

SERFF Tracking Number: MUTM-126271514 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 43328  
Company Tracking Number: FCA-C086LNS08A REV 1009  
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Juvenile Whole Life Application C085LNA08A REV 1009  
Project Name/Number: Juvenile Whole Life Application/C086LNS08A REV 1009

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Juvenile Whole Life Application SERFF Tr Num: MUTM-126271514 State: Arkansas  
– C085LNA08A REV 1009

TOI: L07I Individual Life - Whole

SERFF Status: Closed-Approved- State Tr Num: 43328  
Closed

Sub-TOI: L07I.101 Fixed/Indeterminate  
Premium - Single Life

Co Tr Num: FCA-C086LNS08A State Status: Approved-Closed  
REV 1009

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Mary Cleasby, Wanda Hill, Disposition Date: 08/26/2009  
Kim Meyerring, Jana Ellmaker

Date Submitted: 08/25/2009 Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Juvenile Whole Life Application

Status of Filing in Domicile: Pending

Project Number: C086LNS08A REV 1009

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The domicile state  
has 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: 08/26/2009

Explanation for Other Group Market Type:

State Status Changed: 08/26/2009

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.

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

Currently we maintain three applications for different direct-response distribution channels involving our Juvenile Whole Life block of business. We would like to file a variable application that will provide the required options for all direct-response distribution channels, help reduce the number of application forms we currently maintain, and continue to meet the needs of our customers.

Application C086LNS08A REV 1009 is new and is intended to replace application C086LNS08A, approved by your department on 4/3/2008. 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", then please provide Permanent Resident Card [(Form I-551)] Number:\_\_\_\_\_

Additionally, C086LNS08A REV 1009 will be used in conjunction with the following policies:

Policy Form - Approval Date

A013LAR05P - 6/10/2005

A014LAR05P - 6/10/2005

A015LAR05P - 6/10/2005

A016LAR05P - 6/10/2005

A017LAR05P - 6/10/2005

A018LAR05P - 6/10/2005

The application submitted with this filing contain 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 C086LNS08A 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. Appendix A explains the variable payment methods that can be utilized with this application. The variability on this application has not changed from what was initially approved with application number C086LNS08A.

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This application when combined with each policy has achieved a Flesch score of (52.4).

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

## Company and Contact

### Filing Contact Information

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

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: \$20 per form filing filed separately from the Policy.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$20.00	08/25/2009	30096858

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/26/2009	08/26/2009

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## **Disposition**

Disposition Date: 08/26/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Appendix A		Yes
Supporting Document	Memorandum of Variability		Yes
Form	Application to United of Omaha Life Insurance Company for [Children's] [Juvenile] [Youth] [Young Adult] Whole Life Insurance		Yes

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## Form Schedule

**Lead Form Number: C086LNS08A REV 1009**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	C086LNS08A REV 1009	Application/ Enrollment Form	Application to United of Omaha Life Insurance Company for [Children's] [Juvenile] [Youth] [Young Adult] Whole Life Insurance	Revised	Replaced Form #: C086LNS08A Previous Filing #:	52.400	C086LNS08A REV 1009.pdf

# Application to United of Omaha Life Insurance Company

## for [Children's] [Juvenile] [Youth] [Young Adult] Whole Life Insurance

Home Office Use Only  
Code



2 [Reply by \_]  
3 [Keyline Code]  
4 [Collate Code]

5 [1] Applicant  
6 [Name]  
7 [Residence] Address \_\_\_\_\_  
City, State, ZIP Code \_\_\_\_\_  
8 [Mailing Address (if different)] \_\_\_\_\_  
City, State, ZIP Code \_\_\_\_\_  
9 [(If name or address is incorrect, please change.)]

10 [Check the] Coverage Amount for each Proposed Insured: [Check One]  \$0,000  \$0,000  \$0,000  \$0,000 ]

11 Please complete sections 1 through [8] in full

12 [2] Proposed Insureds: (List [children] [or spouse] [person(s)] age [25] [19] and under to be insured)

14	First Name	Middle Initial	Last Name	Age	Date of Birth Month/Day/Year	Sex M/F	13 [Coverage Amount [(Check One)]]
							15 [ <input type="checkbox"/> \$0,000 <input type="checkbox"/> \$0,000 <input type="checkbox"/> \$0,000 <input type="checkbox"/> \$0,000 ]

[3] Applicant: 16 [(Parent, Grandparent[,] [or] Guardian[,] [Proposed Insured] [Self] [or Spouse])]

17 [Name \_\_\_\_\_] 20 [  Male  Female ] 23 [Telephone Number (\_\_\_\_) \_\_\_\_\_]  
First Name Initial Last Name  
5 18 [[Residence] Address \_\_\_\_\_] 21 [Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_] 24 [E-mail Address \_\_\_\_\_]  
Street City State ZIP Code Month Day Year  
19 [Mailing Address \_\_\_\_\_] 22 [Social Security No. \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(if different) Street City State ZIP Code]

25 **Beneficiary:** [The Applicant shall be the Beneficiary unless otherwise requested.] [You will be the Beneficiary unless you name someone else below.]

Please Print: \_\_\_\_\_  
First Name Initial Last Name Relationship to Proposed Insured]

26 [4] [Variable Payment Methods]

[5] Have any of the Proposed Insureds received medical care for or had:

(a) a heart or circulatory system disease, birth defect, or mental or developmental disorder?  Yes  No  
(b) any other chronic medical condition which has required care within the past 3 years?  Yes  No  
If "Yes," please list Proposed Insured(s) and condition \_\_\_\_\_

[6] Will this insurance replace, discontinue or change any existing life insurance or annuity contract?  Yes  No If "Yes," give details, if known: Name(s) of Proposed Insured(s) \_\_\_\_\_ Company(ies) \_\_\_\_\_ Policy Number(s) \_\_\_\_\_

27 [7] I am the [parent, grandparent[,] [or] guardian[,] [Proposed Insured] [or spouse] [of the Proposed Insured(s)] and I represent that my above answers are true and complete to the best of my knowledge and belief. I also understand that this coverage will not be in force until this application is completed in full and approved by United of Omaha Life Insurance Company, and my initial premium is received during the lifetime of the Proposed Insured(s).

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

29 [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.]

30 [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.]

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

32 [8] [Applicant's] [Cardmember's] [Cardholder's] [Mortgagor's] [Accountholder's]

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

33 Relationship to Proposed Insured(s) [Check One]  Parent  Grandparent  Guardian  Proposed Insured  Spouse ] \_\_\_\_\_

34 [X \_\_\_\_\_] X \_\_\_\_\_  
[Signature of Proposed Insured(s) [if age 15 or older]] [Signature of Parent or Guardian [(if Proposed Insured(s) under age 15)]]

35 [Complete only if [Applicant] [spouse] [or] [other Proposed Insured] is not [a] [an] [Client Name] [cardmember] [cardholder] [co-mortgagor] [accountholder]: 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's] [Cardholder's] [Mortgagor's] [Accountholder's]

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

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

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

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

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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

37 [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 Applicant informed you, the Licensed Agent, that any Proposed Insured 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]

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<p><b>Satisfied - Item:</b> Flesch Certification  <b>Comments:</b>            The Flesch Certification and Compliance Certification have been attached here as required.  <b>Attachments:</b>            AR RDB.pdf            AR COC.pdf</p>		
<p><b>Bypassed - Item:</b> Application  <b>Bypass Reason:</b> This is an application filing. Please see the forms schedule.  <b>Comments:</b></p>		
<p><b>Bypassed - Item:</b> Life &amp; Annuity - Acturial Memo  <b>Bypass Reason:</b> Not applicable for this filing.  <b>Comments:</b></p>		
<p><b>Satisfied - Item:</b> Appendix A  <b>Comments:</b>  <b>Attachment:</b>            Nat'l. Rev. JWL Super App Payment Methods Appendix REV 1009(DISTILLED).pdf</p>		
<p><b>Satisfied - Item:</b> Memorandum of Variability</p>		

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**Comments:**

Please see the Memorandum of Variability attached below.

**Attachment:**

JWL Filing Memo of Variability - C086LNS08A REV 1009.pdf

**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.

<b>Form Number</b>	<b>Score</b>
C086LNS08A REV 1009	*

\*52.4 when combined with policy form.



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Daniel J. Kennelly  
Vice President & Chief Compliance Officer

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August 21, 2009  
Date

**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** United of Omaha Life Insurance Company

**Form Title(s):** Application to United of Omaha Life Insurance Company for [Children's]  
[Juvenile] [Youth] [Young Adult] Whole Life Insurance

**Form Number(s):** C086LNS08A 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.



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Daniel J. Kennelly  
Vice President & Chief Compliance Officer

August 21, 2009

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Date



**[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 ]

BB

CC [Provide your account number:]

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

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

**Memorandum of Variability**  
**Explanation of Variable Statements and Fields**  
**For United of Omaha Life Insurance Company Application Form**  
**C086LNS08A REV 1009.**

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

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

<b>PAGE 1</b>	
<i>Variable Statements/Fields</i>	<i>How or When Used</i>
<b>1</b> [Children's] [Juvenile] [Youth] [Young Adult]	One will print depending on marketing layout.
<b>2</b> [Reply by]	Will print depending on marketing layout.
<b>3</b> [Keyline Code]	Will print depending on marketing layout.
<b>4</b> [Collate Code]	Will print with certain payment methods only.
<b>5</b> [Applicant Name and Address...]	Either variables (6-9) <b>OR</b> (17 and 20) will print depending on whether fields are pre-populated and marketing layout.
<b>6</b> [Applicant Name]	Will print depending on if fields are pre-populated.
<b>7</b> [Residence Address]	Will print depending on if fields are pre-populated.
<b>8</b> [Mailing Address]	Will print depending on if fields are pre-populated.
<b>9</b> [(If name or address is incorrect...)]	Will print depending on marketing layout.
<b>10</b> [[Check the] Coverage Amount for each Proposed Insured: [Check one] [ <input type="checkbox"/> \$0,000]...]	A combination will print depending on a range of benefits offered up to \$30,000.
<b>11</b> Please complete sections 1 through [8] in full.	Section numbers vary depending on marketing layout and distribution channel.
<b>12</b> [children] [or spouse] [person(s)] age...  [25] [19]	One or a combination will print depending on coverage offered and marketing layout.  Either 25 or 19 will print depending the product being offered and issue ages offered for that product.
<b>13</b> [Coverage Amount [(Check One)]]  [(Check One)]	Entire column may or may not print depending on marketing layout.  Will print if more than one coverage amount is offered.
<b>14</b> [ Entire Row ]	Additional rows will print depending on marketing layout.

15 [ <input type="checkbox"/> \$0,000] [ <input type="checkbox"/> \$0,000] [ <input type="checkbox"/> \$0,000] [ <input type="checkbox"/> \$0,000]	A combination will print depending on a range of benefits offered up to \$30,000.
16 [(Parent, Grandparent [,][or] Guardian [,][Proposed Insured] [or Spouse])]	None or a combination will print depending on marketing layout.
17 [Name]	Will print depending on if fields are pre-populated.
18 [Residence Address]	Will print depending on if fields are pre-populated.
19 [Mailing Address]	Will print depending on if fields are pre-populated.
20 [ <input type="checkbox"/> Male <input type="checkbox"/> Female]	Will print depending on marketing and printing layout.
21 [Date of Birth]	Will print depending on marketing and printing layout.
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 [Telephone Number]	Will print depending on marketing and printing layout.
24 [E-mail address]	Will print depending on marketing and printing layout.
25 <b>Beneficiary:</b> [The Applicant shall be the Beneficiary...] [You will be the Beneficiary unless you name someone else below...]	One will print depending on marketing and printing layout.
26 [Variable Payment Methods]	A combination or none will print depending on payment method offered and marketing layout.  See the <b>Explanation of Payment Method Variability for Appendix A</b> below for an explanation of variability for this section.
27 I am the [parent, grandparent] [,] [or] guardian [,] [Proposed Insured] [or spouse] [of the Proposed Insured(s)]...	A combination will print depending on marketing layout.
28 [I ACKNOWLEDGE THIS IS NOT A DEPOSIT...]	Will print depending on distribution channel for 3 <sup>rd</sup> party marketing.
29 [CONSUMER DISCLOSURE OF THE SALE OF INSURANCE...]	Will print depending on distribution channel for 3 <sup>rd</sup> party marketing.
30 [Insurance Products are not insured by the FDIC...]	Will print depending on distribution channel for 3 <sup>rd</sup> party marketing.
31 [I acknowledge the receipt of the insurance disclosures...]	A combination will print depending on 3 <sup>rd</sup> party marketing layout.
32 [Applicant's] [Cardmember's] [Cardholder's] [Mortgagor's] [Accountholder's] Signature	One of these variables will print depending on marketing layout.

33 [Check one] [ <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian] [ <input type="checkbox"/> Proposed Insured] [ <input type="checkbox"/> Spouse] [ _____ ]	None or a combination will print depending on marketing layout and coverage offered.
34 [[Signature of Proposed Insured(s) [if age 15 or older]] [Signature of Parent or Guardian [if Proposed Insured(s) under age 15)]]]	None or a combination will print depending on marketing layout.

**PAGE 2**

<i>Variable Statements/Fields</i>	<i>How or When Used</i>
35 [Complete only if...]	A combination will print depending on payment method provided.
36 [Complete only if address of...is different...]	A combination will print depending on marketing layout.
37 [Licensed Agent Statement...]	Will print for solicitations involving telemarketing via a licensed agent.

**Explanation of Payment Method Variability for Appendix A**

<i>Variable Statements/Fields</i>	<i>How or When Used</i>
<b>A-Z</b> The Method of Payment section in its entirety may or may not print depending on distribution channel and marketing layout.	
<b>A</b> [Method of Payment...]	A combination or none of these headers may print depending on payment method and marketing layout.
<b>B-N</b> [ <input type="checkbox"/> ]	A combination of check boxes will print if more than one payment method is provided depending on marketing layout.
<b>B</b> [Send no money [now!]] [Bill me [later].] [Send money]	A combination of these options will print depending on the payment method provided.
<b>C</b> [(Please check one)]	Will print when more than one payment method is provided.
<b>D-Z</b> These variable paragraphs comprise the billing modes (options) we may offer in varying combinations to the applicant.	
<b>D</b> [I understand that I will receive a statement to collect my first month's premium...]	A combination will print depending on payment method offered.
<b>E</b> [I understand payment is not required at this time...]	Will print depending on payment method offered.
<b>F</b> [I prefer to send my first payment now. [Coverage will begin at the earliest possible date.]] [Payment enclosed. [Start coverage at the earliest possible date.]]	One or a combination of these options will appear depending on marketing layout.
[See section [7.]]	Directs applicant to agreement section.

G [I have enclosed...\$__ to pay...]	A combination will print depending on payment method.
H [I have enclosed the...initial premium...]	A combination will print depending on payment method.
I [I have enclosed [number] dollar[s]...]	A combination will print depending on payment method.
J [I have enclosed \$__ to pay for the first month of coverage for myself.]	Will print depending on payment method.
K [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.
L [Make check...payable to United of Omaha.]	A combination will print depending on payment method provided.
M [...I wish to...(Please check one)]	A combination will print depending on payment method provided.
N [Direct Bill...]	A combination of these options will print depending on the payment method provided.
O [Save Money...]	A combination will print if Easy Pay is provided as a payment method.
P [Complete Easy Pay...]	A combination will print if Easy Pay is provided as a payment method.
Q [[Select only one option.]...]	A combination will print depending on payment method.
R [Provide your...digit...account number]	A combination will print depending on marketing layout.
S [Monthly, quarterly...credit card]	A combination will print depending on marketing layout.
T [VISA, MasterCard, other credit card]	A combination will print depending on marketing layout.
U [By signing below...]	A combination will print depending on payment method provided.
V [I wish to...]	A combination will print depending on payment method provided.
W [I wish to...mortgage payment]	A combination will print depending on payment method provided.
X [Enter your personal identification number...]	Will print depending on marketing layout.
Y [I understand the...]	A combination will print depending on marketing layout.
Z [EASY PAY AUTHORIZATION...]	A combination will print depending on marketing layout.