 5% Compound (2 times Maximum Increase)
- 5% Compound (3 times Maximum Increase)
- 5% Compound (4 times Maximum Increase)
- 5% Graded Inflation Percentage for Partnership (5/3/0)
- 4.5% Compound with Buy Up Option (Lifetime)
- 4% Compound (Lifetime)
- 4% Compound with Buy Up Option (Lifetime)
- 3.5% Compound with Buy Up Option (Lifetime)
- 3% Compound (Lifetime)
- 3% Compound with Buy Up Option (Lifetime)
- 3% Graded Inflation Percentage for Partnership (3/3/0)
- No Inflation Protection [with Future Purchase Option]
- No Inflation Protection

4 Inflation Protection:

5% Compound (Lifetime)

(must check "YES" or "NO"):

- YES, I am selecting the 5% Compound Inflation Protection (Lifetime)**
- NO, 5% Compound Inflation Protection (Lifetime) is NOT desired:** I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound [and Simple] Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.

If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:

- 5% Simple (Lifetime)
- 5% Compound (20 Year)
- 5% Compound (2 times Maximum Increase)
- 5% Compound (3 times Maximum Increase)
- 5% Compound (4 times Maximum Increase)
- 5% Graded Inflation Percentage for Partnership (5/3/0)
- 4.5% Compound with Buy Up Option (Lifetime)
- 4% Compound (Lifetime)
- 4% Compound with Buy Up Option (Lifetime)
- 3.5% Compound with Buy Up Option (Lifetime)
- 3% Compound (Lifetime)
- 3% Compound with Buy Up Option (Lifetime)
- 3% Graded Inflation Percentage for Partnership (3/3/0)
- No Inflation Protection [with Future Purchase Option]
- No Inflation Protection

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

Section H	FLEX
Applicant A	Applicant B (If selecting Spouse Shared Care Benefit, benefits must be identical to Applicant A)
<input type="checkbox"/> Flex	<input type="checkbox"/> Flex

Standard Flex Name Benefits:

- Nursing Home, Assisted Living Facility and Home Health Care Benefits are each up to 100% of the Maximum Monthly Benefit (MMB)
- Cash Benefit is 40% of Home Health Care Benefit
- Additional Benefit for Injury
- 5 Year Rate Guarantee

<p>1 Maximum Monthly Benefit (MMB) (must enter):</p> <p>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> per month (\$1,500-\$15,000 in \$500 increments)</p> <p>2 Maximum Lifetime Benefit (must enter or check):</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> (\$50,000-\$500,000 in \$25,000 increments)</p> <p>OR</p> <p><input type="checkbox"/> Lifetime</p> <p>3 Calendar Day Elimination Period (must check one):</p> <p><input type="checkbox"/> 90 Day <input type="checkbox"/> 180 Day <input type="checkbox"/> 365 Day</p> <p>4 Inflation Protection:</p> <p>5% Compound (Lifetime) (must check "YES" or "NO"):</p> <p><input type="checkbox"/> YES, I am selecting the 5% Compound Inflation Protection (Lifetime)</p> <p><input type="checkbox"/> NO, 5% Compound Inflation Protection (Lifetime) is NOT desired: I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound and Simple Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.</p> <p>If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:</p> <p><input type="checkbox"/> 5% Simple (Lifetime)</p> <p><input type="checkbox"/> 5% Compound (2 times Maximum Increase)</p> <p><input type="checkbox"/> 5% Compound (3 times Maximum Increase)</p> <p><input type="checkbox"/> 5% Compound (4 times Maximum Increase)</p> <p><input type="checkbox"/> 4.5% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 4% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 3.5% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 3% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> No Inflation Protection</p>	<p>1 Maximum Monthly Benefit (MMB) (must enter):</p> <p>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> per month (\$1,500-\$15,000 in \$500 increments)</p> <p>2 Maximum Lifetime Benefit (must enter or check):</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> (\$50,000-\$500,000 in \$25,000 increments)</p> <p>OR</p> <p><input type="checkbox"/> Lifetime</p> <p>3 Calendar Day Elimination Period (must check one):</p> <p><input type="checkbox"/> 90 Day <input type="checkbox"/> 180 Day <input type="checkbox"/> 365 Day</p> <p>4 Inflation Protection:</p> <p>5% Compound (Lifetime) (must check "YES" or "NO"):</p> <p><input type="checkbox"/> YES, I am selecting the 5% Compound Inflation Protection (Lifetime)</p> <p><input type="checkbox"/> NO, 5% Compound Inflation Protection (Lifetime) is NOT desired: I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the 5% Compound Inflation Protection (Lifetime) option. Specifically, I have reviewed the option for Compound and Simple Inflation increases, and I reject the 5% Compound Inflation Protection (Lifetime) option.</p> <p>If you selected "NO" to the 5% Compound (Lifetime), check one Inflation Option below:</p> <p><input type="checkbox"/> 5% Simple (Lifetime)</p> <p><input type="checkbox"/> 5% Compound (2 times Maximum Increase)</p> <p><input type="checkbox"/> 5% Compound (3 times Maximum Increase)</p> <p><input type="checkbox"/> 5% Compound (4 times Maximum Increase)</p> <p><input type="checkbox"/> 4.5% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 4% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 3.5% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> 3% Compound with Buy Up Option (Lifetime)</p> <p><input type="checkbox"/> No Inflation Protection</p>
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Applicant A

Applicant B

5 Nonforfeiture Benefit – Shortened Benefit Period

(must check “YES” or “NO”):

- YES**
- NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired:** I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.

5 Nonforfeiture Benefit – Shortened Benefit Period

(must check “YES” or “NO”):

- YES**
- NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired:** I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.

[OPTIONAL BENEFITS FOR FLEX]

Applicant A

Applicant B

6 Assisted Living Facility Benefit Reduced from [100%] of Maximum Monthly Benefit to:

- 80% 75% 70%
- 60% 50%

6 Assisted Living Facility Benefit Reduced from [100%] of Maximum Monthly Benefit to:

- 80% 75% 70%
- 60% 50%

7 [Basic] Home Health Care Benefit Reduced from [100%] of Maximum Monthly Benefit to:

- 75% 50%

7 [Basic] Home Health Care Benefit Reduced from [100%] of Maximum Monthly Benefit to:

- 75% 50%

8 Waiver of Elimination Period for Home Health Care Benefit

8 Waiver of Elimination Period for Home Health Care Benefit

9 Cash Benefit [-] [Increase][Decrease] [to][from] [35%][40%][50%] [to][from] [35%][40%][50%] [of [Basic] Home Health Care Benefit] [(automatically included)]
 [Monthly Cash Benefit [increases][decreases] [to] [from] [35%][40%][50%] of the [Basic] Home Health Care Benefit [to][from] [35%][40%][50%] of the [Basic] Home Health Care Benefit.]

9 Cash Benefit [-] [Increase][Decrease] [to][from] [35%][40%][50%] [to][from] [35%][40%][50%] [of [Basic] Home Health Care Benefit] [(automatically included)]
 [Monthly Cash Benefit [increases][decreases] [to][from] [35%][40%][50%] of the [Basic] Home Health Care Benefit [to][from] [35%][40%][50%] of the [Basic] Home Health Care Benefit.]

10 Spousal Benefits:

[The] [Spouse Waiver of Premium,] [Spouse Survivorship Benefit] [and] [Spouse Shared Care Benefit] [are] only available when both Spouses [or Domestic Partners] apply at the same time and both policies are issued.

- Spouse Waiver of Premium**
- Spouse Survivorship Benefit**
- Spouse Shared Care Benefit**

[The **Spouse Shared Care Benefit** is only available when both policies are issued with identical benefits.]

10

11 Spouse Security Benefit

Not available for issue ages 70 and older, with other Spousal Benefits or if Spouse [or Domestic Partner] is applying for this coverage.

Spouse’s [or Domestic Partner’s] Name _____

11

12 Restoration of Benefits

[Not available with Lifetime Benefits.]

12 Restoration of Benefits

[Not available with Lifetime Benefits.]

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Section H FLEX (continued)

Applicant A

5 Nonforfeiture Benefit – Shortened Benefit Period
(must check “YES” or “NO”):

YES

NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired: I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.

Applicant B

5 Nonforfeiture Benefit – Shortened Benefit Period
(must check “YES” or “NO”):

YES

NO, Nonforfeiture Benefit – Shortened Benefit Period option is NOT desired: I have reviewed the Outline of Coverage and compared the benefits and premiums of this policy with and without the Nonforfeiture Option(s) that have been made available and I reject the Nonforfeiture Benefit – Shortened Benefit Period option that is available.

OPTIONAL BENEFITS FOR FLEX

Applicant A

6 Assisted Living Facility Benefit Reduced from 100% of Maximum Monthly Benefit to:

80% 75% 70%

60% 50%

7 Home Health Care Benefit Reduced from 100% of Maximum Monthly Benefit to:

75% 50%

8 Waiver of Elimination Period for Home Health Care Benefit

9 Cash Benefit Increase from 40% to 50%
Monthly Cash Benefit increases from 40% of the Home Health Care Benefit to 50% of the Home Health Care Benefit.

10 Spousal Benefits:
The **Spouse Waiver of Premium, Spouse Survivorship Benefit** and **Spouse Shared Care Benefit** are only available when both Spouses or Domestic Partners apply at the same time and both policies are issued.

Spouse Waiver of Premium

Spouse Survivorship Benefit

Spouse Shared Care Benefit
The **Spouse Shared Care Benefit** is only available when both policies are issued with identical benefits.

11 Spouse Security Benefit
Not available for issue ages 70 and older, with other Spousal Benefits or if Spouse or Domestic Partner is applying for this coverage.

Spouse’s or Domestic Partner’s Name

12 Restoration of Benefits
Not available with Lifetime Benefits.

Applicant B

6 Assisted Living Facility Benefit Reduced from 100% of Maximum Monthly Benefit to:

80% 75% 70%

60% 50%

7 Home Health Care Benefit Reduced from 100% of Maximum Monthly Benefit to:

75% 50%

8 Waiver of Elimination Period for Home Health Care Benefit

9 Cash Benefit Increase from 40% to 50%
Monthly Cash Benefit increases from 40% of the Home Health Care Benefit to 50% of the Home Health Care Benefit.

10

11

12 Restoration of Benefits
Not available with Lifetime Benefits.

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OPTIONAL BENEFITS FOR [FLEX] (continued)

Applicant A

Applicant B

13 Return of Premium at Death Benefit:

Return of Premium (Less Claims Paid) If Death Occurs Before Age 65]

[OR]

Return of Premium at Death (Less Claims Paid)]

[OR]

Full Return of Premium at Death]

13 Return of Premium at Death Benefit:

Return of Premium (Less Claims Paid) If Death Occurs Before Age 65]

[OR]

Return of Premium at Death (Less Claims Paid)]

[OR]

Full Return of Premium at Death]

14 [5] [Additional] Years of Rate Guarantee [(5 years built in):

1 Yr] 2 Yrs] 3 Yrs] 4 Yrs] 5 Yrs]

14 [5] [Additional] Years of Rate Guarantee [(5 years built in):

1 Yr] 2 Yrs] 3 Yrs] 4 Yrs] 5 Yrs]

15 Premium Options:

[(Lifetime Premium is default [if no option chosen])]

Lifetime]

Single Premium]

10-Year Pay]

20-Year Pay]

To-Age-65]

Flex To-Age-85^[SM]]

[Select percent of full premium to be paid in the first policy year. Premium will increase each year thereafter until the date shown in the Policy Schedule.[*]]

50%] 60%] 70%]

75%] 80%] 90%]

[*Patent pending. Uses FIPO, licensed by United of Omaha from Strategic Health Management Corporation.]

15 Premium Options:

[(Lifetime Premium is default [if no option chosen])]

Lifetime]

Single Premium]

10-Year Pay]

20-Year Pay]

To-Age-65]

Flex To-Age-85^[SM]]

[Select percent of full premium to be paid in the first policy year. Premium will increase each year thereafter until the date shown in the Policy Schedule.[*]]

50%] 60%] 70%]

75%] 80%] 90%]

[*Patent pending. Uses FIPO, licensed by United of Omaha from Strategic Health Management Corporation.]

Continue to Section I

OPTIONAL BENEFITS FOR FLEX (continued)

Applicant A

Applicant B

13 Return of Premium at Death Benefit:

- Return of Premium at Death (Less Claims Paid)
- OR**
- Full Return of Premium at Death

13 Return of Premium at Death Benefit:

- Return of Premium at Death (Less Claims Paid)
- OR**
- Full Return of Premium at Death

14 Additional Years of Rate Guarantee (5 years built in):

- 1 Yr 2 Yrs 3 Yrs 4 Yrs 5 Yrs

14 Additional Years of Rate Guarantee (5 years built in):

- 1 Yr 2 Yrs 3 Yrs 4 Yrs 5 Yrs

15 Premium Options:

(Lifetime Premium is default if no option chosen)

- 10-Year Pay
 - 20-Year Pay
 - To-Age-65
 - Flex To-Age-85SM
Select percent of full premium to be paid in the first policy year. Premium will increase each year thereafter until the date shown in the Policy Schedule.
- 70% 80% 90%

15 Premium Options:

(Lifetime Premium is default if no option chosen)

- 10-Year Pay
 - 20-Year Pay
 - To-Age-65
 - Flex To-Age-85SM
Select percent of full premium to be paid in the first policy year. Premium will increase each year thereafter until the date shown in the Policy Schedule.
- 70% 80% 90%

Continue to Section I

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Applicant A

Applicant B

1 Who will be Paying the Premium?

Employer Paid Insured Paid Combination

1 Who will be Paying the Premium?

Employer Paid Insured Paid Combination

2 Recurring Premium Mode (check one [unless Single Premium]):

Employer List Bill/Payroll Deduction

Authorization

I authorize the required premium for the coverage level selected to be deducted from my pay.

2 Recurring Premium Mode (check one [unless Single Premium]):

Employer List Bill/Payroll Deduction

Authorization

I authorize the required premium for the coverage level selected to be deducted from my pay.



X

Signature of Applicant A Date



X

Signature of Applicant B Date

Monthly Automatic Checking Account (.09) [or Credit Card] Deduction [- [Two] Months Minimum]

Specify the date premiums will be withdrawn (1st through the 28th of the month): _____

Bank Name _____

Routing Number

Grid for routing number

Account Number

Grid for account number

[[Or] include a voided check.)]

[Or, Type of Credit Card: Master Card VISA]

[Name on Card] _____

[Credit Card Number] _____

[Expiration] _____

Monthly Automatic Checking Account (.09) [or Credit Card] Deduction [- [Two] Months Minimum]

Specify the date premiums will be withdrawn (1st through the 28th of the month): _____

Bank Name _____

Routing Number

Grid for routing number

Account Number

Grid for account number

[[Or] include a voided check.)]

[Or, Type of Credit Card: Master Card VISA]

[Name on Card] _____

[Credit Card Number] _____

[Expiration] _____

Authorization to Withdraw Funds by Mutual of Omaha Insurance Company

I authorize United of Omaha Life Insurance Company (United of Omaha) to withdraw funds from my account [or Credit Card] for my initial and/or renewal premiums and understand that the amounts may differ. I also authorize United of Omaha to collect any premium(s) due by bank draft withdrawal [or Credit Card]. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize you, my financial institution, to pay from my account [or Credit Card] any checks, drafts or preauthorized electronic fund transfers from my account [or Credit Card] to United of Omaha. Your rights with each charge will be the same as if personally paid by me. This authorization will be effective until I give you at least three business days' notice to cancel it. If notice is given verbally, you may require written confirmation from me within 14 days after my verbal notice.



X

Signature of Applicant A Date



X

Signature of Applicant B Date

Direct Bill:

Quarterly (.26) Semiannual (.51) Annual (1.0)

Billing Address for Premium Notices (if different from page 1):

Name

Street Address, Apartment Number

City, State, ZIP Code

Direct Bill:

Quarterly (.26) Semiannual (.51) Annual (1.0)

Billing Address for Premium Notices (if different from page 1):

Name

Street Address, Apartment Number

City, State, ZIP Code

Section J

NOTICE BEFORE LAPSE OR TERMINATION

Please check the applicable box and complete the requested information. You may want to consider designating someone other than a Spouse [or Domestic Partner].

Applicant A

I wish to designate an additional person to receive notice of lapse or termination of the policy due to nonpayment of premium.

Name (Print full name of other person to receive notice of lapse or termination)

Street Address, Apartment Number

City, State, ZIP Code

Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid.

OR

I elect NOT to designate any person to receive such notice.

Applicant B

I wish to designate an additional person to receive notice of lapse or termination of the policy due to nonpayment of premium. *(If Different than Applicant A)*

Name (Print full name of other person to receive notice of lapse or termination)

Street Address, Apartment Number

City, State, ZIP Code

Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid.

OR

I elect NOT to designate any person to receive such notice.

1. The undersigned applicant agrees that (a) all answers in this application are true and complete and United of Omaha Life Insurance Company will rely on these answers to determine insurability, and (b) incorrect or misleading answers may void this application and any policy issued from its effective date.
2. Applicant acknowledges that United of Omaha Life Insurance Company may require: an Attending Physician’s Statement, medical records, an underwriting assessment, a medical examination, or other information.
3. Applicant agrees that United of Omaha Life Insurance Company will not issue a policy as a result of this application unless (a) the insurance applicant completes all medical examinations and tests required by United of Omaha Life Insurance Company, (b) United of Omaha Life Insurance Company receives any additional information requested for underwriting (such as Personal Worksheet, Personal Health Interview, or Attending Physician’s Statement), and (c) the insurance applicant is, as of the policy application date, determined to be eligible for the exact insurance coverage applied for, or the insurance applicant has subsequently accepted an offer by United of Omaha Life Insurance Company for coverage other than as applied for, according to the underwriting standards of United of Omaha Life Insurance Company then in force.
4. Applicant agrees that there is no temporary or interim insurance prior to policy issuance. [If the Applicant has made an advance premium payment, Applicant agrees to the terms and conditions of the Conditional Receipt.] Applicant agrees that completing this application [or making an advance premium payment] is not a guarantee that this application will be approved. If approved, the issued policy will indicate its effective date. Applicant acknowledges that if his or her application is declined, the long-term care coverage applied for will not become effective [and any advance premium payment submitted with the application will be refunded to Applicant, without interest].
5. Applicant acknowledges that no Producer can (a) waive or change any receipt or policy provision, or (b) agree to issue a policy.
6. Applicant acknowledges receipt of an Outline of Coverage, Shopper’s Guide to Long-Term Care Insurance, Potential Rate Increase Disclosure Form and, if applicable, *Guide to Health Insurance for People with Medicare*.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Caution: If your answers on this application are incorrect or untrue, United of Omaha Life Insurance Company has the right to deny benefits or rescind your policy.

I have read and understand this Agreements and Acknowledgements Section, including the Fraud Warning and I approve all my answers as recorded in this application.

Signed at _____ City State X Signature of Applicant A Date	Signed at _____ City State X Signature of Applicant B Date
--	--

I/We, the Producer(s) certify that each question was asked exactly as written and I/we have recorded the answers provided by the Applicant(s) completely and accurately. I/We also agree that my/our answers in this application are true and complete.

Yes No (If “No,” please explain) _____

X
 Signature of Licensed Producer(s)

UNITED OF OMAHA LIFE INSURANCE COMPANY

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

[PRODUCT NAME] LONG-TERM CARE INSURANCE

Notice to Applicant Regarding Replacement of Individual Accident and Sickness or Long-Term Care Insurance

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to your application, you intend to lapse or otherwise terminate existing accident and sickness or long-term care insurance and replace it with an individual long-term care policy to be issued by United of Omaha Life Insurance Company. Your new policy provides 30 days within which you may decide, without cost, whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully, comparing it with all accident and sickness or long-term care insurance coverage you now have, and terminate your present policy only if, after due consideration, you find that purchase of this long-term care coverage is a wise decision.

STATEMENT TO APPLICANT BY PRODUCER

I have reviewed your current medical or health insurance coverage. I believe the replacement of insurance involved in this transaction materially improves your position. My conclusion has taken into account the following considerations, which I call to your attention.

1. Health conditions which you may presently have (preexisting conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay in payment of benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new preexisting conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to preexisting conditions, waiting

periods, elimination periods or probationary periods in the new policy for similar benefits to the extent such time was spent under the original policy.

3. If you are replacing existing long-term care insurance coverage, you may wish to secure the advice of your present insurer or its producer regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
4. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical/health history. Failure to include all material medical information on an application may provide a basis for the Company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.



X

Signature of Producer

Printed Name and Address of Producer

The above Notice to Applicant was delivered to me on:



X

Signature of Applicant A

Date



X

Signature of Applicant B

Date

UNITED OF OMAHA LIFE INSURANCE COMPANY

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

[PRODUCT NAME] LONG-TERM CARE INSURANCE

Notice to Applicant Regarding Replacement of Individual Accident and Sickness or Long-Term Care Insurance

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You should review this new coverage carefully, comparing it with all accident and sickness or long-term care insurance coverage you now have, and terminate your present policy only if, after due consideration, you find that purchase of this long-term care coverage is a wise decision.

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I have reviewed your current medical or health insurance coverage. I believe the replacement of insurance involved in this transaction materially improves your position. My conclusion has taken into account the following considerations, which I call to your attention.

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periods, elimination periods or probationary periods in the new policy for similar benefits to the extent such time was spent under the original policy.

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X

Signature of Producer

Printed Name and Address of Producer

The above Notice to Applicant was delivered to me on:



X

Signature of Applicant A

Date



X

Signature of Applicant B

Date

UNITED OF OMAHA LIFE INSURANCE COMPANY

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

[PRODUCT NAME] LONG-TERM CARE INSURANCE

Personal Worksheet

People buy long-term care insurance for many reasons. Some do not want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long-term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this policy.

Premium Information

Policy Form Number(s) [LTC09U] Type of Policy: Guaranteed Renewable Noncancellable Single Premium]

Applicant A

The premium for the coverage you are considering will be \$_____ per month, or \$_____ per year [or a one-time single premium of \$_____]
[If you selected the limited pay option of Flex To-Age-85SM, the premium for the coverage you are considering will be \$_____ per month, or \$_____ for the first year with premium increases occurring in each subsequent year. Refer to the policy illustration or policy schedule for details of the premium increases.]

Applicant B

The premium for the coverage you are considering will be \$_____ per month, or \$_____ per year [or a one-time single premium of \$_____]
[If you selected the limited pay option of Flex To-Age-85SM, the premium for the coverage you are considering will be \$_____ per month, or \$_____ for the first year with premium increases occurring in each subsequent year. Refer to the policy illustration or policy schedule for details of the premium increases.]

The Company's Right to Increase Premiums

The company has a right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state. Once your policy is paid up, the company cannot raise your rates.

Rate Increase History

The company has sold long-term care insurance since 2006 and has sold this policy form since 2009. The company has never raised its premium rates for any long-term policy form it has sold in this state or any other state.

Questions Related to Your Income

Applicant A

1. How will you pay each year's premium? (Check one)
 From my Income
 From my Savings/Investments
 My Family will Pay
2. Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 20%? [This is not applicable to single premium.]
3. What is your annual income? (Check one)
 Under [\$16,000]
 [\$16,000] and over
4. How do you expect your income to change over the next 10 years? (Check one)
 No Change Increase Decrease

Applicant B

1. How will you pay each year's premium? (Check one)
 From my Income
 From my Savings/Investments
 My Family will Pay
2. Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 20%? [This is not applicable to single premium.]
3. What is your annual income? (Check one)
 Under [\$16,000]
 [\$16,000] and over
4. How do you expect your income to change over the next 10 years? (Check one)
 No Change Increase Decrease

If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

5. Will you buy inflation protection? (Check one)
 Yes No
If not, have you considered how you will pay for the difference between future costs and your daily benefit amount? (Check one)
 From my Income
 From my Savings/Investments
 My Family will Pay

5. Will you buy inflation protection? (Check one)
 Yes No
If not, have you considered how you will pay for the difference between future costs and your daily benefit amount? (Check one)
 From my Income
 From my Savings/Investments
 My Family will Pay

The national average annual cost of nursing home care in [2008] was [\$64,605], but this figure varies across the country. In ten years the national average annual cost would be about [\$105,234] if costs increase 5% annually.

6. What elimination period are you considering?
Number of days _____
Approximate cost \$ _____ for that period of care.

6. What elimination period are you considering?
Number of days _____
Approximate cost \$ _____ for that period of care.

[Multiply the number of days with daily average for approximate cost of care.] [Reference cost of care sheet for state averages.]

7. How are you planning to pay for your care during the elimination period? (Check one)
 From my Income
 From my Savings/Investments
 My Family will Pay

7. How are you planning to pay for your care during the elimination period? (Check one)
 From my Income
 From my Savings/Investments
 My Family will Pay

Questions Related to Your Savings and Investments

Applicant A

1. Not counting your home, about how much are all your assets (your savings and investments) worth? (Check one)
 Under [\$50,000]
 [\$50,000] and over
2. How do you expect your assets to change over the next 10 years? (Check one)
 Stay about the same Increase Decrease

Applicant B

1. Not counting your home, about how much are all your assets (your savings and investments) worth? (Check one)
 Under [\$50,000]
 [\$50,000] and over
2. How do you expect your assets to change over the next 10 years? (Check one)
 Stay about the same Increase Decrease

If you are buying this policy to protect your assets and your assets, not counting your home, are less than [\$50,000], you may wish to consider other options for financing your long-term care.

Disclosure Statement

Applicant A

(must check one)

The answers to the questions on this Personal Worksheet describe my financial situation.

OR

I choose not to complete this information. **[You may be contacted by a company representative to confirm your decision.]**

Applicant B

(must check one)

The answers to the questions on this Personal Worksheet describe my financial situation.

OR

I choose not to complete this information. **[You may be contacted by a company representative to confirm your decision.]**

Applicant A

◀ THIS BOX MUST BE CHECKED

I acknowledge that the carrier and/or its producer (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for this policy may increase in the future.**



X

Signature of Applicant A

Date

Applicant B

◀ THIS BOX MUST BE CHECKED

I acknowledge that the carrier and/or its producer (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for this policy may increase in the future.**



X

Signature of Applicant B

Date

I explained to the applicant(s) the importance of completing this information.

Printed Name of Producer



X

Signature of Producer

Date

Authorization to Proceed when Income less than [\$16,000] or Assets less than [\$50,000]

Applicant A

My producer has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.



X

Signature of Applicant A

Date

Applicant B

My producer has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.



X

Signature of Applicant B

Date

LONG-TERM CARE INSURANCE

POTENTIAL RATE INCREASE DISCLOSURE FORM

This is not applicable to single premium.

1. **Premium Rate:** Premium rate that is applicable to you and that will be in effect until a request is made and approved for an increase is: Applicant A \$ _____
Applicant B \$ _____
2. **The premium for this policy will be shown on the schedule page of your policy.**
3. **Rate Schedule Adjustments:**
The premium rates for this policy may change. Any change will be effective on the next billing date after the company has provided you at least 60 days written notice before we change premiums.
4. **Potential Rate Revisions:**

This policy is Guaranteed Renewable. This means that the rates for this product may be increased in the future. Your rate can NOT be increased due to your increasing age or declining health, but your rates may go up based on the experience of all policyholders with a policy similar to yours.

If you receive a premium rate or premium rate schedule increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:

- Pay the increased premium and continue your policy in force as is.
- Reduce your policy benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
- Exercise your nonforfeiture option if purchased. (This option is available for purchase for an additional premium.)
- Exercise your contingent nonforfeiture rights.* (This option may be available if you do not purchase a separate nonforfeiture option.)

*Contingent Nonforfeiture

If the premium rate for your policy goes up in the future and you didn't buy a nonforfeiture option, you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

You will keep some long-term care insurance coverage, if:

- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table; and
- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the greater of the total amount of premiums you've paid since your policy was first issued or the maximum monthly benefit. If you have already received benefits under the policy, so that the remaining lifetime maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter. Should you choose this Contingent Nonforfeiture option, your policy, with this reduced maximum benefit amount, will be considered "paid-up" with no further premiums due.

Example:

- You bought the policy at age 65 and paid the \$1,000 annual premium for 10 years, so you have paid a total of \$10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or \$500 for a new annual premium of \$1,500, and you decide to lapse the policy (not pay any more premiums).
- Your "paid-up" policy benefits are \$10,000 (provided you have at least \$10,000 of benefits remaining under your policy).

**CONTINGENT NONFORFEITURE
CUMULATIVE PREMIUM INCREASE OVER INITIAL PREMIUM
THAT QUALIFIES FOR CONTINGENT NONFORFEITURE**

(Percentage increase is cumulative from date of original issue. It does NOT represent a one time increase.)

ISSUE AGE	% INCREASE OVER INITIAL PREMIUM	ISSUE AGE	% INCREASE OVER INITIAL PREMIUM	ISSUE AGE	% INCREASE OVER INITIAL PREMIUM
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

In addition to the contingent nonforfeiture benefits described above, the following reduced “paid-up” contingent nonforfeiture benefit is an option in all policies that have a fixed or limited premium payment period, even if you selected a nonforfeiture benefit when you bought your policy. If both the reduced “paid up” benefit AND the contingent benefit described above are triggered by the same rate increase, you can choose either of the two benefits.

You are eligible for the reduced “paid up” contingent nonforfeiture benefit when all three conditions shown below are met:

1. The premium you are required to pay after the increase exceeds your original premium by the same percentage or more shown in the chart below:

**TRIGGERS OF SUBSTANTIAL
PREMIUM INCREASE**

ISSUE AGE	% INCREASE OVER INITIAL PREMIUM
Under 65	50%
65-80	30%
Over 80	10%

2. You stop paying your premiums within 120 days of when the premium increase took effect; AND
3. The ratio of the number of months you already paid premiums is 40% or more than the number of months you originally agreed to pay.

If you exercise this option your coverage will be converted to reduced “paid-up” status. That means there will be no additional premiums required. Your benefits will change in the following ways:

- a. The total lifetime amount of benefits your reduced paid up policy will provide can be determined by multiplying 90% of the lifetime benefit amount at the time the policy becomes paid up by the ratio of the number of months you already paid premiums to the number of months you agreed to pay them.
- b. The maximum monthly benefit amounts you purchased will also be adjusted by the same ratio.

If you purchased lifetime benefits, only the maximum monthly benefit amounts you purchased will be adjusted by the applicable ratio.

Example:

- You bought the policy at age 65 with an annual premium payable for 10 years.
- In the sixth year, you receive a rate increase of 35% and you decide to stop paying premiums.
- Because you have already paid 50% of your total premium payments and that is more than the 40% ratio, your “paid-up” policy benefits are .45 (.90 times .50) times the total benefit amount that was in effect when you stopped paying your premiums. If you purchased inflation protection, it will not continue to apply to the benefits in the reduced “paid-up” policy.

THINGS YOU SHOULD KNOW BEFORE YOU BUY LONG-TERM CARE INSURANCE

LONG-TERM CARE INSURANCE

- A long-term care insurance policy may pay most of the costs for your care in a nursing home. Many policies also pay for care at home or other community settings. Since policies can vary in coverage, you should read this policy and make sure you understand what it covers before you buy it.
- You should **not** buy this insurance policy unless you can afford to pay the premiums every year. Remember that the company can increase premiums in the future. This is not applicable to single premium.
- The personal worksheet includes questions designed to help you and the company determine whether this policy is suitable for your needs.

MEDICARE

Medicare does **not** pay for most long-term care.

MEDICAID

- Medicaid will generally pay for long-term care if you have very little income and few assets. You probably should **not** buy this policy if you are now eligible for Medicaid.
- Many people become eligible for Medicaid after they have used up their own financial resources by paying for long-term care services.
- When Medicaid pays your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance, and some of your joint assets.
- Your choice of long-term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local or state Medicaid agency.

SHOPPER'S GUIDE

Make sure the insurance company or producer gives you a copy of a book called the National Association of Insurance Commissioners' "Shopper's Guide to Long-Term Care Insurance." Read it carefully. If you have decided to apply for long-term care insurance, you have the right to return the policy within 30 days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the policy.

COUNSELING

Free counseling and additional information about long-term care insurance are available through your state's insurance counseling program. Contact your state insurance department or department on aging for more information about the senior health insurance counseling program in your state.

FACILITIES

Some long-term care insurance contracts provide for benefit payments in certain facilities only if they are licensed or certified, such as in assisted living centers. However, not all states regulate these facilities in the same way. Also, many people move to a different state from where they purchased their long-term care insurance policy. Read the policy carefully to determine what types of facilities qualify for benefit payments, and to determine that payment for a covered service will be made if you move to a state that has a different licensing scheme for facilities than the one in which you purchased the policy.

AUTHORIZATION TO DISCLOSE INFORMATION

I authorize physicians, medical or dental practitioners, hospitals, clinics, pharmacies, pharmacy benefit managers, other medical care facilities, health maintenance organizations, MIB (Medical Information Bureau), insurers, employers, consumer reporting agencies and any other organization, institution, or person that has records or knowledge of me or my health to release personal information about me to Mutual of Omaha Insurance Company or its affiliated companies (Mutual).

Personal information includes my health information such as medical history, mental or physical condition, prescription drug records, drug or alcohol use and other information such as finances, occupation, general reputation and insurance claims information. The personal information may include my entire medical record.

The Personal information will be used to determine my eligibility for insurance or to resolve or contest any issues of incomplete, incorrect or misrepresented information on the application that may arise during the processing of my application or in connection with a claim.

I also authorize Mutual to disclose my personal information to the MIB. I understand that my personal information received by the MIB may be disclosed, upon request, to another member company with whom I apply for life or health insurance or to whom I may submit a claim for benefits.

If the person or entity to whom information is disclosed is not a health care provider or health plan subject to federal privacy regulations, the information may be redisclosed without the protection of the federal privacy regulations.

I understand that I may refuse to sign this authorization. I realize if I refuse to sign, the insurance for which I am applying will not be issued.

This authorization will expire 24 months after the date signed. I may revoke this authorization at any time by written notice to ATTN: Individual Underwriting, Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. This revocation is limited to the extent that Mutual has taken action in reliance on the authorization or the law allows Mutual to contest the issuance of the policy or a claim under the policy. I understand that I will receive a copy of this authorization and that a copy is as valid as the original.

Name(s) used for medical records (if different than the name(s) below): _____

Printed Name of Applicant A [Birth State and County]	Printed Name of Applicant B [Birth State and County]
 X	 X
_____ Signature of Applicant A Date	_____ Signature of Applicant B Date

THIS AUTHORIZATION COMPLIES WITH HIPAA AND OTHER FEDERAL AND STATE LAWS

SERFF Tracking Number: MUTM-126014392 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 41431
Company Tracking Number: JAIME MOSQUEDA
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.004 Partnership
Product Name: Individual Long Term Care - LTC09U[-AG, -5ML, -10ML]-AR
Project Name/Number: LTC Mutual and United LTC09/LTC09U[-AG, -5ML, -10ML]-AR

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-126014392 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 41431
 Company Tracking Number: JAIME MOSQUEDA
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.004 Partnership
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 Project Name/Number: LTC Mutual and United LTC09/LTC09U[-AG, -5ML, -10ML]-AR

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Exhibit A - LTC09 Premium Rates	LTC09U[-AG, -5ML, -10ML]-AR, 0LY9U, 0MA0U, 0MA1U, 0MA2U, 0MA3U, 0MA4U, 0MA5U, 0MA7U, 0MA8U, 0MC1U, 0MC2U, 0MC3U, 0MF0U, 0MC4U, 0MC5U, 0MC7U, 0MC8U, 0MC9U, 0MD0U, 0MD1U, 0MD2U, 0MD3U, 0MD4U, 0MD5U, 0MD6U, 0MD7U, 0MD8U, 0MD9U, 0ME2U, 0ME9U-AR, 0MG1U	New		Exhibit A - LTC09 Premium Rates-UOO-AR.pdf

United of Omaha Life Insurance Company

Policy Forms: LTC09U [-AG, -5ML, -10ML]-AR

Annual Premium Rates

Per \$300 Monthly Benefit

Form: Issue Age	LTC09U Integrated NH, ALF, and HHC with 100% ALF & 100% HHC Benefit Period						
	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime
	18-35	33.77	39.56	45.43	51.40	57.45	69.82
36	34.09	40.05	46.07	52.14	58.27	70.70	83.36
37	34.43	40.55	46.71	52.88	59.09	71.57	84.16
38	34.75	41.07	47.37	53.63	59.87	72.26	84.55
39	35.06	41.56	48.00	54.36	60.65	73.03	85.14
40	35.36	42.03	48.60	55.07	61.45	73.89	85.94
41	35.70	42.52	49.23	55.82	62.29	74.86	86.96
42	36.03	43.02	49.88	56.60	63.19	75.96	88.19
43	36.58	43.70	50.69	57.53	64.23	77.21	89.63
44	37.21	44.48	51.61	58.59	65.42	78.65	91.29
45	37.93	45.37	52.65	59.78	66.76	80.27	93.18
46	38.77	46.38	53.84	61.14	68.28	82.10	95.30
47	39.74	47.56	55.21	62.70	70.02	84.17	97.67
48	41.01	49.17	57.12	64.89	72.45	87.00	100.76
49	42.31	50.81	59.07	67.10	74.90	89.79	103.76
50	43.61	52.47	61.05	69.36	77.40	92.65	106.80
51	44.98	54.23	63.15	71.75	80.03	95.60	109.86
52	46.42	56.11	65.41	74.33	82.85	98.75	113.10
53	47.78	57.85	67.48	76.68	85.45	101.69	116.19
54	49.28	59.76	69.76	79.27	88.31	104.94	119.65
55	50.98	61.90	72.30	82.17	91.51	108.62	123.61
56	52.93	64.36	75.20	85.48	95.18	112.87	128.27
57	55.20	67.18	78.54	89.29	99.42	117.82	133.75
58	57.39	69.90	81.76	92.98	103.55	122.78	139.43
59	60.01	73.23	85.77	97.62	108.79	129.07	146.61
60	63.20	77.33	90.72	103.38	115.29	136.90	155.55
61	67.04	82.26	96.68	110.30	123.12	146.35	166.37
62	71.61	88.13	103.77	118.54	132.44	157.61	179.29
63	77.89	96.01	113.17	129.35	144.57	172.11	195.78
64	84.56	104.33	123.04	140.69	157.28	187.27	213.01
65	92.44	114.06	134.51	153.81	171.96	204.77	232.94
66	105.80	130.42	153.73	175.74	196.44	233.91	266.16
67	116.88	143.79	169.29	193.39	216.09	257.27	292.83
68	133.50	162.49	190.23	216.73	241.98	288.75	330.53
69	150.44	182.02	212.39	241.52	269.44	321.61	368.88
70	168.15	202.87	236.26	268.34	299.10	356.66	408.94
71	187.03	225.45	262.35	297.73	331.60	394.76	451.84
72	207.48	250.23	291.17	330.29	367.60	436.76	498.66
73	227.31	276.25	322.66	366.54	407.89	482.99	547.97
74	249.32	305.64	358.55	408.07	454.19	536.23	604.68
75	274.22	339.18	399.74	455.91	507.67	598.00	670.73
76	302.67	377.63	447.08	511.02	569.46	669.82	748.17
77	335.41	421.78	501.46	574.44	640.74	753.24	838.98
78	373.10	472.38	563.73	647.14	722.61	849.74	945.12
79	416.45	530.23	634.80	730.15	816.29	960.90	1,068.65
80	466.16	596.27	715.89	825.01	923.62	1,089.36	1,213.10
81	523.47	671.91	808.60	933.55	1,046.75	1,237.91	1,382.10
82	589.72	758.68	914.74	1,057.91	1,188.18	1,410.06	1,580.36
83	666.39	858.49	1,036.56	1,200.61	1,350.63	1,608.59	1,810.45
84	755.30	973.50	1,176.60	1,364.58	1,537.46	1,837.89	2,077.89
85	858.66	1,106.28	1,337.81	1,553.26	1,752.63	2,103.11	2,389.25
86	979.14	1,259.86	1,523.70	1,770.67	2,000.76	2,410.31	2,752.35
87	1,119.90	1,437.82	1,738.35	2,021.50	2,287.26	2,766.62	3,176.45

Premiums for 80+ are only for coverage increases.

Rates for benefit periods not shown in the table are interpolated.

To calculate premiums for a specific elimination period, apply the appropriate factor to the above premiums.

Premium Allowances:

- 35% Spouse Allowance for two insureds, or
- 15% Married Allowance for one married insured, or
- 10% Two Person Household Allowance

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Group Rates: Policy forms LTC09U [-AG] for Affinity Groups (5%-20%) / Employer Groups (5ML or 10ML) have premiums that are 5% or 10% lower as denoted by the policy form (example - LTC09U-5ML-AR).
Multiple policy owner / producer - 5%.

Rider OMA0U: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums for a specific underwriting class, apply the appropriate factor to the above premiums.

Class	Factor	Class	Factor
Preferred	0.85	Class I	1.25
Select	1.00	Class II	1.50

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for a specific mode, apply the appropriate factor to the above premiums.

Modal Loads	Factor
Annual	1.000
Semi-Annual	0.510
Quarterly	0.260
Monthly/BSP	0.090
Other	1.08/# of payments

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

United of Omaha Life Insurance Company

Policy Forms: LTC09U [-AG, -5ML, -10ML]-AR

Rider:	OMC3U	OMC4U									
Issue Age	Simple Inflation	Compound Inflation -- Lifetime with Buy-Up Option to age 85					Compound Inflation -- Lifetime with Buy-Up Option to age 65				
	5%	5%	4.5%	4%	3.5%	3%	5%	4.5%	4%	3.5%	3%
18-35	1.82	2.99	2.67	2.35	2.10	1.85	2.99	2.67	2.34	2.09	1.84
36	1.82	2.99	2.67	2.35	2.10	1.85	2.99	2.67	2.34	2.09	1.84
37	1.82	2.99	2.67	2.35	2.10	1.85	2.99	2.67	2.34	2.09	1.84
38	1.82	2.96	2.66	2.35	2.10	1.85	2.96	2.66	2.34	2.09	1.84
39	1.82	2.93	2.65	2.35	2.10	1.85	2.93	2.65	2.34	2.09	1.84
40	1.82	2.90	2.64	2.35	2.10	1.85	2.90	2.64	2.34	2.09	1.84
41	1.82	2.87	2.61	2.35	2.10	1.85	2.87	2.61	2.34	2.09	1.84
42	1.82	2.85	2.57	2.32	2.09	1.85	2.85	2.57	2.31	2.08	1.84
43	1.81	2.80	2.54	2.31	2.08	1.84	2.80	2.54	2.30	2.07	1.83
44	1.81	2.75	2.51	2.28	2.06	1.83	2.75	2.51	2.27	2.06	1.82
45	1.80	2.73	2.49	2.26	2.04	1.82	2.73	2.49	2.25	2.04	1.81
46	1.79	2.68	2.45	2.23	2.03	1.81	2.68	2.45	2.23	2.03	1.80
47	1.78	2.64	2.42	2.21	2.01	1.80	2.64	2.42	2.21	2.01	1.79
48	1.78	2.60	2.39	2.17	1.98	1.76	2.60	2.39	2.17	1.97	1.75
49	1.77	2.56	2.33	2.12	1.92	1.73	2.56	2.32	2.11	1.91	1.72
50	1.77	2.49	2.28	2.08	1.89	1.70	2.49	2.27	2.07	1.88	1.68
51	1.76	2.44	2.24	2.05	1.86	1.67	2.44	2.23	2.04	1.85	1.66
52	1.76	2.40	2.20	2.00	1.81	1.64	2.40	2.20	1.99	1.79	1.62
53	1.74	2.36	2.16	1.97	1.79	1.63	2.36	2.16	1.96	1.77	1.61
54	1.74	2.31	2.12	1.94	1.78	1.62	2.31	2.11	1.93	1.76	1.59
55	1.73	2.26	2.09	1.93	1.76	1.61	2.26	2.08	1.91	1.74	1.58
56	1.73	2.23	2.08	1.92	1.75	1.59	2.23	2.07	1.90	1.73	1.56
57	1.71	2.20	2.05	1.89	1.72	1.56	2.20	2.04	1.87	1.70	1.53
58	1.70	2.19	2.04	1.88	1.71	1.55	2.19	2.03	1.86	1.68	1.52
59	1.70	2.19	2.03	1.87	1.71	1.55	2.19	2.02	1.84	1.68	1.51
60	1.70	2.18	2.02	1.85	1.70	1.55	2.18	2.01	1.83	1.67	1.51
61	1.69	2.16	2.01	1.84	1.69	1.53	2.16	1.99	1.82	1.65	1.49
62	1.69	2.15	2.00	1.84	1.68	1.53	2.15	1.98	1.82	1.65	1.49
63	1.68	2.12	1.98	1.83	1.68	1.53	2.12	1.96	1.80	1.65	1.49
64	1.68	2.08	1.96	1.82	1.67	1.52	2.08	1.94	1.79	1.63	1.47
65	1.67	2.03	1.92	1.80	1.66	1.52	2.03	1.91	1.77	1.62	1.47
66	1.66	1.99	1.89	1.78	1.65	1.50	1.99	1.88	1.75	1.61	1.46
67	1.65	1.93	1.85	1.75	1.62	1.49	1.93	1.84	1.73	1.59	1.45
68	1.63	1.86	1.78	1.71	1.59	1.47	1.86	1.77	1.69	1.56	1.43
69	1.62	1.80	1.73	1.66	1.56	1.46	1.80	1.72	1.64	1.53	1.42
70	1.61	1.72	1.67	1.62	1.53	1.43	1.72	1.66	1.60	1.50	1.40
71	1.59	1.66	1.62	1.57	1.49	1.41	1.66	1.61	1.55	1.47	1.38
72	1.57	1.61	1.57	1.52	1.46	1.40	1.61	1.56	1.50	1.44	1.37
73	1.55	1.57	1.54	1.49	1.44	1.39	1.57	1.53	1.48	1.42	1.36
74	1.53	1.54	1.51	1.47	1.43	1.37	1.54	1.50	1.46	1.41	1.35
75	1.50	1.51	1.49	1.45	1.41	1.36	1.51	1.48	1.44	1.39	1.34
76	1.47	1.48	1.47	1.44	1.40	1.35	1.48	1.46	1.43	1.38	1.33
77	1.44	1.45	1.43	1.42	1.38	1.34	1.45	1.43	1.41	1.37	1.32
78	1.42	1.43	1.41	1.40	1.36	1.33	1.43	1.41	1.39	1.35	1.31
79	1.39	1.40	1.39	1.38	1.35	1.31	1.40	1.39	1.37	1.34	1.30
80	1.37	1.38	1.37	1.36	1.34	1.30	1.38	1.37	1.35	1.33	1.29
81	1.35	1.36	1.35	1.33	1.33	1.29	1.36	1.35	1.33	1.32	1.28
82	1.33	1.34	1.33	1.31	1.30	1.28	1.34	1.33	1.31	1.30	1.27
83	1.31	1.32	1.31	1.29	1.28	1.26	1.32	1.31	1.29	1.28	1.26
84	1.30	1.31	1.30	1.28	1.27	1.25	1.31	1.30	1.28	1.27	1.25
85	1.29	1.30	1.29	1.27	1.26	1.24	1.30	1.29	1.27	1.26	1.24
86	1.28	1.29	1.28	1.26	1.25	1.23	1.29	1.28	1.26	1.25	1.23
87	1.27	1.28	1.27	1.25	1.24	1.22	1.28	1.27	1.25	1.24	1.22

Premiums for 80+ are only for coverage increases.

United of Omaha Life Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]-AR

Rider: Issue Age	OMF0U Compound Inflation Protection -- Lifetime					OMC5U 5% Compound Inflation for 20 Years	OMC7U Compound Inflation (at 5%) with Maximum Increase Cap			OMC9U Graded Compound Inflation 5%/3%/0%	OMC8U 3%/0%
	5%	4.5%	4%	3.5%	3%		2X	3X	4X		
18-35	2.99	2.64	2.29	2.02	1.76	1.84	1.65	1.92	2.21	2.52	1.71
36	2.99	2.64	2.29	2.02	1.76	1.84	1.65	1.92	2.21	2.46	1.71
37	2.99	2.64	2.29	2.02	1.76	1.83	1.64	1.91	2.20	2.40	1.70
38	2.96	2.63	2.29	2.02	1.76	1.83	1.64	1.91	2.20	2.34	1.70
39	2.93	2.62	2.29	2.02	1.76	1.83	1.64	1.91	2.20	2.28	1.69
40	2.90	2.61	2.29	2.02	1.76	1.83	1.64	1.91	2.20	2.23	1.69
41	2.87	2.58	2.29	2.02	1.76	1.82	1.63	1.90	2.19	2.17	1.68
42	2.85	2.54	2.26	2.01	1.76	1.81	1.62	1.89	2.18	2.11	1.68
43	2.80	2.51	2.25	2.00	1.75	1.81	1.62	1.89	2.18	2.05	1.67
44	2.75	2.48	2.22	1.99	1.74	1.79	1.61	1.88	2.16	1.99	1.67
45	2.73	2.46	2.20	1.97	1.73	1.79	1.61	1.88	2.16	1.94	1.66
46	2.68	2.42	2.18	1.96	1.72	1.79	1.60	1.87	2.16	1.88	1.66
47	2.64	2.39	2.16	1.94	1.71	1.79	1.60	1.87	2.16	1.82	1.65
48	2.60	2.36	2.12	1.91	1.68	1.79	1.60	1.87	2.16	1.78	1.62
49	2.56	2.30	2.07	1.85	1.65	1.79	1.60	1.87	2.16	1.74	1.58
50	2.49	2.25	2.03	1.83	1.62	1.79	1.60	1.87	2.16	1.69	1.55
51	2.44	2.21	2.00	1.80	1.60	1.79	1.60	1.87	2.16	1.65	1.52
52	2.40	2.18	1.96	1.75	1.57	1.79	1.60	1.87	2.16	1.61	1.49
53	2.36	2.14	1.93	1.73	1.56	1.79	1.60	1.87	2.16	1.57	1.45
54	2.31	2.10	1.90	1.72	1.55	1.79	1.60	1.87	2.16	1.53	1.42
55	2.26	2.07	1.89	1.71	1.54	1.78	1.59	1.86	2.15	1.48	1.39
56	2.23	2.06	1.88	1.70	1.53	1.78	1.59	1.86	2.15	1.44	1.35
57	2.20	2.03	1.85	1.67	1.50	1.76	1.58	1.84	2.15	1.40	1.32
58	2.19	2.02	1.84	1.66	1.49	1.76	1.58	1.83	2.15	1.37	1.31
59	2.19	2.01	1.83	1.66	1.49	1.76	1.58	1.83	2.15	1.35	1.31
60	2.18	2.00	1.82	1.65	1.49	1.76	1.58	1.83	2.15	1.32	1.30
61	2.16	1.99	1.81	1.64	1.48	1.75	1.57	1.82	2.14	1.30	1.30
62	2.15	1.98	1.81	1.64	1.48	1.75	1.57	1.82	2.14	1.29	1.29
63	2.12	1.96	1.80	1.64	1.48	1.71	1.53	1.78	2.11	1.28	1.28
64	2.08	1.94	1.79	1.63	1.47	1.68	1.51	1.75	2.07	1.28	1.28
65	2.03	1.91	1.77	1.62	1.47	1.66	1.50	1.73	2.02	1.27	1.27
66	1.99	1.88	1.75	1.61	1.46	1.64	1.49	1.70	1.98	1.27	1.27
67	1.93	1.84	1.73	1.59	1.45	1.62	1.47	1.68	1.92	1.26	1.26
68	1.86	1.77	1.69	1.56	1.43	1.61	1.47	1.67	1.85	1.23	1.23
69	1.80	1.72	1.64	1.53	1.42	1.61	1.47	1.67	1.79	1.20	1.20
70	1.72	1.66	1.60	1.50	1.40	1.61	1.46	1.67	1.71	1.16	1.16
71	1.66	1.61	1.55	1.47	1.38	1.61	1.46	1.64	1.66	1.13	1.13
72	1.61	1.56	1.50	1.44	1.37	1.59	1.45	1.60	1.61	1.09	1.09
73	1.57	1.53	1.48	1.42	1.36	1.56	1.43	1.56	1.57	1.06	1.06
74	1.54	1.50	1.46	1.41	1.35	1.53	1.41	1.53	1.54	1.03	1.03
75	1.51	1.48	1.44	1.39	1.34	1.50	1.38	1.50	1.51	1.00	1.00
76	1.48	1.46	1.43	1.38	1.33	1.47	1.36	1.47	1.48	1.00	1.00
77	1.45	1.43	1.41	1.37	1.32	1.44	1.35	1.44	1.45	1.00	1.00
78	1.43	1.41	1.39	1.35	1.31	1.42	1.33	1.42	1.43	1.00	1.00
79	1.40	1.39	1.37	1.34	1.30	1.39	1.31	1.39	1.40	1.00	1.00
80	1.38	1.37	1.35	1.33	1.29	1.37	1.30	1.37	1.38	1.00	1.00
81	1.36	1.35	1.33	1.32	1.28	1.35	1.28	1.35	1.36	1.00	1.00
82	1.34	1.33	1.31	1.30	1.27	1.33	1.27	1.33	1.34	1.00	1.00
83	1.32	1.31	1.29	1.28	1.26	1.31	1.25	1.31	1.32	1.00	1.00
84	1.31	1.30	1.28	1.27	1.25	1.30	1.24	1.30	1.31	1.00	1.00
85	1.30	1.29	1.27	1.26	1.24	1.29	1.24	1.29	1.30	1.00	1.00
86	1.29	1.28	1.26	1.25	1.23	1.28	1.23	1.28	1.29	1.00	1.00
87	1.28	1.27	1.25	1.24	1.22	1.27	1.22	1.27	1.28	1.00	1.00

Premiums for 80+ are only for coverage increases.

United of Omaha Life Insurance Company

Policy Forms: LTC09U [-AG, -5ML, -10ML]-AR

Rider:	0MD3U	0MD6U	0MD7U	0MD8U	0MD9U	0MD0U	0MD1U	0MD2U
Issue Age	Nonforfeiture Benefit - Shortened Benefit Period Option	Limited Payment Options				Full Return Premium on Death	Return Premium on Death less Claims	Return Premium on Death Before Age 65
		Single Premium	10 Pay	20 Pay	Pay to 65			
18-35	1.21	35.47	3.83	2.40	1.74	1.77	1.60	1.075
36	1.21	35.11	3.81	2.39	1.78	1.79	1.61	1.072
37	1.21	34.75	3.79	2.37	1.82	1.81	1.63	1.069
38	1.21	34.39	3.78	2.36	1.83	1.82	1.63	1.066
39	1.21	34.03	3.76	2.35	1.85	1.84	1.65	1.063
40	1.20	33.67	3.74	2.33	1.89	1.86	1.66	1.060
41	1.20	33.31	3.71	2.31	1.95	1.88	1.67	1.057
42	1.20	32.95	3.68	2.29	2.01	1.90	1.69	1.054
43	1.20	32.58	3.64	2.27	2.08	1.93	1.72	1.051
44	1.20	32.22	3.60	2.24	2.16	1.97	1.74	1.048
45	1.19	31.86	3.55	2.21	2.21	2.01	1.77	1.045
46	1.19	31.50	3.50	2.19	2.30	2.05	1.81	1.043
47	1.19	31.14	3.45	2.16	2.37	2.10	1.85	1.041
48	1.19	30.51	3.39	2.13	2.38	2.16	1.90	1.039
49	1.19	29.89	3.34	2.10	2.39	2.23	1.95	1.037
50	1.18	29.26	3.28	2.08	2.41	2.29	2.00	1.035
51	1.18	28.64	3.22	2.06	2.45	2.36	2.06	1.033
52	1.18	28.01	3.16	2.04	2.51	2.43	2.11	1.031
53	1.18	27.38	3.10	2.02	2.61	2.49	2.16	1.029
54	1.18	26.76	3.05	2.00	2.75	2.56	2.22	1.027
55	1.17	26.13	2.99	1.98	2.99	2.65	2.29	1.025
56	1.17	25.51	2.94	1.96	4.78	2.75	2.37	1.022
57	1.17	24.88	2.88	1.93	6.57	2.87	2.47	1.019
58	1.17	24.05	2.84	1.88	8.36	3.01	2.59	1.016
59	1.16	23.22	2.79	1.83	10.15	3.19	2.73	1.013
60	1.16	22.39	2.73	1.78	11.94	3.39	2.89	1.010
61	1.15	21.56	2.67	1.72	13.73	3.63	3.09	1.008
62	1.15	20.73	2.60	1.65	15.52	3.90	3.32	1.006
63	1.15	19.90	2.51	1.59	17.31	4.22	3.58	1.004
64	1.15	19.07	2.42	1.54	19.07	4.59	3.89	1.002
65	1.14	18.24	2.33	1.48		5.01	4.23	1.000
66	1.14	17.41	2.23	1.43		5.49	4.60	
67	1.14	16.58	2.14	1.38		6.03	5.00	
68	1.14	15.96	2.06	1.32		6.65	5.43	
69	1.14	15.34	1.99	1.27		7.36	5.90	
70	1.14	14.72	1.91	1.22		8.18	6.41	
71	1.13	14.10	1.85	1.19		9.12	6.96	
72	1.13	13.48	1.79	1.16		10.20	7.56	
73	1.13	12.86	1.72	1.15		11.45	8.21	
74	1.12	12.24	1.66	1.15		12.90	8.92	
75	1.12	11.62	1.59	1.15		14.58	9.69	
76	1.11	11.00	1.53	1.15		16.54	10.53	
77	1.11	10.38	1.48	1.15		18.83	11.44	
78	1.11	9.76	1.43	1.15		21.51	12.43	
79	1.10	9.14	1.39	1.15		24.66	13.51	
80	1.10	8.52	1.36	1.15		28.37	14.68	
81	1.10	7.90	1.33	1.15		32.76	15.95	
82	1.10	7.28	1.31	1.15		37.96	17.33	
83	1.09	6.68	1.29	1.15		44.14	18.83	
84	1.09	6.10	1.27	1.15		51.50	20.46	
85	1.09	5.54	1.25	1.15		60.30	22.23	
86	1.09	5.00	1.23	1.15		70.85	24.15	
87	1.09	4.48	1.21	1.15		83.54	26.24	

Premiums for 80+ are only for coverage increases.

United of Omaha Life Insurance Company

Policy Forms: LTC09U [-AG, -5ML, -10ML]-AR

Rider:		OME2U					
Issue Age	Flex To-Age 85 (FIPO) - Annual Premium Increase Factors						
	Initial Premium Percent						
	50%	60%	70%	75%	80%	90%	
18-35	5.576%	4.424%	3.392%	2.937%	2.491%	1.668%	
36	5.645%	4.479%	3.434%	2.973%	2.522%	1.689%	
37	5.715%	4.535%	3.476%	3.010%	2.554%	1.710%	
38	5.861%	4.646%	3.565%	3.087%	2.621%	1.753%	
39	5.996%	4.750%	3.648%	3.159%	2.683%	1.793%	
40	6.125%	4.849%	3.726%	3.227%	2.742%	1.831%	
41	6.257%	4.951%	3.807%	3.297%	2.803%	1.870%	
42	6.394%	5.056%	3.891%	3.370%	2.866%	1.910%	
43	6.566%	5.194%	3.997%	3.459%	2.944%	1.966%	
44	6.757%	5.348%	4.114%	3.559%	3.031%	2.029%	
45	6.979%	5.525%	4.251%	3.673%	3.131%	2.102%	
46	7.232%	5.728%	4.407%	3.805%	3.245%	2.185%	
47	7.521%	5.960%	4.584%	3.955%	3.376%	2.280%	
48	7.872%	6.231%	4.794%	4.137%	3.536%	2.391%	
49	8.231%	6.510%	5.009%	4.324%	3.700%	2.505%	
50	8.593%	6.789%	5.226%	4.512%	3.865%	2.619%	
51	8.975%	7.085%	5.454%	4.711%	4.039%	2.740%	
52	9.387%	7.403%	5.700%	4.925%	4.227%	2.870%	
53	10.053%	7.924%	6.102%	5.276%	4.533%	3.078%	
54	10.789%	8.499%	6.545%	5.663%	4.872%	3.307%	
55	11.617%	9.147%	7.044%	6.100%	5.252%	3.566%	
56	12.560%	9.885%	7.613%	6.597%	5.686%	3.860%	
57	13.651%	10.737%	8.270%	7.171%	6.187%	4.200%	
58	14.203%	11.172%	8.605%	7.461%	6.438%	4.370%	
59	14.882%	11.706%	9.016%	7.818%	6.746%	4.579%	
60	15.715%	12.361%	9.521%	8.256%	7.124%	4.835%	
61	Not available for sale to ages 61 and older						
62							
63							
64							
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United of Omaha Life Insurance Company

Policy Forms: LTC09U [-AG, -5ML, -10ML]-AR

Premium Factors to apply by benefit period selected.

Restoration of Benefits	
Rider: OMA4U	
Benefit Period	Factor
2 year	1.04
3 Year	1.04
4 Year	1.04
5 Year	1.04
6 Year	1.04
8 Year	1.04
Lifetime	N/A

Spouse Shared Care Benefit	
Rider: OMC1U	
Benefit Period	Factor
2 year	1.16
3 Year	1.16
4 Year	1.16
5 Year	1.16
6 Year	1.14
8 Year	1.08

Lifetime Premium Factors, unless noted, applicable to the entire calculated premium.

<p>Future Purchase Option Rider: OMC1U</p> <table border="1"> <tr> <td>Factor</td> <td>1.005</td> </tr> </table>	Factor	1.005	<p>Additional Benefit for Injury Riders: OMA2U, OMA3U</p> <table border="1"> <tr> <td>Factor</td> <td>1.01</td> </tr> </table>	Factor	1.01																		
Factor	1.005																						
Factor	1.01																						
<p>Rate Guarantee*</p> <table border="1"> <thead> <tr> <th>Years</th> <th>Factor</th> </tr> </thead> <tbody> <tr> <td>5 Years</td> <td>1.05</td> </tr> <tr> <td>6 Years</td> <td>1.06</td> </tr> <tr> <td>7 Years</td> <td>1.09</td> </tr> <tr> <td>8 Years</td> <td>1.11</td> </tr> <tr> <td>9 Years</td> <td>1.13</td> </tr> <tr> <td>10 Years</td> <td>1.15</td> </tr> </tbody> </table>	Years	Factor	5 Years	1.05	6 Years	1.06	7 Years	1.09	8 Years	1.11	9 Years	1.13	10 Years	1.15	<p>Cash Benefit 35% Rider: OME9U-AR</p> <table border="1"> <thead> <tr> <th>% Basic HHC</th> <th>Factor</th> </tr> </thead> <tbody> <tr> <td>50%</td> <td>1.010</td> </tr> <tr> <td>75%</td> <td>1.013</td> </tr> <tr> <td>100%</td> <td>1.015</td> </tr> </tbody> </table>	% Basic HHC	Factor	50%	1.010	75%	1.013	100%	1.015
Years	Factor																						
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6 Years	1.06																						
7 Years	1.09																						
8 Years	1.11																						
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10 Years	1.15																						
% Basic HHC	Factor																						
50%	1.010																						
75%	1.013																						
100%	1.015																						
<p>Built-In 5 Year Rate Guarantee</p> <table border="1"> <thead> <tr> <th>Factor</th> <th>1.015</th> </tr> </thead> <tbody> <tr> <td>Additional Years</td> <td>Factor</td> </tr> <tr> <td>1 Years *</td> <td>1.022</td> </tr> <tr> <td>2 Years *</td> <td>1.057</td> </tr> <tr> <td>3 Years *</td> <td>1.081</td> </tr> <tr> <td>4 Years *</td> <td>1.101</td> </tr> <tr> <td>5 Years *</td> <td>1.123</td> </tr> </tbody> </table>	Factor	1.015	Additional Years	Factor	1 Years *	1.022	2 Years *	1.057	3 Years *	1.081	4 Years *	1.101	5 Years *	1.123	<p>Cash Benefit 40% Rider: OME9U-AR</p> <table border="1"> <thead> <tr> <th>% Basic HHC</th> <th>Factor</th> </tr> </thead> <tbody> <tr> <td>50%</td> <td>1.015</td> </tr> <tr> <td>75%</td> <td>1.018</td> </tr> <tr> <td>100%</td> <td>1.020</td> </tr> </tbody> </table>	% Basic HHC	Factor	50%	1.015	75%	1.018	100%	1.020
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<p>Spouse Security Benefit Rider: OMA5U</p> <table border="1"> <tr> <td>Factor</td> <td>1.60</td> </tr> </table>	Factor	1.60	<p>Cash Benefit 50% Rider: OME9U-AR</p> <table border="1"> <thead> <tr> <th>% Basic HHC</th> <th>Factor</th> </tr> </thead> <tbody> <tr> <td>50%</td> <td>1.127</td> </tr> <tr> <td>75%</td> <td>1.130</td> </tr> <tr> <td>100%</td> <td>1.132</td> </tr> </tbody> </table>	% Basic HHC	Factor	50%	1.127	75%	1.130	100%	1.132												
Factor	1.60																						
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100%	1.132																						
<p>Spouse Waiver of Premium Benefit Rider: OMA7U</p> <table border="1"> <tr> <td>Factor</td> <td>1.02</td> </tr> </table>	Factor	1.02	<p>Spouse Survivorship Benefit Rider: OMA8U</p> <table border="1"> <thead> <tr> <th>Years</th> <th>Factor</th> </tr> </thead> <tbody> <tr> <td>7 Years</td> <td>1.16</td> </tr> <tr> <td>8 Years</td> <td>1.14</td> </tr> <tr> <td>10 Years</td> <td>1.12</td> </tr> </tbody> </table>	Years	Factor	7 Years	1.16	8 Years	1.14	10 Years	1.12												
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* Factor is removed after option has expired.

SERFF Tracking Number: MUTM-126014392 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 41431
Company Tracking Number: JAIME MOSQUEDA
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.004 Partnership
Product Name: Individual Long Term Care - LTC09U[-AG, -5ML, -10ML]-AR
Project Name/Number: LTC Mutual and United LTC09/LTC09U[-AG, -5ML, -10ML]-AR

Supporting Document Schedules

Review Status:
Satisfied -Name: Flesch Certification 01/30/2009
Comments:
Attachments:
AR Certif of Compliance with Rule 19.pdf
Read Cert - final.pdf

Review Status:
Satisfied -Name: Application 01/30/2009
Comments:
Please see applications UA5935 and UA5938 attached under the Forms Schedule tab.

Review Status:
Satisfied -Name: Outline of Coverage 01/30/2009
Comments:
Please see outline of coverage U8017 attached under the Forms Schedule tab.

Review Status:
Satisfied -Name: Attachment A 01/30/2009
Comments:
Attachment:
Attachment A - LTC09U AR.pdf

Review Status:
Satisfied -Name: Attachment B 01/30/2009
Comments:
Attachment:
Attachment B - LTC09U - AR.pdf

Review Status:
Satisfied -Name: Memorandum of Variable Material 01/30/2009
Comments:

SERFF Tracking Number: MUTM-126014392 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 41431
Company Tracking Number: JAIME MOSQUEDA
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.004 Partnership
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Project Name/Number: LTC Mutual and United LTC09/LTC09U[-AG, -5ML, -10ML]-AR

Attachment:

Memo of Variable Material-LTC09U.pdf

SERFF Tracking Number: MUTM-126014392 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 41431
Company Tracking Number: JAIME MOSQUEDA
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Product Name: Individual Long Term Care - LTC09U[-AG, -5ML, -10ML]-AR
Project Name/Number: LTC Mutual and United LTC09/LTC09U[-AG, -5ML, -10ML]-AR

Review Status:

Satisfied -Name: AR Credit Card Cert 01/30/2009
Comments:
Attachment:
AR Credit Card Cert.pdf

Review Status:

Satisfied -Name: AR Fee Schedule Cert 01/30/2009
Comments:
Attachment:
AR Fee Schedule Cert .pdf

Review Status:

Satisfied -Name: Appendix C Issuer Certification Form 01/30/2009
Comments:
Attachment:
AR Issuer Certification Form (Appendix C) - United.pdf

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: United of Omaha Life Insurance Company

Form Number(s): LTC09U[-AG, -5ML, -10ML]-AR, 0LY9U, 0MA0U, 0MA1U, 0MA2U, 0MA3U, 0MA4U, 0MA5U, 0MA7U, 0MA8U, 0MC1U, 0MC2U, 0MC3U, 0MF0U, 0MC4U, 0MC5U, 0MC7U, 0MC8U, 0MC9U, 0MD0U, 0MD1U, 0MD2U, 0MD3U, 0MD4U, 0MD5U, 0MD6U, 0MD7U, 0MD8U, 0MD9U, 0ME2U, 0ME9U-AR, 0MG1U, U8017, UA5935, UA5938, U7860, U7861, M26682, M26683, MLU26722

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

January 30, 2009

Date

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>
LTC09U[-AG, -5ML, -10ML]-AR	Tax-Qualified Long Term Care Insurance Policy	41.7
0LY9U	Basic and Professional HHC Benefit Rider	54.4
0MA0U	Waiver of Elimination Period for HHC Benefits Rider	55.2
0MA1U	Christian Science Providers Rider	56.4
0MA2U	Additional Benefit for Injury Rider With HHC Benefits	55.7
0MA3U	Additional Benefit for Injury Rider With Basic and Professional HHC Benefits	53.4
0MA4U	Restoration of Benefits Rider	47.7
0MA5U	Spouse Security Benefit Rider	51.0
0MA7U	Spouse Waiver of Premium Rider	45.5
0MA8U	Spouse Survivorship Benefit Rider	49.8
0MC1U	Spouse Shared Care Benefit Rider	42.5

United of Omaha Life Insurance Company

Date: January 30, 2009



Daniel J. Kennelly
Vice President & Chief Compliance Officer

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>
0MC2U	Domestic Partner Amendment Rider	60.1
0MC3U	Simple Inflation Protection Rider	43.1
0MF0U	Compound Inflation Protection Rider	46.7
0MC4U	Compound Inflation Protection With Increase Option Rider	41.9
0MC5U	Compound Inflation Protection - 20 Year Rider	50.9
0MC7U	Compound Inflation Protection (With Maximum Increase Cap Rider	50.2
0MC8U	LTC Partnership Graded Compound Inflation Protection Rider - 3%	51.7
0MC9U	LTC Partnership Graded Compound Inflation Protection Rider - 5%	47.4
0MD0U	Full Return of Premium at Death Benefit Rider	52.6
0MD1U	Return of Premium at Death (Less Claims Paid) Benefit Rider	55.9

United of Omaha Life Insurance Company

Date: January 30, 2009



Daniel J. Kennelly
Vice President & Chief Compliance Officer

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>
0MD2U	Return of Premium (Less Claims Paid) If Death Occurs Before Age 65 Benefit Rider	53.9
0MD3U	Nonforfeiture Benefit - Shortened Benefit Period Rider	48.4
0MD4U	Contingent Nonforfeiture Benefit Rider	46.4
0MD5U	Limited Premium Payment Contingent Nonforfeiture Benefit Rider	42.4
0MD6U	Single Premium Payment Option Rider	57.4
0MD7U	10-Year Premium Payment Option Rider	45.2
0MD8U	20-Year Premium Payment Option Rider	45.2
0MD9U	To-Age-65 Premium Payment Option Rider	49.2
0ME2U	Flex To-Age-85 Rider	42.9
0ME9U-AR	Cash Benefit Rider	52.6
0MG1U	Future Purchase Option Rider	40.8

United of Omaha Life Insurance Company

Date: January 30, 2009



Daniel J. Kennelly
Vice President & Chief Compliance Officer

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>
U8017	Individual/Multi-Life Outline of Coverage	N/A
UA5935	United LTC09U Application	N/A
UA5938	United LTC09U Multi-Life App (Full & Simplified Underwriting)	N/A
U7860	Notice Regarding Replacement	N/A
U7861	Long-Term Care Insurance Personal Worksheet	N/A
M26682	Potential Rate Increase Disclosure Form	N/A
M26683	Things You Should Know Before Buying LTC Insurance	N/A
MLU26722	HIPAA Authorization	N/A

United of Omaha Life Insurance Company

Date: January 30, 2009



Daniel J. Kennelly
Vice President & Chief Compliance Officer

ATTACHMENT A
Arkansas

Form Number

Description

POLICIES

LTC09U[-AG, -5ML, -10ML]-AR

Tax-Qualified Long-Term Care Insurance Policy

RIDERS

0LY9U

Basic and Professional HHC Benefit Rider

0MA0U

Waiver of Elimination Period for HHC Benefits Rider

0MA1U

Christian Science Providers Rider

0MA2U

Additional Benefit for Injury Rider With HHC Benefits

0MA3U

Additional Benefit for Injury Rider With Basic and Professional HHC Benefits

0MA4U

Restoration of Benefits Rider

0MA5U

Spouse Security Benefit Rider

0MA7U

Spouse Waiver of Premium Rider

0MA8U

Spouse Survivorship Benefit Rider

0MC1U

Spouse Shared Care Benefit Rider

0MC2U

Domestic Partner Amendment Rider

0MC3U

Simple Inflation Protection Rider

0MF0U

Compound Inflation Protection--Lifetime Benefit Rider

0MC4U

Compound Inflation Protection Benefit With Buy Up Option Rider

0MC5U

Compound Inflation Protection--20 Year Benefit Rider

0MC7U

Compound Inflation Protection Benefit With Maximum Increase Cap Rider

0MC8U

Graded Compound Inflation Protection Rider (3%)

0MC9U

Graded Compound Inflation Protection Rider (5%)

0MD0U

Full Return of Premium at Death Benefit Rider

0MD1U

Return of Premium at Death (Less Claims) Benefit Rider

0MD2U

Return of Premium (Less Claims Paid) If Death Occurs Before Age 65 Benefit Rider

0MD3U

Nonforfeiture Benefit--Shortened Benefit Period Rider

0MD4U

Contingent Nonforfeiture Benefit Rider

0MD5U

Limited Premium Payment Contingent Nonforfeiture Benefit Rider

0MD6U

Single Premium Payment Option Rider

0MD7U

10-Year Premium Payment Option Rider

0MD8U

20-Year Premium Payment Option Rider

0MD9U

To-Age-65 Premium Payment Option Rider

0ME2U

Flex To-Age-85 Rider

0ME9U-AR

Cash Benefit Rider

0MG1U

Future Purchase Option Rider

OUTLINE OF COVERAGE FORM

U8017

Individual/Multi-Life Outline of Coverage

APPLICATIONS

UA5935

United LTC09U Application

UA5938

United LTC09U Multi-Life App (Full & Simplified Underwriting)

ANCILLARY FORMS

U7860

Notice Regarding Replacement

U7861

Long-Term Care Insurance Personal Worksheet

M26682

Potential Rate Increase Disclosure Form

M26683

Things You Should Know Before Buying LTC Insurance

MLU26722

HIPAA Authorization

ACTUARIAL MEMORANDUM AND RATE SCHEDULE

LTC09U-RATES-AR

ATTACHMENT B

We plan to offer the following inflation protection options with the LTC09U product:

Inflation Protection Requirements
AGE INFLATION PROTECTION
Ages 60 and under Compound 3%, 3.5%, 4%, 4.5%, and 5% Lifetime*
Ages 56 - 75 Compound 3%, 3.5%, 4%, 4.5%, and 5% Lifetime* or Compound 5% 20 year
Ages 61 - 75 Compound 3%, 3.5%, 4%, 4.5%, and 5% Lifetime* or Compound 5% 20 year or Simple 5% Lifetime
76 and over None required
For any age, 5% compound (lifetime) option must still be offered

*Compound Inflation Protection With Maximum Increase Cap Rider will also be used if the age at which the cap is reached is 76 or over.

MEMORANDUM OF VARIABLE MATERIAL
LTC09U et. al.
Individual Long-Term Care Insurance (Tax Qualified)
United of Omaha Life Insurance Company 2009

Brackets are used within the policy schedule, outline of coverage and application to identify variable items. We will not add to or revise text in the outline or application that has been approved by your Department as variable, but we will *delete* from such text in order to customize for coordination with a particular policy package being offered.

We will always offer the 5% Compound Inflation Protection (Lifetime) and the Nonforfeiture Benefit - Shortened Benefit Period. These two items **are not variable** and have not been bracketed.

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

Listed below is an explanation of the variable areas of the filed forms.

POLICY SCHEDULE

All specimen data is variable.

All dollar amounts, time frame and percentage payable ranges available are listed in the policy schedule and the Actuarial Memorandum. Benefits not included as part of the coverage issued to an insured person will be omitted from that person's policy schedule.

APPLICATION

All items shown within brackets are variable. The Benefit Selection area contains a comprehensive listing of all possible options that can potentially be offered. The Benefit Selection area will be customized to coordinate with one or more marketing packages of policy benefits being offered.

For your convenience, the Benefit Selection area includes a side-by-side comparison. We have included a page ("printed version"), to show our initial marketing approach. Those final marketing pages include a special note. It states: "*Note to DOI: This page shows our intent to initially market on printed version*".

OUTLINE OF COVERAGE

All items shown within brackets are variable. Provisions shown within brackets may be deleted or relocated in order to produce a customized outline that coordinates with a particular package of policy benefits being offered. For example: We would only move certain benefits from the "Optional Benefits" section to the "Benefits Provided By the Policy" section, if we wanted that benefit to be included in a marketing package.

FACE PAGE OF THE POLICY

As stated in our cover letter, and as shown in Attachment A, the form number may include a designator.

Certain designators (-AG, -5ML or -10ML) will be included in the form number under the following conditions:

Our new LTC09U long-term care policy will be offered to individuals, members of association groups, and employees of employer-sponsored groups on a multi-life/worksites basis. When issued to an association group member, the policy form number will include the "-AG" designator. When issued to an employee on a multi-life basis, the policy form number will include either a "-5ML" or "-10ML" designator, depending on the group rate the individual is eligible for. Whether sold on an individual, AG or multi-life basis, the LTC09U policy will always be an individual insurance policy that is individually underwritten and issued to the insured (*not* to the association group or the employer).

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 Kennelly
SIGNATURE

January 30, 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: Jaime Mosqueda

402-351-5062

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.

* 1 X \$50 = \$ 50

**Retaliatory \$ _____

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

* _____ X \$50 = _____

**Retaliatory \$ _____

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

* _____ X \$20 = _____

**Retaliatory \$ _____

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

* _____ X \$25 = \$ _____

**Retaliatory \$ _____

AMEND CERTIFICATE OF AUTHORITY

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

* _____ X \$400 = _____

Filing to amend Certificate of Authority.

*** _____ X \$100 = _____

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

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

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

Appendix C
Issuer Certification Form
(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, *e.g.*, as it introduces new long-term care insurance policy forms for issuance.

I. GENERAL INFORMATION

A. Name, address and telephone number of issuer:

United of Omaha Life Insurance Company

Mutual of Omaha Plaza, Omaha, NE 68175

(402) 342-7600

B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:

Jaime Mosqueda (jaime.mosqueda@mutualofomaha.com)

Mutual of Omaha Plaza, Omaha, NE 68175

(402) 351-5062

C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):

LTC09U[-AG, -5ML, -10ML]-AR
