

SERFF Tracking Number: MUTM-126213451 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 42879
Company Tracking Number: FCA-B520LNS07A REV 1009
TOI: L071 Individual Life - Whole Sub-TOI: L071.121 Graded Premium - Single Life
Product Name: Graded Death Benefit Application B521LNA07A REV 1009
Project Name/Number: Graded Death Benefit Application/B521LNA07A REV 1009

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Graded Death Benefit SERFF Tr Num: MUTM-126213451 State: Arkansas

Application – B521LNA07A REV 1009

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 42879
Closed

Sub-TOI: L071.121 Graded Premium - Single Life Co Tr Num: FCA-B520LNS07A State Status: Approved-Closed
REV 1009

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Mary Cleasby, Wanda Hill, Disposition Date: 07/20/2009
Kim Meyerring, Sean Cox, Jana
Ellmaker

Date Submitted: 07/02/2009 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Graded Death Benefit Application

Status of Filing in Domicile: Pending

Project Number: B521LNA07A REV 1009

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The Domicile state
have been submitted on or about this same
date.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/20/2009

Explanation for Other Group Market Type:

State Status Changed: 07/20/2009

Deemer Date:

Created By: Jana Ellmaker

Submitted By: Jana Ellmaker

Corresponding Filing Tracking Number:

Filing Description:

On behalf of United of Omaha Life Insurance Company, I am submitting the above captioned form in final printed format for review and approval. This form contains no unusual or controversial items according to normal company and industry standards. To the best of my knowledge, it complies with all your applicable statutes.

SERFF Tracking Number: MUTM-126213451 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 42879
Company Tracking Number: FCA-B520LNS07A REV 1009
TOI: L071 Individual Life - Whole Sub-TOI: L071.121 Graded Premium - Single Life
Product Name: Graded Death Benefit Application B521LNA07A REV 1009
Project Name/Number: Graded Death Benefit Application/B521LNA07A REV 1009

Our fee of \$20.00 has been sent by EFT on this same date.

Application B520LNS07A REV 1009 is new and is intended to replace application B520LNS07A approved by your department on 12/18/2007. Application B520LNS07A REV 1009 is used with our Direct to Consumer Graded Death Benefit products. The removal of the citizenship question, copied below, is the only change made to this application from its previous version. For direct response testing, our marketing division has requested to utilize the currently approved application and the application with this filing for a six-month period in order to test and collect marketing data as to the affect the citizenship question has on the amount of applications returned by potential customers. The Citizenship question information is not used to determine eligibility for coverage.

Is the proposed insured a citizen of the United States? Yes No

If "No," please provide Permanent Resident Card [(Form I-551)] Number: _____

Additionally, B520LNS07A REV 1009 will be used in conjunction with the following policies: A959LAR06P (approved by your department on 11/02/2006); A960LAR06P (approved by your department on 11/02/2006); A961LAR06P (approved by your department on 11/02/2006); and A963LAR06P (approved by your department on 11/02/2006).

The application submitted with this filing contains variability that will provide the required options for all distribution channels, help reduce the number of application forms we currently maintain, and continue to meet the needs of our customers.

Please see attached Memorandum of Variability regarding all variable options for application form B520LNS07A REV 1009. We ask that all application information shown in brackets be filed as variable to accommodate any changes in marketing criteria and the needs of our different distribution channels. The variability on this application has not changed from what was initially approved with application number B520LNS07A.

This application when combined with each policy has achieved a Flesch score of (52.1).

Nebraska, our state of domicile, has been submitted on our about this same date.

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

Company and Contact

Filing Contact Information

Sally Hess, Product & Advertising Compliance sally.hess@mutualofomaha.com
Specialist

SERFF Tracking Number: MUTM-126213451 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 42879
 Company Tracking Number: FCA-B520LNS07A REV 1009
 TOI: L071 Individual Life - Whole Sub-TOI: L071.121 Graded Premium - Single Life
 Product Name: Graded Death Benefit Application B521LNA07A REV 1009
 Project Name/Number: Graded Death Benefit Application/B521LNA07A REV 1009

Regulatory Affairs Division 402-351-5339 [Phone]
 Mutual of Omaha 402-351-5298 [FAX]
 Mutual of Omaha Plaza
 Omaha, NE 68175

Filing Company Information

United of Omaha Life Insurance Company CoCode: 69868 State of Domicile: Nebraska
 Mutual of Omaha Plaza Group Code: 261 Company Type: Life Insurance
 Omaha, NE 68175 Group Name: State ID Number:
 (402) 351-6420 ext. [Phone] FEIN Number: 47-0322111

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: \$20.00 per application x 1 application = \$20.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$20.00	07/02/2009	28956005

SERFF Tracking Number: MUTM-126213451 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 42879
Company Tracking Number: FCA-B520LNS07A REV 1009
TOI: L071 Individual Life - Whole Sub-TOI: L071.121 Graded Premium - Single Life
Product Name: Graded Death Benefit Application B521LNA07A REV 1009
Project Name/Number: Graded Death Benefit Application/B521LNA07A REV 1009

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/20/2009	07/20/2009

SERFF Tracking Number: *MUTM-126213451* *State:* *Arkansas*
Filing Company: *United of Omaha Life Insurance Company* *State Tracking Number:* *42879*
Company Tracking Number: *FCA-B520LNS07A REV 1009*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.121 Graded Premium - Single Life*
Product Name: *Graded Death Benefit Application B521LNA07A REV 1009*
Project Name/Number: *Graded Death Benefit Application/B521LNA07A REV 1009*

Disposition

Disposition Date: 07/20/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-126213451 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 42879
 Company Tracking Number: FCA-B520LNS07A REV 1009
 TOI: L071 Individual Life - Whole Sub-TOI: L071.121 Graded Premium - Single Life
 Product Name: Graded Death Benefit Application B521LNA07A REV 1009
 Project Name/Number: Graded Death Benefit Application/B521LNA07A REV 1009

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Application for Life Insurance		Yes

SERFF Tracking Number: MUTM-126213451 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 42879
 Company Tracking Number: FCA-B520LNS07A REV 1009
 TOI: L071 Individual Life - Whole Sub-TOI: L071.121 Graded Premium - Single Life
 Product Name: Graded Death Benefit Application B521LNA07A REV 1009
 Project Name/Number: Graded Death Benefit Application/B521LNA07A REV 1009

Form Schedule

Lead Form Number: B520LNS07A REV 1009

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	B520LNS07A REV 1009	Application/ Enrollment Form Application for Life Insurance	Revised	Replaced Form #: B520LNS07A Previous Filing #:	52.000	B520LNS07A REV 1009.pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY

1 [A MUTUAL of OMAHA COMPANY]

Home Office Use Only.
Code



Application for Graded Benefit Whole Life Insurance

2 Please complete sections 1 through [5] in full.

PLEASE REPLY BY

Keyline Code

3 [Collate Code]

4 [Name _____]

5 [[Residence] Address _____]

[City, State, ZIP _____]

6 [[Mailing Address _____]

7 [City, State, ZIP _____]

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

1. Telephone Number _____
Area Code Number

Sex M F Age _____ Date of Birth _____ / _____ / _____
Month Day Year

9 [Social Security Number _____ - _____ - _____] 10 [E-mail Address _____]

11 [[Benefit amount of life insurance coverage applied for] [I wish to apply for the following life insurance benefit amount]: [(please check one)]
 \$00,000 \$00,000 \$00,000 \$00,000 \$00,000 [\$ _____]

12 [I am applying for _____ units of insurance.]

13 [I am applying for (please circle one): 1 2 3 4 5 6 units of insurance.]

14 [I am applying for (please check one): 1 2 3 4 5 6 7 8 9 units of insurance.]

15 Beneficiary (List person[s] to be paid at death [- % share must total 100%]):

First Name Middle Last Name Relationship to Insured [% Share]

16 [Beneficiary Address:

Street City State ZIP

If no beneficiary has been named, proceeds will be paid to the estate of the Insured.

Will this insurance replace, discontinue or change any existing life insurance or annuity contract? Yes No

If "Yes," give details if known: Company Name _____ Policy Number _____

[2.] 18 [Spouse's] [or] [Other Proposed Insured's] Full Name _____
First Middle Last Name

19 [[Residence] Address _____ City, State, ZIP _____]

20 [[Mailing Address _____ City, State, ZIP _____]

21 [Telephone Number _____ Sex M F Age _____ Date of Birth _____ / _____ / _____
Area Code Number Month Day Year

22 [Social Security Number _____ - _____ - _____] 23 [E-mail Address _____]

24 [[Benefit amount of life insurance coverage applied for] [I wish to apply for the following life insurance benefit amount]: [(please check one)]
 \$00,000 \$00,000 \$00,000 \$00,000 \$00,000 [\$ _____]

25 [I am applying for _____ units of insurance.]

26 [I am applying for (please circle one): 1 2 3 4 5 6 units of insurance.]

27 [I am applying for (please check one): 1 2 3 4 5 6 7 8 9 units of insurance.]

28 Beneficiary (List person[s] to be paid at death [- % share must total 100%]):

First Name Middle Last Name Relationship to Insured [% Share]

29 [Beneficiary Address:

Street City State ZIP

If no beneficiary has been named, proceeds will be paid to the estate of the Insured.

Will this insurance replace, discontinue or change any existing life insurance or annuity contract? Yes No

If "Yes," give details if known: Company Name _____ Policy Number _____

3.30 [Method of Payment] [(Check One [Payment Method] Only)]

- 31 [Send no money [now!]] [Bill me [later].] [Send money]
- 32 [(Please check one)]
- 33 [I understand that I will receive a statement to collect my first month's premium [of \$ [000.00].] Once that premium is received, my request will be processed and coverage will begin.]
- 34 [I understand payment is not required at this time. I wish to set up my future premiums to be paid as selected below:]
- 35 [I prefer to send my first payment now. [Coverage will begin at the earliest possible date.]] [Payment enclosed. [Start coverage at the earliest possible date.]] [See section [4.]]
- 36 [I have enclosed [a total of] \$_____ to pay [the] [my] first month's premium [for the benefit amount selected above].]
- 37 [I have enclosed the [(\$0.00)] initial premium [of] [number] [dollar[s] [(\$0.00)] for [each of] the proposed insured[(s)] shown above.]
- 38 [I have enclosed [number] dollar[s] to pay my first [number] [month's] [months'] premium.]
- 39 [I have enclosed \$_____ to pay for the first month of coverage for myself.]
- 40 [I have enclosed \$_____ to pay for the first month of coverage for my spouse (only if to be insured).]
- 41 [Make check [or money order] payable to United of Omaha.]
- 42 [[After] [that] [the first] [number] [month] [months], I wish to [be billed] [have] [future] [and] [renewal] [premiums] [billed to me] [paid] [as selected below:]] [(Please check one)]
- 43 [Direct Bill] [Annually [(once a year)]] [Semiannually [(twice a year)]] [Quarterly [(four times a year)]] [Monthly [(twelve times a year)]]
- 44 [[Save Money...]] [Monthly] [Quarterly] [Semiannually] [Semiannual] [Annually] [Annual] [through the] EASY PAY OPTION [(automatic deductions from your [or your] [spouse's] [checking] [savings] account).] [I understand [the] [initial] [future] [and] [renewal] premiums for this coverage will be automatically [deducted] [withdrawn] from [my] [the] [or my] [spouse's] [Client Name] [checking] [savings] account.]
- 45 [Complete Easy Pay [Option] Authorization [Form] [enclosed] [below] [on back of application] [attached to reply envelope] [and attach a sample check marked "VOID".]]
- 46 [[Select only one option.] [Client Name] [account] [or] [checking] [savings] [account]]
- 47 [Provide your [number]-digit [Client Name] account number [_____]]
- 48 [[Monthly] [Quarterly] [Semiannual] [Annual] Credit Card]
- 49 [VISA® [Plan code]] MasterCard® [Plan code]] [other credit card] [Plan code]]
 _____ Expiration Date ____/____]
- 50 [[By signing below,] I authorize the [initial] [future] [and] [renewal] premiums for this coverage to be automatically billed through [my] [the] [or my] [spouse's] [Client Name] [credit card] account [monthly] [quarterly] [semiannually] [annually].]
- 51 [I wish to [bill] [pay] [charge] this insurance [through] [to] my [or my] [spouse's] [Client Name] [checking] [savings] [credit card] [issued by] [Client Name] [account]. I understand the [initial] [future] [and] [renewal] premiums for this [coverage] [life insurance] will be automatically billed through [my] [the] account [monthly] [quarterly] [semiannually] [annually].]
- 52 [[I wish to [bill this through] [pay this with] my [or my] [spouse's] Mortgage Payment] [By signing below,] I [authorize] [understand] the [initial] [future] [and] [renewal] premiums for this [coverage] [life insurance] [to be] [will be] automatically [charged to] [billed] [to] [through] [collected with] my [or my] [spouse's] [Client Name] [account] [mortgage payment] [monthly] [quarterly] [semiannually] [annually].]
- 53 [Enter your personal identification number found on your invitation to apply for coverage: _____.]
- 54 [I understand the [initial] [future] [and] [renewal] premiums for this coverage will be automatically [charged] [billed] [deducted] [withdrawn] [monthly] [quarterly] [semiannually] [annually] [to] [through] [from] [collected with] my [or my] [spouse's] [Client Name] [mortgage payment] [checking] [savings] [account] as with my present [underwriting company] coverage.]

[EASY PAY [OPTION] AUTHORIZATION]

[Save Money...] [As a convenience to me and by] [By] signing below, I authorize United of Omaha Life Insurance Company and/or its affiliates* to automatically withdraw [[monthly] [quarterly] [semiannual] [annual]] premiums from [my] [the] [or my] [spouse's] account on the __ (1st through 28th) of the month. I understand I can cancel withdrawals anytime with 3 days notice. [Please enclose [a sample check marked "VOID"] [or] [your initial payment] using a check for the account from which payments are to be made.]

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

[Date _____] X _____
Authorized Signature as Shown on Account

X _____
Joint Account or Other Authorized Signature]

55

[4.] I represent the information above is true and complete to the best of my knowledge and belief. I understand that a reduced death benefit amount is payable during the first two years if death results from sickness or other natural causes. I also understand that no insurance shall take effect until a policy is issued and the first premium is received by United of Omaha Life Insurance Company during my lifetime.

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

57 [CONSUMER DISCLOSURE OF THE SALE OF INSURANCE

THE INSURANCE PRODUCT IS NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEE BY, THE BANK OR ANY AFFILIATE OF THE BANK. THE INSURANCE PRODUCT IS NOT INSURED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER AGENCY OF THE UNITED STATES, THE BANK, OR ANY AFFILIATE OF THE BANK.

I ACKNOWLEDGE RECEIPT OF THE CONSUMER DISCLOSURE OF THE SALE OF INSURANCE.]

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

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.

59 [I have read the fraud notice on the back of this application.]

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

[5.] 61 [MY [APPLICANT] [CARDMEMBER] [CARDHOLDER] [MORTGAGOR] [ACQUANTHOLDER] SIGNATURE X _____

(Do Not Print)

DATE ____/____/____
Month Day Year

62 [SPOUSE] [OR] [OTHER PROPOSED INSURED] SIGNATURE X _____

(Do Not Print)

DATE ____/____/____
Month Day Year

63 [Complete only if [applicant] [spouse] [or] [other proposed insured] is not [a] [an] [Client Name] [cardmember] [cardholder] [co-mortgagor] [acquantholder]:

I agree that the premiums for [my spouse's] [or] [the] [other proposed insured's] life insurance will be [charged to] [billed to] [withdrawn from] [collected with] my [Client Name] [[checking] [/] [savings] [credit card] account] [mortgage payment].

[CLIENT NAME] [CARDMEMBER] [CARDHOLDER] [MORTGAGOR] [ACQUANTHOLDER]

SIGNATURE: X _____ **DATE** ____/____/____
(Do Not Print) Month Day Year

64 [Complete only if address of [client name] [cardmember] [cardholder] [mortgagor] [acquantholder] is different than applicant address:

[CARDMEMBER] [CARDHOLDER] [MORTGAGOR] [ACQUANTHOLDER] NAME _____
(Please Print)

[CARDMEMBER] [CARDHOLDER] [MORTGAGOR] [ACQUANTHOLDER] ADDRESS _____
(Please Print)

CITY, STATE, ZIP _____
(Please Print)

65 [Licensed Agent Statement:

In addition to the above, by signing below, I, the Licensed Agent, hereby agree that I know of nothing detrimental to the risk that is not recorded in this application.

Do you, the Licensed Agent, have any reason to believe the policy applied for has replaced or will replace any insurance policy and/or annuity contract? Yes No

Has the Proposed Insured informed you, the Licensed Agent, that he/she has one or more existing life insurance policies and/or annuity contracts in force? Yes No

(If either question is answered "Yes," fulfill all state and company requirements.)

Signature of Licensed Agent [Production] [License] [Employee] [ID] Number Date Month Day Year

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

SERFF Tracking Number: MUTM-126213451 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 42879
 Company Tracking Number: FCA-B520LNS07A REV 1009
 TOI: L071 Individual Life - Whole Sub-TOI: L071.121 Graded Premium - Single Life
 Product Name: Graded Death Benefit Application B521LNA07A REV 1009
 Project Name/Number: Graded Death Benefit Application/B521LNA07A REV 1009

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Attachments: AR COC.pdf AR RDB.pdf</p>		
<p>Bypassed - Item: Application Bypass Reason: Please see form schedule for the application. Comments:</p>		
<p>Satisfied - Item: Statement of Variability Comments: Attachment: Filing Memo of Variability - B520LNS07A.pdf</p>		

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: United of Omaha Life Insurance Company

Form Title(s): Application for Life Insurance

Form Number(s): B520LNS07A REV 1009

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Daniel J. Kennelly
Vice President & Chief Compliance Officer

July 1, 2009

Date

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: United of Omaha Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
B520LNS07A REV 1009	*

*52.1 when combined with policy form.



Daniel J. Kennelly
Vice President & Chief Compliance Officer

July 1, 2009
Date

Memorandum of Variability
Explanation of Variable Statements and Fields
For United of Omaha Life Insurance Company Application Form
B520LNS07A.

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

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

PAGE 1	
<i>Variable Statements/Fields</i>	<i>How or When Used</i>
1 [A Mutual of Omaha Company and Logo]	Will print depending on marketing and advertising layout.
2 [5]	Section numbers vary depending on marketing layout and distribution channel.
3 [Collate Code]	Will print with certain payment methods only.
4 -7 [Name, Address, etc.]	Will print depending on if fields are pre-populated.
8 [If "No," Please provide Permanent Resident Card [(Form I-551)] Number:]	Variable to comply with future updates to federal form identification number.
9 [Social Security Number...]	Will ask for a social security number if required to do so by state or federal law or if internal company decision is made to request this information.
10 [E-mail Address...]	May or may not print depending on marketing and printing layout.
11 [Benefit Amount...]	A combination will print depending on a range of benefits from \$1,000.00 up to \$25,000.00.
12 [I am applying for ___ units of insurance]	Will print depending on a range of 1-15 units of insurance.
13 [I am applying for (please circle...)]	A combination will print depending on a range of 1-15 units of insurance.
14 [I am applying for (please check...)]	A combination will print depending on a range of 1-15 units of insurance.
15 Beneficiary... [% share must total 100]...	A combination will print depending on marketing and advertising layout.
16 [Beneficiary Address...]	Will print depending on marketing and advertising layout.
17 [Other Insured Section]	Will print if spouse and/or other proposed insured coverage is offered.
18 [Spouse's] [or] [Other Proposed Insured's]	Will print if spouse and/or other proposed insured coverage is offered.
19 [Address...]	May or may not print depending on if fields are pre-populated.

20 [Telephone Number...]	Will print depending on if fields are pre-populated.
21 [If "No," Please provide Permanent Resident Card [(Form I-551)] Number:]	Variable to comply with future updates to federal form identification number.
22 [Social Security Number...]	Will ask for a social security number if required to do so by state or federal law or if internal company decision is made to request this information.
23 [E-mail Address...]	Will print depending on marketing and printing layout.
24 [Benefit Amount...]	A combination will print depending on a range of benefits from \$1,000.00 up to \$25,000.00.
25 [I am applying for ___ units of insurance]	Will print depending on a range of 1-15 units of insurance.
26 [I am applying for (please circle...)]	A combination will print depending on a range of 1-15 units of insurance.
27 [I am applying for (please check...)]	A combination will print depending on a range of 1-15 units of insurance.
28 Beneficiary... [% share must total 100]...	Will print depending on marketing and advertising layout.
29 [Beneficiary Address...]	Will print depending on marketing and advertising layout.
PAGE 2	
<i>Variable Statements/Fields</i>	<i>How or When Used</i>
30-55 The Method of Payment section in its entirety may or may not print depending on distribution channel and marketing layout.	
30 [Method of Payment...]	A combination or none of these headers may print depending on payment method and marketing layout.
31-40 [☐]	A combination of check boxes will print if more than one payment method is provided depending on marketing layout.
31 [Send no money [now!]] [Bill me [later].] [Send money]	A combination of these options will print depending on the payment method provided.
32 [(Please check one)]	Will print when more than one payment method is provided.
33-55 These variable paragraphs comprise the billing modes (options) we may offer in varying combinations to the applicant.	
33 [I understand that I will receive a statement to collect my first month's premium...]	A combination will print depending on payment method offered.
34 [I understand payment is not required at this time...]	Will print depending on payment method offered.

35 [I prefer to send my first payment now. [Coverage will begin at the earliest possible date.]] [Payment enclosed. [Start coverage at the earliest possible date.]]	One or a combination of these options will appear depending on marketing layout.
[See section 4.]	Directs applicant to agreement section.
36 [I have enclosed...\$__ to pay...]	A combination will print depending on payment method.
37 [I have enclosed the...initial premium...]	A combination will print depending on payment method.
38 [I have enclosed [number] dollar[s]...]	A combination will print depending on payment method.
39 [I have enclosed \$__ to pay for the first month of coverage for myself.]	Will print depending on payment method.
40 [I have enclosed \$__ to pay for the first month of coverage for my spouse (only if to be insured).]	Will print depending on payment method and if spouse coverage is being offered.
41 [Make check...payable to United of Omaha.]	A combination will print depending on payment method provided.
42 [...I wish to...(Please check one)]	A combination will print depending on payment method provided.
43 [Direct Bill...]	A combination of these options will print depending on the payment method provided.
44 [Save Money...]	A combination will print if Easy Pay is provided as a payment method.
45 [Complete Easy Pay...]	A combination will print if Easy Pay is provided as a payment method.
46 [[Select only one option.]...]	A combination will print depending on payment method.
47 [Provide your...digit...account number]	A combination will print depending on marketing layout.
48 [Monthly, quarterly...credit card]	A combination will print depending on marketing layout.
49 [VISA, MasterCard, other credit card]	A combination will print depending on marketing layout.
50 [By signing below...]	A combination will print depending on payment method provided.
51 [I wish to...]	A combination will print depending on payment method provided.
52 [I wish to...mortgage payment]	A combination will print depending on payment method provided.
53 [Enter your personal identification number...]	Will print depending on marketing layout.
54 [I understand the...]	A combination will print depending on marketing layout.

55 [EASY PAY AUTHORIZATION...]	A combination will print depending on marketing layout.
PAGE 3	
<i>Variable Statements/Fields</i>	<i>How or When Used</i>
56 [I acknowledge this is not a deposit...]	Will print depending on distribution channel for 3 rd party marketing.
57 [Consumer Disclosure of the Sale of Insurance...]	Will print depending on distribution channel for 3 rd party marketing.
58 [Insurance Products are not insured by the FDIC...]	Will print depending on distribution channel for 3 rd party marketing.
59 [I have read the fraud notice on the back of this application.]	Will print depending on marketing layout and distribution channel.
60 [I acknowledge the receipt of the insurance disclosures...]	A combination will print depending on 3 rd party marketing layout.
61 [MY] [APPLICANT] [CARDMEMBER] [CARDHOLDER] [MORTGAGOR] [ACCOUNTHOLDER]...	One of these variables will print depending on marketing layout.
62 [[Spouse] [or] [Other Proposed Insured]...]	A combination will print depending on if spouse and/or other insured coverage is offered.
63 [Complete only if...]	A combination will print depending on payment method provided.
64 [Complete only if address of...is different...]	A combination will print depending on marketing layout.
65 [Licensed Agent Statement...]	Will print for solicitations involving telemarketing via a licensed agent.