

SERFF Tracking Number: MUTM-126712245 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
Company Tracking Number: MELANIE SCHULTZ
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Disability Income Insurance
Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: Disability Income Insurance SERFF Tr Num: MUTM-126712245 State: Arkansas
TOI: H111 Individual Health - Disability Income SERFF Status: Closed-Approved- State Tr Num: 46222
Closed

Sub-TOI: H111.004 Other Co Tr Num: MELANIE SCHULTZ State Status: Approved-Closed
Filing Type: Form/Rate Reviewer(s): Rosalind Minor

Disposition Date: 08/06/2010

Authors: Shelly Kaipust, Sofia
Kuehn, Jan Serafini, Thea
Shepherd, Kurt Vangreen, Mary
Gregg, Gilbert Burket, Krysia
Gannon, Ellen Cochrane, Melanie
Schultz, Robyn Gonzales, Joanne
Najdzin, Kristin Miller, Neil
Sandhoefner, Shirley McPhaul,
Katie Tupper

Date Submitted: 07/16/2010 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: 2010 Mutual Disability Income Multi-Life

Project Number: D81M

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/06/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/06/2010

Created By: Krysia Gannon

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Krysia Gannon

Filing Description:

SERFF Tracking Number: MUTM-126712245 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
Company Tracking Number: MELANIE SCHULTZ
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Disability Income Insurance
Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M
July 16, 2010

Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street
Little Rock, AR 72201-1904

RE: Mutual of Omaha Insurance Company
NAIC # 261-71412 FEIN 47-0246511
Individual Sickness & Accident Insurance
Disability Income Insurance
Policies D81M-[22915, 22916, 22917, 22918, 22919],
D82M-[22920, 22921, 22922, 22923, 22924], and
D83M-[22925, 22926, 22927, 22928, 22929]
Riders 0MV4M, 0MV5M, 0MV6M, 0MV7M, 0MV8M,
0MV9M, and 0MW1M
Applications MA5962-03 and MA5964-03
Outlines of Coverage M27508, M27509, and M27510
Actuarial Memorandum and Rate Schedules

Enclosed for filing with your Department are copies of the following individual disability income insurance forms:

FORM # DESCRIPTION RATE SCHEDULE
D81M-[22915, 22916, 22917, 22918, 22919] LTD Income Policy D81M AR BASE RATE 07/01/2010 0001
D82M-[22920, 22921, 22922, 22923, 22924] STD Income Policy D82M AR BASE RATE 07/01/2010 0001
D83M-[22925, 22926, 22927, 22928, 22929] Accident-Only STD Policy D83M AR BASE RATE 07/01/2010 0001
0MV6M SIS (Social Ins. Supp.) Ben. Rider 0MV6M AR BASE RATE 07/01/2010 0001
0MV4M Future Insurability Option Rider 0MV4M AR BASE RATE 07/01/2010 0001
0MV5M Cost-of-Living Adj. Rider 0MV5M AR PCNT RDR-MULT COV
07/01/2010 0001
0MV8M Critical Illness Benefits Rider 0MV8M AR BASE RATE 07/01/2010 0001
0MV7M Hosp. Conf. Indemnity Ben. Rider 0MV7M AR BASE RATE 07/01/2010 0001
0MV9M Benefit Increase Rider N/A
0MW1M Discretionary Authority Rider N/A
M27508 Outline of Coverage for D81M N/A

SERFF Tracking Number: MUTM-126712245 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
Company Tracking Number: MELANIE SCHULTZ
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Disability Income Insurance
Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M

M27509 Outline of Coverage for D82M N/A

M27510 Outline of Coverage for D83M N/A

MA5962-03 Application for Disability Income Insurance N/A

MA5964-03 Conversion Application for Disability Income Insurance N/A

These forms are new and will not replace any forms previously approved by your Department. They have been developed to expand our individual disability income portfolio to include worksite or "multi-life" products. Unisex premium rates were developed so that these forms can be offered to employer-sponsored groups. Even though these policies will be offered to employer-sponsored groups, each policy will always be an individual insurance policy that is individually underwritten and issued to the insured (not to the employer).

Policy D81M-22915 was developed to provide long-term disability benefits. This policy is guaranteed renewable to age 67 and conditionally renewable thereafter. It provides coverage for total and proportionate disability with benefit period options. These options range from a minimum period of two years to a maximum period extending until the insured reaches age 67. Policies D81M-22916, D81M-22917, D81M-22918, and D81M-22919 contain language identical to that of Policy D81M-22915, except for their form numbers. Multiple policy form numbers were developed to accommodate the different premium allowances that will be offered: 10%, 15%, 20%, 25%, and 30%, respectively. The allowances are based on the group dynamics and underwriting protocol used and reflect the anticipated level of claim costs expected on each group.

Policy D82M-22920 was developed to provide short-term disability benefits. This policy is guaranteed renewable to age 67 and conditionally renewable thereafter. It provides coverage for total and partial disability with benefit period options ranging from three months to 24 months. Policies D82M-22921, D82M-22922, D82M-22923, and D82M-22924 contain language identical to that of Policy D82M-22920. Different form numbers were developed to accommodate the various premium allowances.

Policy D83M-22925 is a short-term disability product providing benefits for accidents only. This policy is guaranteed renewable to age 67. It provides coverage for total and partial disability with benefit period options ranging from three months to 24 months. Policies D83M-22926, D83M-22927, D83M-22928, and D83M-22929 contain identical wording to Policy D83M-22925, each form number developed for a different premium allowance.

These new multi-life forms contain language substantially similar to the individual D81-20896, D82-20898, and D83-20900 policies approved by your Department on January 10, 2007, except for the following adjustments:

- They are conditionally renewable for life (D81M and D82M);
- There is the option of including a pre-existing condition limitation (D81M and D82M);
- Normal pregnancy is covered after a 10-month waiting period (D81M and D82M);
- A workers' compensation limitation providing a 50% benefit reduction replaces the workers' compensation exclusion

SERFF Tracking Number: MUTM-126712245 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
Company Tracking Number: MELANIE SCHULTZ
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Disability Income Insurance
Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M

(D82M and D83M); and

- The definition of 'full-time employment' has been revised (D81M, D82M, and D83M).

Various riders have been developed to provide optional benefits. These riders will be offered only with the D81M long-term disability policy, except where otherwise noted.

SIS (Social Insurance Supplement) Benefits Rider 0MV6M provides total and proportional disability benefits which are offset by any social insurance benefits the insured receives.

Future Insurability Option Rider 0MV4M provides the option to increase the base policy's total disability monthly benefit amount regardless of changes in health or occupation.

Benefit Increase Rider 0MV9M documents the increase elected through the Future Insurability Option Rider.

Cost-of-Living Adjustment Rider 0MV5M increases the policy and SIS Rider monthly benefit payable while on claim by the lesser of the percentage change in the CPI-U or 5%, compounded annually.

Critical Illness Benefits Rider 0MV8M pays a lump sum benefit when the insured is diagnosed with a condition defined as a critical illness. Rider 0MV8M will be used with the D81M (LTD) and D82M (STD) policies.

Hospital Confinement Indemnity Benefits Rider 0MV7M pays a daily room indemnity benefit when the insured is hospital confined because of a sickness or injury. Rider 0MV7M will be used with the D81M (LTD) and D82M (STD) policies.

Discretionary Authority Rider 0MW1M is a no-cost rider which will be attached to policies that are governed by ERISA.

We would also like to extend usage of the following previously approved forms to our new multi-life product. These forms were approved on January 10, 2007 for use with the previously mentioned D81, D82, and D83 individual policies.

- Extended Own-Occupation Disability Definition Amendment Rider 0LL5M for use with D81M
- Non-Cancellable Renewal Agreement Amendment Rider 0LL7M for use with D81M
- Extended Proportionate Disability Benefits Amendment Rider 0LN6M for use with D81M
- Hospital Confinement Accident Indemnity Benefits Rider 0LM1M for use with D83M
- Drug Usage Questionnaire M25816
- Alcohol Use Questionnaire M25817
- Avocation Questionnaire M25818
- Accident Medical Expense Rider 0ML1M, approved by your Department on October 28, 2009 for use with D83M

SERFF Tracking Number: MUTM-126712245 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
Company Tracking Number: MELANIE SCHULTZ
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Disability Income Insurance
Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M

Applications MA5962-03 and MA5964-03 will be used to apply for this coverage and other appropriate disability income products. Application MA5964-03 will be used if an insured wants to exit a group plan and convert his or her policy into an individual plan. Solicitation will be conducted by our career agents as well as independent brokers and producers.

Variability is requested for Section E of Application MA5962-03 to enable us to remove or change plans, elimination periods, benefit periods, and riders as they become available or are no longer offered. We also request variability so that the application can be used for both Guaranteed Standard Issue and Simplified Issue business. A Memorandum of Variability detailing all requested variability in the application is attached.

For filing purposes, the policy form numbers have been bracketed as variable because all five D81M policies contain identical language, as do the five D82M and the five D83M policies. Variability is also requested for the bracketed telephone numbers shown on each policy face page. Additionally, variability is requested for bracketed items shown on the policy schedule (dollar amounts, time frames, optional riders, etc.) to reflect the specific choices each insured has selected.

An actuarial memorandum and rate schedule pages are also attached.

Outlines of coverage are also attached.

These forms meet or exceed your state's FLESCH score requirements.

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

Sincerely,

Neil Sandhoefner
Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-6969
Fax: 402-351-5298
E-mail: Neil.Sandhoefner@mutualofomaha.com

Company and Contact

Filing Contact Information

Melanie Worth, Product & Advertising melanie.worth@mutualofomaha.com

SERFF Tracking Number: MUTM-126712245 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
 Company Tracking Number: MELANIE SCHULTZ
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Disability Income Insurance
 Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M

Compliance Analyst

4 - Regulatory Affairs Division 402-351-4260 [Phone]
 Mutual of Omaha 402-351-5298 [FAX]
 Mutual of Omaha Plaza
 Omaha, NE 68175

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$800.00
 Retaliatory? No
 Fee Explanation: 15 Forms x \$50
 1 Rate x \$50
 = \$800
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------------|----------|----------------|---------------|
| Mutual of Omaha Insurance Company | \$800.00 | 07/16/2010 | 38088882 |

SERFF Tracking Number: MUTM-126712245 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
 Company Tracking Number: MELANIE SCHULTZ
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Disability Income Insurance
 Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 08/06/2010 | 08/06/2010 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------|----------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Rosalind Minor | 07/23/2010 | 07/23/2010 | Kryisia Gannon | 07/23/2010 | 07/23/2010 |

Amendments

| Schedule | Schedule Item Name | Created By | Created On | Date Submitted |
|----------|--------------------------|----------------|------------|----------------|
| Form | Outline of Coverage D81M | Kryisia Gannon | 07/21/2010 | 07/21/2010 |
| Form | Outline of Coverage D82M | Kryisia Gannon | 07/21/2010 | 07/21/2010 |
| Form | Outline of Coverage D83M | Kryisia Gannon | 07/21/2010 | 07/21/2010 |

SERFF Tracking Number: MUTM-126712245 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
Company Tracking Number: MELANIE SCHULTZ
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Disability Income Insurance
Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M

Disposition

Disposition Date: 08/06/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-126712245 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
 Company Tracking Number: MELANIE SCHULTZ
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Disability Income Insurance
 Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--|----------------------|---------------|
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document | Health - Actuarial Justification | Approved-Closed | No |
| Supporting Document | Outline of Coverage | Approved-Closed | Yes |
| Supporting Document | Credit Card Certification | Approved-Closed | Yes |
| Supporting Document | Certificate of Compliance with Rule 19 | Approved-Closed | Yes |
| Supporting Document | Memorandums of Variable Material | Approved-Closed | Yes |
| Form | LTD Income Policy | Approved-Closed | Yes |
| Form | STD Income Policy | Approved-Closed | Yes |
| Form | Accident-Only STD Policy | Approved-Closed | Yes |
| Form | Future Insurability Option Rider | Approved-Closed | Yes |
| Form | Cost-of-Living Adjustment Rider | Approved-Closed | Yes |
| Form | SIS (Social Insurance Supplement) | Approved-Closed | Yes |
| | Benefit Rider | | |
| Form | Hospital Confinement Indemnity Benefit Rider | Approved-Closed | Yes |
| Form | Critical Illness Benefits Rider | Approved-Closed | Yes |
| Form | Benefit Increase Rider | Approved-Closed | Yes |
| Form | Discretionary Authority Rider | Approved-Closed | Yes |
| Form (revised) | Outline of Coverage D81M | Approved-Closed | Yes |
| Form | Outline of Coverage D81M | Replaced | Yes |
| Form (revised) | Outline of Coverage D82M | Approved-Closed | Yes |
| Form | Outline of Coverage D82M | Replaced | Yes |
| Form (revised) | Outline of Coverage D83M | Approved-Closed | Yes |
| Form | Outline of Coverage D83M | Replaced | Yes |
| Form | Application for Disability Income Insurance | Approved-Closed | Yes |
| Form | Conversion Application for Disability Income Insurance | Approved-Closed | Yes |
| Rate | Disability Insurance MultiLife Rates | Approved-Closed | Yes |

SERFF Tracking Number: MUTM-126712245 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
Company Tracking Number: MELANIE SCHULTZ
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Disability Income Insurance
Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/23/2010

Submitted Date 07/23/2010

Respond By Date

Dear Melanie Worth,

This will acknowledge receipt of the captioned filing.

Objection 1

- Discretionary Authority Rider, 0MW1M (Form)

Comment:

Will this rider/language only be used with ERISA qualified plans?

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: MUTM-126712245 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
Company Tracking Number: MELANIE SCHULTZ
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Disability Income Insurance
Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/23/2010
Submitted Date 07/23/2010

Dear Rosalind Minor,

Comments:

July 23, 2010

Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street
Little Rock, AR 72201-1904

RE: Mutual of Omaha Insurance Company
NAIC # 261-71412 FEIN 47-0246511
Individual Sickness & Accident Insurance
Disability Income Insurance
Policies D81M-[22915, 22916, 22917, 22918, 22919],
D82M-[22920, 22921, 22922, 22923, 22924], and
D83M-[22925, 22926, 22927, 22928, 22929]
Riders 0MV4M, 0MV5M, 0MV6M, 0MV7M, 0MV8M,
0MV9M, and 0MW1M
Applications MA5962-03 and MA5964-03
Outlines of Coverage M27508, M27509, and M27510
Actuarial Memorandum and Rate Schedules

Dear Ms. Minor:

Response 1

Comments: Thank you so much for your review of the above-captioned filing. In response to your objection, yes, the rider will only be used with ERISA qualified plans. If you have any other questions for me, please let me know. Thank you for your continued review and approval of this filing.

Related Objection 1

Applies To:

SERFF Tracking Number: MUTM-126712245 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
Company Tracking Number: MELANIE SCHULTZ
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Disability Income Insurance
Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M
- Discretionary Authority Rider, 0MW1M (Form)

Comment:

Will this rider/language only be used with ERISA qualified plans?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Melanie Worth
Senior Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-4260
Fax: 402-351-5298
E-mail: Melanie.Worth@mutualofomaha.com

Sincerely,

Ellen Cochrane, Gilbert Burket, Jan Serafini, Joanne Najdzin, Katie Tupper, Kristin Miller, Krysia Gannon, Kurt Vangreen, Mary Gregg, Melanie Schultz, Neil Sandhoefner, Robyn Gonzales, Shelly Kaipust, Shirley McPhaull, Sofia Kuehn, Thea Shepherd

SERFF Tracking Number: MUTM-126712245 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
 Company Tracking Number: MELANIE SCHULTZ
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Disability Income Insurance
 Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M

Amendment Letter

Submitted Date: 07/21/2010

Comments:

Thank you for your on-going review of this filing. We are amending this filing with the attached revised outline forms due to an oversight on our behalf. We apologize for any inconvenience this may cause. If I may be of any assistance in your review, please feel free to contact me. Thank you so much.

Melanie Worth
 Senior Product and Advertising Compliance Analyst
 Regulatory Affairs
 Ph: (402) 351 4260
 Fax: (402) 351 5298
 Email: melanie.schultz@mutualofomaha.com

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

| Form Number | Form Type | Form Name | Action | Form Action Other | Previous Filing # | Replaced Form # | Readability Score | Attachments |
|-------------|---------------------|--------------------------|---------|-------------------|-------------------|-----------------|-------------------|--|
| M27508 | Outline of Coverage | Outline of Coverage D81M | Initial | | | | 40.000 | M27508--outline for D81M rev 7-20-10.pdf |
| M27509 | Outline of Coverage | Outline of Coverage D82M | Initial | | | | 40.000 | M27509--Outline for D82M rev 7-20-10.pdf |
| M27510 | Outline of Coverage | Outline of Coverage D83M | Initial | | | | 40.000 | M27510--Outline for D83M rev 7-20-10.pdf |

SERFF Tracking Number: MUTM-126712245 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
 Company Tracking Number: MELANIE SCHULTZ
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Disability Income Insurance
 Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M

Form Schedule

Lead Form Number:

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-------------------------------|--|-------------|--|---------|----------------------|-------------|---|
| Approved-Closed 08/06/2010 | D81M-[22915, 22916, 22917, 22918, 22919] | Policy/Cont | LTD Income Policy ract/Fraternal Certificate | Initial | | 40.400 | DI LTD Policy D81M-[22915, 22916, 22917, 22918, 22919].pdf |
| Approved-Closed 08/06/2010 | D82M-[22920, 22921, 22922, 22923, 22924] | Policy/Cont | STD Income Policy ract/Fraternal Certificate | Initial | | 41.700 | DI STD Policy D82M-[22920, 22921, 22922, 22923, 22924].pdf |
| Approved-Closed 08/06/2010 | D83M-[22925, 22926, 22927, 22928, 22929] | Policy/Cont | Accident-Only STD ract/Fraternal Policy Certificate | Initial | | 44.900 | DI STD-Acc Only Policy D83M-[22925, 22926, 22927, 22928, 22929].pdf |
| Approved-Closed 08/06/2010 | 0MV4M | Policy/Cont | Future Insurability ract/Fraternal Option Rider Certificate: Amendment, Insert Page, Endorsement or Rider | Initial | | 53.600 | FIO Rider 0MV4M.pdf |
| Approved-Closed 08/06/2010 | 0MV5M | Policy/Cont | Cost-of-Living ract/Fraternal Adjustment Rider al | Initial | | 46.300 | COLA Rider 0MV5M.pdf |

SERFF Tracking Number: MUTM-126712245 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
 Company Tracking Number: MELANIE SCHULTZ
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Disability Income Insurance
 Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M

| Approval Status | Policy/Contract | Benefit Type | Initial | Amount | Document |
|-----------------------------------|---|---|---------|--------|--|
| Approved- Closed 08/06/2010 | 0MV6M Policy/Contract/Fraternal Supplement) Benefit Certificate: Rider Amendment, Insert Page, Endorsement or Rider | SIS (Social Insurance Supplement) Benefit | Initial | 40.800 | SIS Benefits Rider 0MV6M.pdf |
| Approved- Closed 08/06/2010 | 0MV7M Policy/Contract/Fraternal Indemnity Benefit Certificate: Rider Amendment, Insert Page, Endorsement or Rider | Hospital Confinement Indemnity Benefit | Initial | 42.800 | Hospital Confinement Indemnity Benefits Rider 0MV7M.pdf |
| Approved- Closed 08/06/2010 | 0MV8M Policy/Contract/Fraternal Benefits Rider Certificate: Rider Amendment, Insert Page, Endorsement or Rider | Critical Illness Benefits Rider | Initial | 40.500 | Critical Illness Benefits Rider 0MV8M.pdf |
| Approved- Closed 08/06/2010 | 0MV9M Policy/Contract/Fraternal Rider Certificate: Rider Amendment, Insert Page, Endorsement or Rider | Benefit Increase Rider | Initial | 50.300 | Benefit Increase Rider 0MV9M.pdf |

SERFF Tracking Number: MUTM-126712245 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
 Company Tracking Number: MELANIE SCHULTZ
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Disability Income Insurance
 Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M

| | | | | |
|---|---|---|-------------------|--|
| Approved- 0MW1M Closed 08/06/2010 | t, Insert Page, Endorseme nt or Rider Policy/Cont Discretionary ract/Fratern Authority Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | 40.000 | DISCRETION ARY AUTHORITY RIDER 0MW1M.pdf |
| Approved- M27508 Closed 08/06/2010 | Outline of Coverage Coverage | Outline of Coverage D81M | Initial 40.000 | M27508-- outline for D81M rev 7- 20-10.pdf |
| Approved- M27509 Closed 08/06/2010 | Outline of Coverage | Outline of Coverage D82M | Initial 40.000 | M27509-- Outline for D82M rev 7- 20-10.pdf |
| Approved- M27510 Closed 08/06/2010 | Outline of Coverage | Outline of Coverage D83M | Initial 40.000 | M27510-- Outline for D83M rev 7- 20-10.pdf |
| Approved- MA5962-03 Closed 08/06/2010 | Application/ Enrollment Form | Application for Disability Income Insurance | Initial 40.000 | MA5962-03 (AR).pdf |
| Approved- MA5964-03 Closed 08/06/2010 | Application/ Enrollment Form | Conversion Application for Disability Income Insurance | Initial 40.000 | MA5964-03 (AR).pdf |



LONG-TERM DISABILITY INCOME INSURANCE POLICY

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 Date. Your application becomes part of your policy.

PLEASE REVIEW YOUR APPLICATION

Please review the attached copy of your application. If anything is incorrect or if any past medical history has been left out, you should tell us. Your policy was issued on the basis that all information shown in the application is correct and complete. If not, your policy may not be valid.

10-DAY RIGHT TO REVIEW POLICY

You have 10 days from the date of its delivery to review your policy. If during that time you are not satisfied with it, you may return your policy to us or to your agent for a prompt refund of all premiums paid. The policy will then be considered never to have been issued.

GUARANTEED RENEWABLE TO AGE 67 -- CONDITIONALLY RENEWABLE THEREAFTER FOR LIFE

You are guaranteed the right to continue your coverage until Age 67. During that time, we cannot cancel your policy as long as you pay the required premium when it is due.

After Age 67, you may continue your coverage for life provided you maintain Full-Time Employment and pay the necessary premium when due.

PREMIUMS CAN CHANGE

Your policy's premium may change before Age 67, but only if the same change is made to all policies of this form issued to persons of the same Class. After Age 67, the premium will increase every year because the premium rate is then based upon your attained age. The premium may also change for other reasons after Age 67, but only if we make the same change on a Class basis. We will give you at least 45 days advance written notice before any premium change. In no event will the premium increase during the first 12 months following the Policy Date.

This Is a Legal Contract Between You and Us
READ YOUR POLICY CAREFULLY
YOUR POLICY CONTAINS A PRE-EXISTING CONDITION LIMITATION IF
ONE IS SHOWN ON THE POLICY SCHEDULE
YOUR POLICY CONTAINS A 10-MONTH WAITING PERIOD FOR NORMAL PREGNANCY
To Inquire About Your Coverage, or to Express a Concern,
You May Call Us Toll-Free At:
For Customer Service [1-800-775-6000]
For Claims Service [1-800-775-1000]

Chairman of the Board and
Chief Executive Officer

Corporate Secretary

| TABLE OF CONTENTS | PAGE |
|---|-------------|
| DEFINITIONS | 1 |
| PRE-EXISTING CONDITION LIMITATION | 3 |
| TOTAL DISABILITY BENEFITS | 3 |
| PROPORTIONATE DISABILITY BENEFITS | 3 |
| Adjustment of Prior Monthly Income Due to Inflation | 4 |
| PRESUMPTIVE TOTAL DISABILITY BENEFITS | 4 |
| TRANSPLANT DONOR BENEFITS | 4 |
| TERMINAL ILLNESS BENEFIT | 4 |
| SURVIVOR BENEFIT | 4 |
| REHABILITATION BENEFITS | 5 |
| WAIVER OF PREMIUM | 5 |
| RECURRENT DISABILITY | 5 |
| TERMINATION | 5 |
| EXCLUSIONS AND LIMITATIONS | 6 |
| 10-Month Waiting Period for Normal Pregnancy | 6 |
| Complications of Pregnancy Limitation | 6 |
| Substance Abuse Limitation | 6 |
| Mental or Nervous Disorder Limitation | 6 |
| CLAIMS PROVISIONS | 6 |
| Notice of Claim | 6 |
| Claim Forms | 6 |
| Proof of Loss | 7 |
| TIME OF PAYMENT OF CLAIMS | 7 |
| PAYMENT OF CLAIMS | 7 |
| TERM OF COVERAGE | 7 |
| POLICY PROVISIONS | 7 |
| Entire Contract and Changes | 7 |
| Time Limit on Certain Defenses..... | 7 |
| Grace Period | 7 |
| Reinstatement | 8 |
| Physical Examinations..... | 8 |
| Change of Beneficiary | 8 |
| Misstatement of Age..... | 8 |
| Legal Actions..... | 8 |
| Unpaid Premium..... | 8 |
| Relation of Earnings to Insurance..... | 8 |
| Conformity with State Statutes | 9 |

DEFINITIONS

Age means your age on the first Policy Renewal Date that coincides with or next follows your birthday.

Beneficiary means the person(s) or legal entity you name in the application to receive this policy's survivor benefit.

Benefit Period means the maximum length of time Total Disability benefits, Proportionate Disability benefits or any combination of these benefits is payable. The benefit period begins on the first day benefits become payable after expiration of the Elimination Period. The benefit period ends after benefits have been payable for the duration of time shown on the policy schedule. If disability begins after Age 56, the length of the benefit period may gradually decrease as shown on the policy schedule Transition Table.

Class means persons with the same policy form, Benefit Period, Elimination Period, age, gender, tobacco status, occupational class and optional coverage as yours. Such persons live in the same geographic area of the state as you do.

Complication of Pregnancy means:

- (a) when the pregnancy is not terminated, a condition with a diagnosis which is distinct from pregnancy, adversely affected by pregnancy, or caused by pregnancy. This includes acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity; and
- (b) cesarean section delivery, ectopic pregnancy which is terminated, spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible, puerperal infection, preeclampsia, eclampsia, and toxemia.

Complication of pregnancy does not include false labor, occasional spotting, morning sickness, hyperemesis gravidarum, and similar conditions associated with the management of a difficult pregnancy not constituting a distinct medically-classified complication of pregnancy.

CPI-U means the Consumer Price Index for All Urban Consumers published by the United States Department of Labor. If the CPI-U is not available or is replaced, a suitable, similar alternative index will be used.

Current Monthly Income means your Monthly Income for each month of Proportionate Disability being claimed.

Elimination Period means the initial number of days of Total Disability, Proportionate Disability, or any combination of both that must pass before benefits become payable. The elimination period is shown on the policy schedule. The elimination period begins on the date of first medical treatment by a Physician during Total Disability or Proportionate Disability.

Full-Time Employment means you are actively and regularly working for wage or profit for at least 30 hours per week, unless your current employer (other than yourself or an immediate family member) defines full-time employment using fewer hours, in which case that lesser time frame will apply.

Injury means bodily harm to you which:

- (a) is the direct result of an accident or trauma that occurs while your policy is in force; and
- (b) is not related to Sickness or any other cause.

Loss of Monthly Income means the difference between Prior Monthly Income and Current Monthly Income. Loss of Monthly Income must be caused by the Injury or Sickness for which claim is made. The amount of the loss must be at least 20% of your Prior Monthly Income to be considered a loss of Monthly Income. If the loss is more than 80% of your Prior Monthly Income, we will consider you to be Totally Disabled.

Mental or Nervous Disorder means neurosis, psychoneurosis, psychosis, or mental or emotional disease or disorder of any kind. Mental or nervous disorder does not include Alzheimer's disease or similar forms of dementia resulting from degenerative diseases, stroke, head trauma, or viral infection.

Monthly Income means your monthly income from salary, wages, bonuses, commissions, fees, or other payments received for personal services rendered or work performed in any occupation. Normal and usual business expenses (as used in accepted accounting practices and procedures for tax purposes) are to be deducted. Income taxes are not to be deducted. Monthly income does not include dividends, rents, royalties, annuities, or other forms of unearned income.

Normal Childbirth or **Normal Pregnancy** means childbirth or pregnancy free of Complications of Pregnancy.

Physician means a person, other than you or a member of your family, duly licensed and legally qualified to diagnose and treat a Sickness or Injury. He or she must be providing services within the scope of his or her license.

Policy Date means the date coverage is effective under this policy as shown on the policy schedule.

Policy Renewal Date means the month and day your policy's premium payment is due. The frequency of the policy renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual or annual basis.

Prior Monthly Income means the greater of:

- (a) your average Monthly Income for the 12-month period immediately prior to the onset of a covered disability for which claim is made; or
- (b) your average Monthly Income for the calendar year with the highest earnings of the last two calendar years prior to the onset of such covered disability.

Proportionate Disability or **Proportionately Disabled** means, *during* the Elimination Period and *during* the first 24 months following the Elimination Period, that due to Sickness or Injury:

- (a) you are unable to perform one or more of the material and substantial duties of your Regular Occupation or you are unable to perform such duties for as much time as it would normally take you to do them;
- (b) your Loss of Monthly Income is at least 20% of your Prior Monthly Income; and
- (c) you receive Regular Medical Care.

Proportionate Disability or **Proportionately Disabled** means, *after* the first 24 months following the Elimination Period, that due to Sickness or Injury:

- (a) you are unable to perform one or more of the material and substantial duties of any occupation for which you are reasonably suited because of education, training or experience, or you are unable to perform such duties for as much time as it would normally take you to do them;
- (b) your Loss of Monthly Income is at least 20% of your Prior Monthly Income; and
- (c) you receive Regular Medical Care.

Regular Medical Care means treatment, consultations and diagnostic, services provided by a Physician whose specialty is suitable for your medical condition. Such care must be received in-person at a frequency that is appropriate for your Sickness or Injury according to generally accepted medical standards. We may waive this regular medical care requirement upon our receipt of reasonable proof that such care is no longer appropriate for the Sickness or Injury causing your disability.

Regular Occupation means the occupation (or occupations, if more than one) in which you are regularly engaged at the time you become disabled.

Retirement means the first Policy Renewal Date that coincides with or next follows the date you voluntarily stop Full-Time Employment.

Sickness means your illness, disease or physical condition which:

- (a) causes loss beginning while this policy is in force; and
- (b) is not excluded from coverage.

SIS Benefits Rider means the optional Social Insurance Supplement Benefits Rider. This rider's benefits reduce in coordination with any social insurance benefits you may receive.

Substance Abuse means drug abuse, alcoholism, or chemical dependency.

Terminal Illness means a medical condition which is reasonably expected to cause your death within 12 months or less. Satisfactory proof of terminal illness must be provided in a written statement from your Physician.

Total Disability or Totally Disabled means, *during* the Elimination Period and *during* the first 24 months following the Elimination Period, that due to Sickness or Injury:

- (a) you are unable to perform the material and substantial duties of your Regular Occupation;
- (b) you are not engaged in any occupation for wage or profit; and
- (c) you receive Regular Medical Care.

Total Disability or Totally Disabled means, *after* the first 24 months following the Elimination Period, that due to Sickness or Injury:

- (a) you are unable to perform the material and substantial duties of any occupation for which you are reasonably suited because of education, training, or experience; and
- (b) you receive Regular Medical Care.

Total Disability Monthly Benefit means the amount we will pay each month for Total Disability, after the Elimination Period is satisfied. The Total Disability monthly benefit is shown on the policy schedule.

Valid Disability Coverages means individual and group loss of time and disability coverages with us (including this policy) as well as with other companies. It also includes total disability benefits under life insurance policies and coverages under all compulsory benefit laws. The term will not include coverages under workers' compensation or employer's liability laws.

We, Us or Our means Mutual of Omaha Insurance Company.

You or Your means the person named as the Insured on the policy schedule.

PRE-EXISTING CONDITION LIMITATION

Your policy contains a pre-existing condition limitation if such limitation is shown as applicable on the policy schedule. If applicable, the following will apply:

We will not pay benefits for loss resulting from a pre-existing condition, unless such loss occurs after the waiting period shown on the policy schedule has expired.

A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended by or received from a Physician within the look-back period shown on the policy schedule.

TOTAL DISABILITY BENEFITS

If you are Totally Disabled because of a Sickness or Injury, we will pay the Total Disability Monthly Benefit. Total Disability benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Totally Disabled for as long as the Benefit Period. When disability begins after Age 56, the Benefit Period may gradually decrease as shown in the policy schedule Transition Table.

Total Disability benefits are payable on a monthly basis. When less than one month of Total Disability benefits is due, we will pay 1/30th of the Total Disability Monthly Benefit for each day of Total Disability. Benefits for Total Disability are not payable during Proportionate Disability.

PROPORTIONATE DISABILITY BENEFITS

If you are Proportionately Disabled because of Sickness or Injury and incur a 20% or greater Loss of Monthly Income, we will pay a percentage of your Total Disability Monthly Benefit that is proportionate to your lost income. This Proportionate Disability Monthly Benefit will be an amount determined each month by using the following formula:

(Loss of Monthly Income *divided* by Prior Monthly Income)

multiplied by the Total Disability Monthly Benefit

equals the Proportionate Disability Monthly Benefit.

Proportionate Disability benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Proportionately Disabled for:

- (a) a maximum of 24 months for any one loss, not to exceed the length of the Benefit Period; or
- (b) as long as the Benefit Period, if the Extended Proportionate Disability Benefits Rider is part of your coverage.

Proportionate Disability benefits are payable on a monthly basis. When less than one month of Proportionate Disability benefits is due, a pro-rated benefit will be paid based on a 30-day month. Benefits for Proportionate Disability are not payable during Total Disability.

Adjustment of Prior Monthly Income Due to Inflation

Your Prior Monthly Income will be adjusted to compensate for increases in the cost of living when calculating the above formula. On each one-year anniversary of the start of Proportionate Disability, your Prior Monthly Income will be adjusted by the percentage change in the CPI-U or 5%, compounded annually, whichever is lesser.

Such adjustments will continue while you remain Proportionately Disabled until the maximum benefit has been paid. All adjustments will be rounded to the nearest dollar.

PRESUMPTIVE TOTAL DISABILITY BENEFITS

You will be presumed to be permanently Totally Disabled if Sickness or Injury results in the complete and irrecoverable loss of your:

- (a) speech;
- (b) hearing in both ears;
- (c) sight in both eyes; or
- (d) the use of both hands, both feet or one hand and one foot.

We will automatically pay Total Disability Benefits under your policy and any SIS Benefits Rider for the full length of the Benefit Period upon proof of your presumptive Total Disability. Benefits are payable even if you return to work at any occupation. The Elimination Period will be waived. Regular Medical Care will not be required.

TRANSPLANT DONOR BENEFITS

If you become Totally Disabled or Proportionately Disabled as the result of a transplant of part of your body to the body of another person, we will pay benefits under your policy and any SIS Benefits Rider on the same basis as any other Sickness. Total or Proportionate Disability due to a transplant donation must begin at least six months after the Policy Date.

TERMINAL ILLNESS BENEFIT

If you are diagnosed with a Terminal Illness, you can elect to receive an accelerated payment of the remaining Total Disability Monthly Benefits due in a lump sum amount. This Terminal Illness Benefit may accelerate up to 12 months of the current benefits payable under your policy and any SIS Benefits Rider. It is payable to you on a one-time basis. Once this Terminal Illness Benefit is paid, your policy will terminate and the Survivor Benefit will not be payable, unless proof of life beyond the period paid is submitted to us. Terminal Illness Benefits, combined with any other disability benefits paid, cannot exceed the length of the Benefit Period.

SURVIVOR BENEFIT

Upon your death, we will pay a survivor benefit to your designated Beneficiary, if, at the time you died:

- (a) Total or Proportionate Disability benefits were payable; and
- (b) the Benefit Period was not exhausted.

The survivor benefit will be a lump-sum amount equal to three times the Total or Proportionate Disability Monthly Benefit payable under your policy and any SIS Benefits Rider at the time of your death. In the event no Beneficiary is named or living, the survivor benefit will be paid:

- (a) to your surviving spouse; if none, then
- (b) equally to your surviving natural and adopted children; if none, then

- (c) equally to your surviving parent(s); if none, then
- (d) to your estate.

REHABILITATION BENEFITS

While you are receiving Total Disability or Proportionate Disability benefits, we may pay for a vocational rehabilitation program if it is beneficial for both you and us. The goal of the program is your return to work.

Rehabilitation is voluntary. The program may start at your request or we may suggest it. Any rehabilitation program must be mutually agreed upon between you and us. The program must be approved in writing by us before it begins.

Rehabilitation assistance may include, but is not limited to:

- (a) job modification;
- (b) retraining for a new occupation;
- (c) purchase of adaptive equipment;
- (d) management of medical services;
- (e) educational expenses; and
- (f) business or financial planning.

WAIVER OF PREMIUM

If Sickness or Injury results in more than 90 continuous days of Total Disability and/or Proportionate Disability, we will:

- (a) refund any premiums which became due and were paid during this 90-day period; and
- (b) waive the payment of each premium which thereafter becomes due as long as Total Disability or Proportionate Disability benefits are payable.

Waiver of premium will automatically apply if you receive Presumptive Total Disability benefits.

In no event will premiums be waived beyond the end of the Benefit Period. Once waiver of premium stops, you must resume payment of premiums to keep your policy in force.

RECURRENT DISABILITY

If a later disability results from the same cause or causes as a prior disability, the later disability will be considered to be a new loss if you were able to return to Full-Time Employment between such disabilities for at least six months in a row.

If a later disability results from a different cause or causes as a prior disability, the later disability will be considered to be a new loss if you were able to return to Full-Time Employment between such disabilities for at least 30 days in a row.

The full Benefit Period will be restored, and a new Elimination Period will apply, to a new loss.

This Recurrent Disability section will not extend the benefit limitation for Substance Abuse or Mental or Nervous Disorders beyond the stated lifetime maximum of 24 months.

TERMINATION

This policy will terminate on the earliest of:

- (a) the date we receive your request to cancel the policy (in which case the grace period will not apply);
- (b) the date of your death;
- (c) the Policy Renewal Date, if the renewal premium was not paid before the end of the grace period; or
- (d) the Policy Renewal Date following the date you stop Full-Time Employment after Age 67.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. If we accept a premium without notice of your Retirement, such premium will be refunded. If we accept a premium after you reach Age 75 or after we receive notice of your Retirement, disability coverage will continue until the end of the period for which premium was accepted.

Termination of coverage will not affect any claim beginning while the policy was in force.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for:

- (a) loss that begins while this policy is not in force;
- (b) loss resulting from an act of declared or undeclared war;
- (c) loss sustained while serving in the armed forces (upon notice to us of entry into the armed forces, the unearned portion of the premium will be refunded);
- (d) loss caused by intentionally self-inflicted injury (while sane in Colorado);
- (e) loss resulting from commission or attempted commission of a felony;
- (f) loss caused by suicide or attempted suicide, while sane or insane (sane only in Colorado and Missouri);
- (g) loss resulting from your being legally intoxicated or under the influence of an illegal substance or a narcotic (except for narcotics given on the advice of and taken as prescribed by a Physician); or
- (h) loss due to voluntarily induced abortion.

Benefits payable are limited for the following conditions:

10-Month Waiting Period for Normal Pregnancy

When Normal Childbirth or Normal Pregnancy occurs more than 10 months after the Policy Date, we will pay benefits on the same basis as any other Sickness. We will also pay benefits for premature birth free from Complications of Pregnancy if a full-term pregnancy would have resulted in childbirth more than 10 months after the Policy Date.

Complications of Pregnancy Limitation

We will pay benefits for Complications of Pregnancy on the same basis as any other Sickness. Any Complication of Pregnancy is subject to the PRE-EXISTING CONDITION LIMITATION provision, if such provision is applicable.

Substance Abuse Limitation

Benefits payable for Substance Abuse are limited to a lifetime maximum of 24 months. The RECURRENT DISABILITY section will not extend this lifetime maximum benefit limitation.

Mental or Nervous Disorder Limitation

Benefits payable for Mental or Nervous Disorders are limited to a lifetime maximum of 24 months. The RECURRENT DISABILITY section will not extend this lifetime maximum benefit limitation.

CLAIMS PROVISIONS

Notice of Claim

Written notice of a claim must be given to us within 20 days (30 days in Mississippi; 60 days in Kentucky and Wyoming; six months in Montana) after a loss begins, or as soon as is reasonably possible. If disability benefits may be payable for at least two years, you must also give us notice of your continued disability. Such notice must be given at least once every six months after the initial notice, except in the event of legal incapacity. The six-month period following any filing of proof by you, or any payment or denial of benefits by us, will be excluded in applying this provision. Delay in giving notice will not impair your right to benefits which would otherwise have accrued during the six months (12 months in Wisconsin) before the date on which notice is actually given. You may give us the required notice or someone else may do it for you. The notice should include your name and policy number as shown on the policy schedule. Notice should be mailed to us in Omaha, Nebraska, or to any of our agents.

Claim Forms

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

For periodic payment of a continuing loss, you must give us written proof of loss within 90 days after the end of each period for which we are liable. For any other loss, written proof must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, 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 (15 months in Hawaii) from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

We will make periodic payments for loss for which benefits 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.

PAYMENT OF CLAIMS

All benefits will be paid to you, if living. Benefits unpaid at your death, including the Survivor Benefit, will be paid to your estate.

If any benefits are payable to your estate, or to a minor or any person not legally able to give a valid release, we may pay up to \$1,000.00 to any relative of yours whom we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Policy Date at 12:01 am. where you live. It ends at 12:01 a.m. where you live on the first Policy Renewal Date. Each time you renew your policy by paying the premium within the 31-day grace period, the new term begins when the old term ends.

POLICY PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

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

No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the policy. Any rider, endorsement, or application added after the Policy Date which reduces or eliminates coverage under this policy will require your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date you become covered under this policy, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

No claim for loss incurred or disability that starts after two years from the date you become covered under this policy will be reduced or denied on the ground that a Sickness or Injury, not excluded from coverage by name or specific description, existed prior to the effective date of your coverage.

Grace Period

Your policy's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your policy stays in force during your grace period.

Reinstatement

Your policy will lapse if you do not pay your premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this policy back in force. If we require an application for reinstatement, this policy will be put back in force when we approve the application. If we do not approve the application, this policy will be put back in force on the 45th day (30th day in New Mexico) following the date of the application unless we give you prior written notice of its disapproval.

The reinstated policy only covers loss due to an Injury that occurs after the date of reinstatement or a Sickness that begins more than 10 days after such date. 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. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Physical Examinations

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending.

Change of Beneficiary

Only you have the right to change the Beneficiary. Consent of the Beneficiary is not required for any change of Beneficiary. Also, no such consent is required for surrender or assignment of this policy or to make any other change in this policy.

To change a Beneficiary, send us a written request. When recorded and acknowledged by us, the change will be effective as of the date you signed the request. The change will not apply to any payments made or other action taken by us before recording.

Misstatement of Age

If your age has been misstated, 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 (five years in Kansas; one year in Louisiana; six years in South Carolina) from the date proof of loss is required. (In Florida, legal action cannot be brought after the applicable statute of limitations has expired from the time written proof of loss is required.)

Unpaid Premium

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

Relation of Earnings to Insurance

The monthly benefits payable under this policy will be reduced if the disability benefits you receive from all Valid Disability Coverages exceed your Prior Monthly Income.

In the event that monthly benefits are reduced, we will pay each month a portion of the Total Disability Monthly Benefit shown on the policy schedule pursuant to the following calculation:

(Prior Monthly Income *divided* by Valid Disability Coverages benefits)

multiplied by this policy's Total Disability Monthly Benefit

If an optional SIS Benefits Rider is part of your coverage, the SIS Total Disability Monthly Benefit otherwise payable will be added to the base policy's Total Disability Monthly Benefit for the purposes of figuring the above calculation.

We will return the part of the premium paid during the two-year period prior to your disability that exceeds the amount needed to pay for the actual benefits payable under this provision.

In no event will this provision be used to reduce the total monthly benefits payable under all disability coverages with us to less than \$300.00.

Conformity with State Statutes

If any provision of this policy conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

POLICY SCHEDULE

| POLICY NUMBER | POLICY DATE | FIRST RENEWAL DATE |
|----------------------|--------------------|---------------------------|
| D81M-[000000-00M] | [7-1-10] | [7-1-11] |

| INITIAL PREMIUM | RENEWAL PREMIUM | PREMIUM MODE |
|------------------------|------------------------|---|
| [\$0,000.00] | [\$0,000.00 *] | [Annual, Semiannual, Quarterly, Monthly] |

POLICY BENEFIT **SERIES** [22915, 22916, 22917, 22918, 22919]

| | |
|--|--|
| TOTAL DISABILITY MONTHLY BENEFIT: [\$300-\$20,000] | INSURED [James J. Jones] [123 Main Street] [Anytown, AR 00000] |
| [SIS TOTAL DISABILITY MONTHLY BENEFIT** : [\$300-\$20,000] **THIS AMOUNT WILL BE REDUCED BY ANY SOCIAL INSURANCE BENEFITS RECEIVED] | INITIAL PREMIUM \$[0,000.00] |

ELIMINATION PERIOD: [60,90,180,365 Days] **MGR** [Don Jones]

BENEFIT PERIOD***: [2,5,10 YEARS,TO AGE 67] **PRODUCER** [J Brown 09999]
***SEE TRANSITION TABLE ON NEXT PAGE

RENEWAL PREMIUMS INCLUDE [ANNUAL \$50.00,SEMIANNUAL \$26.75,QUARTERLY \$13.00,MONTHLY \$4.38] POLICY FEE

[Allowance
[10%][15%][20%][25%][30%]]

ADDITIONAL COVERAGES AND POLICY ADJUSTMENTS

* Renewal Premiums Are Subject To Change [After Age 67]

PRE-EXISTING CONDITION LIMITATION: [NOT APPLICABLE]

[WAITING PERIOD: 12 MONTHS]

LOOK-BACK PERIOD: [3, 6, 12] MONTHS]

[0MV6M Social Insurance Supplement (SIS) Benefits Rider
Rider Premium \$[00.00]]

[0LL5M Extended Own-Occupation Disability Definition
Amendment Rider
Rider Premium \$[00.00]]

**CLAIM INFORMATION CALL [1-800-775-1000]
OTHER SERVICE QUESTIONS CALL [1-800-775-6000]**

Form D81M-[22915, 22916, 22917, 22918, 22919]

- [0MV5M Cost-of-Living Adjustment Rider
Rider Premium \$[00.00]]

- [0LN6M Extended Proportionate Disability Benefits Rider
Rider Premium \$[00.00]]

- [0MV4M Future Insurability Option Rider
Maximum Increase Amount: \$[10,000.00]
Rider Premium \$[00.00]]

- [0LL7M Non-Cancellable Renewal Agreement Amendment Rider
Rider Premium \$[00.00]]

- [0MV7M Hospital Confinement Indemnity Benefits Rider
Daily Room Benefit [\$125.00, \$250.00, \$350.00, \$500.00]
Rider Premium \$[00.00]]

- [0MV8M Critical Illness Benefits Rider
Critical Illness Benefit [\$5,000, \$10,000, \$15,000, \$25,000]
Rider Premium \$[00.00]]

**BENEFIT PERIOD
TRANSITION TABLE**

When disability begins after Age 56, your selected Benefit Period option may gradually decrease as shown below.

| Disability Age | Benefit Period (Months) | | | |
|-------------------|-------------------------|--------|---------|-------|
| | 2 Year | 5 Year | 10 Year | To 67 |
| 56 and Younger | 24 | 60 | 120 | To 67 |
| 57 | 24 | 60 | 120 | To 67 |
| 58 | 24 | 60 | To 67 | To 67 |
| 59 | 24 | 60 | To 67 | To 67 |
| 60 | 24 | 60 | 84 | 84 |
| 61 | 24 | 60 | 72 | 72 |
| 62 | 24 | 60 | 60 | 60 |
| 63 | 24 | 48 | 48 | 48 |
| 64 | 24 | 42 | 42 | 42 |
| 65 | 24 | 36 | 36 | 36 |
| 66 | 24 | 30 | 30 | 30 |
| 67+ | 24 | 24 | 24 | 24 |

**CLAIM INFORMATION CALL [1-800-775-1000]
OTHER SERVICE QUESTIONS CALL [1-800-775-6000]**



SHORT-TERM DISABILITY INCOME INSURANCE POLICY

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 Date. Your application becomes part of your policy.

PLEASE REVIEW YOUR APPLICATION

Please review the attached copy of your application. If anything is incorrect or if any past medical history has been left out, you should tell us. Your policy was issued on the basis that all information shown in the application is correct and complete. If not, your policy may not be valid.

10-DAY RIGHT TO REVIEW POLICY

You have 10 days from the date of its delivery 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. The policy will then be considered never to have been issued.

GUARANTEED RENEWABLE TO AGE 67 -- CONDITIONALLY RENEWABLE THEREAFTER FOR LIFE

You are guaranteed the right to continue your coverage until Age 67. During that time, we cannot cancel your policy as long as you pay the required premium when it is due.

After Age 67, you may continue your coverage for life provided you maintain Full-Time Employment and pay the necessary premium when due.

PREMIUMS CAN CHANGE

Your policy's premium may change before Age 67, but only if the same change is made to all policies of this form issued to persons of the same Class. After Age 67, the premium will increase every year because the premium rate is then based upon your attained age. The premium may also change for other reasons after Age 67, but only if we make the same change on a Class basis. We will give you at least 45 days advance written notice before any premium change. In no event will the premium increase during the first 12 months following the Policy Date.

This Is a Legal Contract Between You and Us
READ YOUR POLICY CAREFULLY
YOUR POLICY CONTAINS A PRE-EXISTING CONDITION LIMITATION IF
ONE IS SHOWN ON THE POLICY SCHEDULE
YOUR POLICY CONTAINS A 10-MONTH WAITING PERIOD FOR NORMAL PREGNANCY
To Inquire About Your Coverage, or to Express a Concern,
You May Call Us Toll-Free At:
For Customer Service [1-800-775-6000]
For Claims Service [1-800-775-1000]

Chairman of the Board and
Chief Executive Officer

Corporate Secretary

| TABLE OF CONTENTS | PAGE |
|--|-------------|
| DEFINITIONS | 1 |
| PRE-EXISTING CONDITION LIMITATION | 2 |
| TOTAL DISABILITY BENEFITS | 3 |
| PARTIAL DISABILITY BENEFITS | 3 |
| PRESUMPTIVE TOTAL DISABILITY BENEFITS | 3 |
| TRANSPLANT DONOR BENEFITS | 3 |
| TERMINAL ILLNESS BENEFIT | 3 |
| SURVIVOR BENEFIT | 3 |
| REHABILITATION BENEFITS | 4 |
| WAIVER OF PREMIUM | 4 |
| RECURRENT DISABILITY | 4 |
| TERMINATION | 4 |
| EXCLUSIONS AND LIMITATIONS | 5 |
| Workers' Compensation Limitation..... | 5 |
| 10-Month Waiting Period for Pregnancy..... | 5 |
| Complications of Pregnancy Limitation..... | 5 |
| CLAIMS PROVISIONS | 5 |
| Notice of Claim..... | 5 |
| Claim Forms..... | 5 |
| Proof of Loss..... | 5 |
| TIME OF PAYMENT OF CLAIMS | 6 |
| PAYMENT OF CLAIMS | 6 |
| TERM OF COVERAGE | 6 |
| POLICY PROVISIONS | 6 |
| Entire Contract and Changes..... | 6 |
| Time Limit on Certain Defenses..... | 6 |
| Grace Period..... | 6 |
| Reinstatement..... | 6 |
| Physical Examinations..... | 7 |
| Change of Beneficiary..... | 7 |
| Misstatement of Age..... | 7 |
| Legal Actions..... | 7 |
| Unpaid Premium..... | 7 |
| Relation of Earnings to Insurance..... | 7 |
| Conformity with State Statutes..... | 7 |

DEFINITIONS

Age means your age on the first Policy Renewal Date that coincides with or next follows your birthday.

Beneficiary means the person(s) or legal entity you name in the application to receive this policy's survivor benefit.

Benefit Period means the maximum length of time Total Disability benefits, Partial Disability benefits or any combination of these benefits is payable. The benefit period begins on the first day benefits become payable after expiration of the Elimination Period. The benefit period ends after benefits have been payable for the duration of time shown on the policy schedule.

Class means persons with the same policy form, Benefit Period, Elimination Period, age, gender, tobacco status, occupational class and optional coverage as yours. Such persons live in the same geographic area of the state as you do.

Complication of Pregnancy means:

- (a) when the pregnancy is not terminated, a condition with a diagnosis which is distinct from pregnancy, adversely affected by pregnancy, or caused by pregnancy. This includes acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity; and
- (b) cesarean section delivery, ectopic pregnancy which is terminated, spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible, puerperal infection, preeclampsia, eclampsia, and toxemia.

Complication of pregnancy does not include false labor, occasional spotting, morning sickness, hyperemesis gravidarum, and similar conditions associated with the management of a difficult pregnancy not constituting a distinct medically-classified complication of pregnancy.

Elimination Period means the initial number of days of Total Disability, Partial Disability, or any combination of both that must pass before benefits become payable. The elimination period is shown on the policy schedule. The elimination period begins on the date of first medical treatment by a Physician during Total Disability or Partial Disability.

Full-Time Employment means you are actively and regularly working for wage or profit for at least 30 hours per week, unless your current employer (other than yourself or an immediate family member) defines full-time employment using fewer hours, in which case that lesser time frame will apply.

Injury means bodily harm to you which:

- (a) is the direct result of an accident or trauma that occurs while your policy is in force; and
- (b) is not related to Sickness or any other cause.

Mental or Nervous Disorder means neurosis, psychoneurosis, psychosis, or mental or emotional disease or disorder of any kind. Mental or nervous disorder does not include Alzheimer's disease or similar forms of dementia resulting from degenerative diseases, stroke, head trauma, or viral infection.

Monthly Income means your monthly income from salary, wages, bonuses, commissions, fees, or other payments received for personal services rendered or work performed in your Regular Occupation. Normal and usual business expenses (as used in accepted accounting practices and procedures for tax purposes) are to be deducted. Income taxes are not to be deducted. Monthly income does not include dividends, rents, royalties, annuities, or other forms of unearned income.

Normal Childbirth or **Normal Pregnancy** means childbirth or pregnancy free of Complications of Pregnancy.

Partial Disability or **Partially Disabled** means that due to Sickness or Injury:

- (a) you are able to perform the material and substantial duties of your Regular Occupation for no more than 50% of the time usually spent in the daily performance of such duties; and
- (b) you receive Regular Medical Care.

Physician means a person, other than you or a member of your family, duly licensed and legally qualified to diagnose and treat a Sickness or Injury. He or she must be providing services within the scope of his or her license.

Policy Date means the date coverage is effective under this policy as shown on the policy schedule.

Policy Renewal Date means the month and day your policy's premium payment is due. The frequency of the policy renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual or annual basis.

Prior Monthly Income means the greater of:

- (a) your average Monthly Income for the 12-month period immediately prior to the onset of a covered disability for which claim is made; or
- (b) your average Monthly Income for the calendar year with the highest earnings of the last two calendar years prior to the onset of such covered disability.

Regular Medical Care means treatment, consultations, and diagnostic services provided by a Physician whose specialty is suitable for your medical condition. Such care must be received in-person at a frequency that is appropriate for your Sickness or Injury according to generally accepted medical standards. We may waive this regular medical care requirement upon our receipt of reasonable proof that such care is no longer appropriate for the Sickness or Injury causing your disability.

Regular Occupation means the occupation (or occupations, if more than one) in which you are regularly engaged at the time you become disabled.

Retirement means the first Policy Renewal Date that coincides with or next follows the date you voluntarily stop Full-Time Employment.

Sickness means your illness, disease, or physical condition which:

- (a) causes loss beginning while this policy is in force; and
- (b) is not excluded from coverage.

Substance Abuse means drug abuse, alcoholism or chemical dependency.

Terminal Illness means a medical condition which is reasonably expected to cause your death within 12 months or less. Satisfactory proof of terminal illness must be provided in a written statement from your Physician.

Total Disability or **Totally Disabled** means, *during* and *after* the Elimination Period, that due to Sickness or Injury:

- (a) you are unable to perform the material and substantial duties of your Regular Occupation;
- (b) you are not engaged in any occupation for wage or profit; and
- (c) you receive Regular Medical Care.

Total Disability Monthly Benefit means the amount we will pay each month for Total Disability, after the Elimination Period is satisfied. The total disability monthly benefit is shown on the policy schedule.

Valid Disability Coverages means individual and group loss of time and disability coverages with us (including this policy) as well as with other companies. It also includes Total Disability benefits under life insurance policies and coverages under all compulsory benefit laws. The term will not include coverages under workers' compensation or employer's liability laws.

We, Us or **Our** means Mutual of Omaha Insurance Company.

You or **Your** means the person named as the Insured on the policy schedule.

PRE-EXISTING CONDITION LIMITATION

Your policy contains a pre-existing condition limitation if such limitation is shown as applicable on the policy schedule. If applicable, then the following will apply:

We will not pay benefits for loss resulting from a pre-existing condition, unless such loss occurs after the waiting period shown on the policy schedule has expired.

A pre-existing condition is a condition for which medical advice, diagnosis, care, or treatment was recommended by or received from a Physician within the look-back period shown on the policy schedule.

TOTAL DISABILITY BENEFITS

If you are Totally Disabled because of a Sickness or Injury, we will pay the Total Disability Monthly Benefit. Total Disability benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Totally Disabled for as long as the Benefit Period.

Total Disability benefits are payable on a monthly basis. When less than one month of Total Disability benefits is due, we will pay 1/30th of the Total Disability Monthly Benefit for each day of Total Disability. Benefits for Total Disability are not payable during Partial Disability.

PARTIAL DISABILITY BENEFITS

If you are Partially Disabled because of a Sickness or Injury, we will pay 50% of the Total Disability Monthly Benefit. Partial Disability benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Partially Disabled for the lesser of six months or the balance of the Benefit Period.

Partial Disability benefits are payable on a monthly basis. When less than one month of Partial Disability benefits is due, we will pay 1/60th of the Total Disability Monthly Benefit for each day of Partial Disability. Benefits for Partial Disability are not payable during Total Disability.

PRESUMPTIVE TOTAL DISABILITY BENEFITS

You will be presumed to be permanently Totally Disabled if Sickness or Injury results in the complete and irrecoverable loss of your:

- (a) speech;
- (b) hearing in both ears;
- (c) sight in both eyes; or
- (d) the use of both hands, both feet or one hand and one foot.

We will automatically pay Total Disability benefits for the full length of the Benefit Period upon proof of your presumptive Total Disability. Benefits are payable even if you return to work at any occupation. The Elimination Period will be waived. Regular Medical Care will not be required.

TRANSPLANT DONOR BENEFITS

If you become Totally Disabled or Partially Disabled as the result of a transplant of part of your body to the body of another person, we will pay benefits on the same basis as any other Sickness. Total or Partial Disability due to a transplant donation must begin at least six months after the Policy Date.

TERMINAL ILLNESS BENEFIT

If you are diagnosed with a Terminal Illness, you can elect to receive an accelerated payment of the remaining Total Disability Monthly Benefits due in a lump sum amount. This Terminal Illness Benefit may accelerate up to 12 months of the current benefits payable under your policy. It is payable to you on a one-time basis. Once this Terminal Illness Benefit is paid, your policy will terminate and the Survivor Benefit will not be payable, unless proof of life beyond the period paid is submitted to us. Terminal Illness benefits, combined with any other disability benefits paid, cannot exceed the length of the Benefit Period.

SURVIVOR BENEFIT

Upon your death, we will pay a survivor benefit to your designated Beneficiary, if, at the time you died:

- (a) Total or Partial Disability benefits were payable; and
- (b) the Benefit Period was not exhausted.

The survivor benefit will be a lump-sum amount equal to three times the Total or Partial Disability monthly benefit payable under your policy at the time of your death. In the event no Beneficiary is named or living, the survivor benefit will be paid:

- (a) to your surviving spouse; if none, then
- (b) equally to your surviving natural and adopted children; if none, then

- (c) equally to your surviving parent(s); if none, then
- (d) to your estate.

REHABILITATION BENEFITS

While you are receiving Total Disability or Partial Disability benefits, we may pay for a vocational rehabilitation program if it is beneficial for both you and us. The goal of the program is your return to work.

Rehabilitation is voluntary. The program may start at your request or we may suggest it. Any rehabilitation program must be mutually agreed upon between you and us. The program must be approved in writing by us before it begins.

Rehabilitation assistance may include, but is not limited to:

- (a) job modification;
- (b) retraining for a new occupation;
- (c) purchase of adaptive equipment;
- (d) management of medical services;
- (e) educational expenses; and
- (f) business or financial planning.

WAIVER OF PREMIUM

If Sickness or Injury results in more than 90 continuous days of Total Disability and/or Partial Disability, we will:

- (a) refund any premiums which became due and were paid during this 90-day period; and
- (b) waive the payment of each premium which thereafter becomes due as long as Total Disability or Partial Disability benefits are payable.

Waiver of premium will automatically apply if you receive presumptive Total Disability benefits.

In no event will premiums be waived beyond the end of the Benefit Period. Once waiver of premium stops, you must resume payment of premiums to keep your policy in force.

RECURRENT DISABILITY

If a later disability results from the same cause or causes as a prior disability, the later disability will be considered to be a new loss if you were able to return to Full-Time Employment between such disabilities for at least six months in a row.

If a later disability results from a different cause or causes as a prior disability, the later disability will be considered to be a new loss if you were able to return to Full-Time Employment between such disabilities for at least 30 days in a row.

The full Benefit Period will be restored, and a new Elimination Period will apply, to a new loss.

TERMINATION

This policy will terminate on the earliest of:

- (a) the date we receive your request to cancel the policy (in which case the grace period will not apply);
- (b) the date of your death;
- (c) the Policy Renewal Date, if the renewal premium was not paid before the end of the grace period; or
- (d) the Policy Renewal Date following the date you stop Full-Time Employment after Age 67.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. If we accept a premium without notice of your Retirement, such premium will be refunded. If we accept a premium after you reach Age 75 or after we receive notice of your Retirement, disability coverage will continue until the end of the period for which premium was accepted.

Termination of coverage will not affect any claim beginning while the policy was in force.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for:

- (a) loss that begins while this policy is not in force;
- (b) loss resulting from an act of declared or undeclared war;
- (c) loss sustained while serving in the armed forces (upon notice to us of entry into the armed forces, the unearned portion of the premium will be refunded);
- (d) loss caused by intentionally self-inflicted injury (while sane in Colorado);
- (e) loss resulting from commission or attempted commission of a felony;
- (f) loss caused by suicide or attempted suicide, while sane or insane (sane only in Colorado and Missouri);
- (g) loss resulting from your being legally intoxicated or under the influence of an illegal substance or a narcotic (except for narcotics given on the advice of and taken as prescribed by a Physician);

- (h) loss resulting from Substance Abuse;
- (i) loss resulting from Mental or Nervous Disorders; or
- (j) loss due to voluntarily induced abortion.

Benefits payable are limited for the following losses and conditions:

Workers' Compensation Limitation

Benefits payable for a loss for which benefits are provided under any state or federal workers' compensation, employer's liability, or occupational disease law will be reduced by 50%.

10-Month Waiting Period for Pregnancy

When Normal Childbirth or Normal Pregnancy occurs more than 10 months after the Policy Date, we will pay benefits on the same basis as any other Sickness. We will also pay for premature birth free from Complications of Pregnancy if a full-term pregnancy would have resulted in childbirth more than 10 months after the Policy Date.

Complications of Pregnancy Limitation

We will pay benefits for Complications of Pregnancy on the same basis as any other Sickness. Any Complication of Pregnancy is subject to the PRE-EXISTING CONDITION LIMITATION provision, if such provision is applicable.

CLAIMS PROVISIONS

Notice of Claim

Written notice of a claim must be given to us within 20 days (30 days in Mississippi; 60 days in Kentucky and Wyoming; six months in Montana) after a loss begins, or as soon as is reasonably possible. If disability benefits may be payable for at least two years, you must also give us notice of your continued disability. Such notice must be given at least once every six months after the initial notice, except in the event of legal incapacity. The six-month period following any filing of proof by you, or any payment or denial of benefits by us, will be excluded in applying this provision. Delay in giving notice will not impair your right to benefits which would otherwise have accrued during the six months (12 months in Wisconsin) before the date on which notice is actually given. You may give us the required notice or someone else may do it for you. The notice should include your name and policy number as shown on the policy schedule. Notice should be mailed to us in Omaha, Nebraska, or to any of our agents.

Claim Forms

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

For periodic payment of a continuing loss, you must give us written proof of loss within 90 days after the end of each period for which we are liable. For any other loss, written proof must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, 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 (15 months in Hawaii) from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

We will make periodic payments for loss for which benefits 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.

PAYMENT OF CLAIMS

All benefits will be paid to you, if living. Benefits unpaid at your death, including the Survivor Benefit, will be paid to your estate.

If any benefits are payable to your estate, or to a minor or any person not legally able to give a valid release, we may pay up to \$1,000.00 to any relative of yours whom we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Policy Date at 12:01 a.m. where you live. It ends at 12:01 a.m. where you live on the first Policy Renewal Date. Each time you renew your policy by paying the premium within the 31-day grace period, the new term begins when the old term ends.

POLICY PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

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

No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the policy. Any rider, endorsement or application added after the Policy Date which reduces or eliminates coverage under this policy will require your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date you become covered under this policy, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

No claim for loss incurred or disability that starts after two years from the date you become covered under this policy will be reduced or denied on the ground that a Sickness or Injury, not excluded from coverage by name or specific description, existed prior to the effective date of your coverage.

Grace Period

Your policy's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your policy stays in force during your grace period.

Reinstatement

Your policy will lapse if you do not pay your premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this policy back in force. If we require an application for reinstatement, this policy will be put back in force when we approve the application. If we do not approve the

application, this policy will be put back in force on the 45th day (30th day in New Mexico) following the date of the application unless we give you prior written notice of its disapproval.

The reinstated policy only covers loss due to an Injury that occurs after the date of reinstatement or a Sickness that begins more than 10 days after such date. 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. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Physical Examinations

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending.

Change of Beneficiary

Only you have the right to change the Beneficiary. Consent of the Beneficiary is not required for any change of Beneficiary. Also, no such consent is required for surrender or assignment of this policy or to make any other change in this policy.

To change a Beneficiary, send us a written request. When recorded and acknowledged by us, the change will be effective as of the date you signed the request. The change will not apply to any payments made or other action taken by us before recording.

Misstatement of Age

If your age has been misstated, 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 (five years in Kansas; one year in Louisiana; six years in South Carolina) from the date proof of loss is required. (In Florida, legal action cannot be brought after the applicable statute of limitations has expired from the time written proof of loss is required.)

Unpaid Premium

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

Relation of Earnings to Insurance

The monthly benefits payable under this policy will be reduced if the disability benefits you receive from all Valid Disability Coverages exceed your Prior Monthly Income.

In the event that monthly benefits are reduced, we will pay each month a portion of the Total Disability Monthly Benefit shown on the policy schedule pursuant to the following calculation:

(Prior Monthly Income *divided* by Valid Disability Coverages benefits)

multiplied by this policy's Total Disability Monthly Benefit

We will return the part of the premium paid during the two-year period prior to your disability that exceeds the amount needed to pay for the actual benefits payable under this provision.

In no event will this provision be used to reduce the total monthly benefits payable under all disability coverages with us to less than \$300.00.

Conformity with State Statutes

If any provision of this policy conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

POLICY SCHEDULE

| POLICY NUMBER | POLICY DATE | FIRST RENEWAL DATE |
|----------------------|--------------------|---------------------------|
| D82M-[000000-00M] | [7-1-10] | [7-1-11] |

| INITIAL PREMIUM | RENEWAL PREMIUM | PREMIUM MODE |
|------------------------|------------------------|--|
| [\$0,000.00] | [\$0,000.00 *] | [Annual, Semiannual, Quarterly, Monthly] |

POLICY BENEFIT **SERIES** [22920, 22921, 22922, 22923, 22924]

| | |
|-----------------------------------|--|
| TOTAL DISABILITY | INSURED |
| MONTHLY BENEFIT: [\$300-\$20,000] | [James J. Jones] [123 Main Street] [Anytown, AR 00000] |

INITIAL PREMIUM \$[000.00]

| | | |
|---|------------|-------------|
| ELIMINATION PERIOD: | MGR | [Don Jones] |
| Sickness -- [7, 14, 30, 60, 90 Days] | | |
| Accident -- [0, 7, 14, 30, 60, 90 Days] | | |

BENEFIT PERIOD: [3, 6, 12, 24 Months] **PRODUCER** [J Brown 09999]

[Allowance
 [10%][15%][20%][25%][30%]]

ADDITIONAL COVERAGES AND POLICY ADJUSTMENTS

* Renewal Premiums Are Subject To Change [After Age 67]

PRE-EXISTING CONDITION LIMITATION: [NOT APPLICABLE]

[WAITING PERIOD: 12 MONTHS]

LOOK-BACK PERIOD: [3, 6, 12 MONTHS]

[0MV7M Hospital Confinement Indemnity Benefits Rider
 Daily Room Benefit [\$125.00, \$250.00, \$350.00, \$500.00]
 Rider Premium \$[00.00]]

[0MV8M Critical Illness Benefits Rider
 Critical Illness Benefit [\$5,000, \$10,000, \$15,000, \$25,000]
 Rider Premium \$[00.00]]

CLAIM INFORMATION CALL [1-800-775-1000]
OTHER SERVICE QUESTIONS CALL [1-800-775-6000]

Form D82M-[22920, 22921, 22922, 22923, 22924]



ACCIDENT-ONLY SHORT-TERM DISABILITY INCOME INSURANCE POLICY

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 Date. Your application becomes part of your policy.

PLEASE REVIEW YOUR APPLICATION

Please review the attached copy of your application. If anything is incorrect or if any past medical history has been left out, you should tell us. Your policy was issued on the basis that all information shown in the application is correct and complete. If not, your policy may not be valid.

10-DAY RIGHT TO REVIEW POLICY

You have 10 days from the date of its delivery 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. The policy will then be considered never to have been issued.

GUARANTEED RENEWABLE TO AGE 67

You are guaranteed the right to continue your coverage until Age 67. During that time, we cannot cancel your policy as long as you pay the required premium when it is due.

PREMIUMS CAN CHANGE

Your policy's premium may change, but only if the same change is made to all policies of this form issued to persons of the same Class. We will give you at least 45 days advance written notice before any premium change. In no event will the premium increase during the first 12 months following the Policy Date.

**This Is a Legal Contract Between You and Us.
READ YOUR POLICY CAREFULLY.
THIS POLICY COVERS ACCIDENTS ONLY --
IT DOES NOT PAY BENEFITS FOR LOSS RESULTING FROM SICKNESS.
To Inquire About Your Coverage, or to Express a Concern,
You May Call Us Toll-Free At:
For Customer Service [1-800-775-6000]
For Claims Service [1-800-775-1000]**

Chairman of the Board and
Chief Executive Officer

Corporate Secretary

| TABLE OF CONTENTS | PAGE |
|--|-------------|
| DEFINITIONS | 1 |
| TOTAL DISABILITY BENEFITS | 2 |
| PARTIAL DISABILITY BENEFITS | 2 |
| PRESUMPTIVE TOTAL DISABILITY BENEFITS | 2 |
| SURVIVOR BENEFIT | 2 |
| WAIVER OF PREMIUM | 3 |
| RECURRENT DISABILITY | 3 |
| TERMINATION | 3 |
| EXCLUSIONS AND LIMITATIONS | 3 |
| Workers' Compensation Limitation | 4 |
| CLAIMS PROVISIONS | 4 |
| Notice of Claim | 4 |
| Claim Forms | 4 |
| Proof of Loss | 4 |
| TIME OF PAYMENT OF CLAIMS | 4 |
| PAYMENT OF CLAIMS | 4 |
| TERM OF COVERAGE | 4 |
| POLICY PROVISIONS | 5 |
| Entire Contract and Changes | 5 |
| Time Limit on Certain Defenses..... | 5 |
| Grace Period | 5 |
| Reinstatement | 5 |
| Physical Examinations..... | 5 |
| Change of Beneficiary | 5 |
| Misstatement of Age..... | 5 |
| Legal Actions..... | 5 |
| Unpaid Premium..... | 6 |
| Relation of Earnings to Insurance..... | 6 |
| Conformity with State Statutes..... | 6 |

DEFINITIONS

Age means your age on the first Policy Renewal Date that coincides with or next follows your birthday.

Beneficiary means the person(s) or legal entity you name in the application to receive this policy's survivor benefit.

Benefit Period means the maximum length of time Total Disability benefits, Partial Disability benefits or any combination of these benefits is payable. The benefit period begins on the first day benefits become payable after expiration of the Elimination Period. The benefit period ends after benefits have been payable for the duration of time shown on the policy schedule.

Class means persons with the same policy form, Benefit Period, Elimination Period, age, gender, tobacco status, occupational class and optional coverage as yours. Such persons live in the same geographic area of the state as you do.

Elimination Period means the initial number of days of Total Disability, Partial Disability or any combination of both that must pass before benefits become payable. The elimination period is shown on the policy schedule. The elimination period begins on the date of first medical treatment by a Physician during Total Disability or Partial Disability.

Full-Time Employment means you are actively and regularly working for wage or profit for at least 30 hours per week, unless your current employer (other than yourself or an immediate family member) defines full-time employment using fewer hours, in which case that lesser time frame will apply.

Injury means bodily harm to you which:

- (a) is the direct result of an accident or trauma that occurs while your policy is in force; and
- (b) is not related to sickness or any other cause (except for sickness caused by the injury).

Monthly Income means your monthly income from salary, wages, bonuses, commissions, fees, or other payments received for personal services rendered or work performed in your Regular Occupation. Normal and usual business expenses (as used in accepted accounting practices and procedures for tax purposes) are to be deducted. Income taxes are not to be deducted. Monthly income does not include dividends, rents, royalties, annuities, or other forms of unearned income.

Partial Disability or Partially Disabled means that due to Injury:

- (a) you are able to perform the material and substantial duties of your Regular Occupation for no more than 50% of the time usually spent in the daily performance of such duties; and
- (b) you receive Regular Medical Care.

Physician means a person, other than you or a member of your family, duly licensed and legally qualified to diagnose and treat an Injury. He or she must be providing services within the scope of his or her license.

Policy Date means the date coverage is effective under this policy as shown on the policy schedule.

Policy Renewal Date means the month and day your policy's premium payment is due. The frequency of the policy renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

Prior Monthly Income means the greater of:

- (a) your average Monthly Income for the 12-month period immediately prior to the onset of a covered disability for which claim is made; or
- (b) your average Monthly Income for the calendar year with the highest earnings of the last two calendar years prior to the onset of such covered disability.

Regular Medical Care means treatment, consultations, and diagnostic services provided by a Physician whose specialty is suitable for your medical condition. Such care must be received in-person at a frequency that is appropriate for your Injury according to generally accepted medical standards. We may waive this regular medical care requirement upon our receipt of reasonable proof that such care is no longer appropriate for the Injury causing your disability.

Regular Occupation means the occupation (or occupations, if more than one) in which you are regularly engaged at the time you become disabled.

Total Disability or **Totally Disabled** means that due to Injury:

- (a) you are unable to perform the material and substantial duties of your Regular Occupation;
- (b) you are not engaged in any occupation for wage or profit; and
- (c) you receive Regular Medical Care.

Total Disability Monthly Benefit means the amount we will pay each month for Total Disability, after the Elimination Period is satisfied. The total disability monthly benefit is shown on the policy schedule.

Valid Disability Coverages means individual and group loss of time and disability coverages with us (including this policy) as well as with other companies. It also includes Total Disability benefits under life insurance policies and coverages under all compulsory benefit laws. The term will not include coverages under workers' compensation or employers' liability laws.

We, Us or **Our** means Mutual of Omaha Insurance Company.

You or **Your** means the person named as the Insured on the policy schedule.

TOTAL DISABILITY BENEFITS

If you are Totally Disabled because of an Injury, we will pay the Total Disability Monthly Benefit. Total Disability benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Totally Disabled for as long as the Benefit Period.

Total Disability benefits are payable on a monthly basis. When less than one month of Total Disability benefits is due, we will pay 1/30th of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFITS

If you are Partially Disabled because of an Injury, we will pay 50% of the Total Disability Monthly Benefit. Partial Disability benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Partially Disabled for the lesser of six months or the balance of the Benefit Period.

Partial Disability benefits are payable on a monthly basis. When less than one month of Partial Disability benefits is due, we will pay 1/60th of the Total Disability Monthly Benefit for each day of Partial Disability. Benefits for Partial Disability are not payable during Total Disability.

PRESUMPTIVE TOTAL DISABILITY BENEFITS

You will be presumed to be permanently Totally Disabled if an Injury results in the complete and irrecoverable loss of your:

- (a) speech;
- (b) hearing in both ears;
- (c) sight in both eyes; or
- (d) the use of both hands, both feet, or one hand and one foot.

We will automatically pay Total Disability benefits for the full length of the Benefit Period upon proof of your presumptive Total Disability. Benefits are payable even if you return to work at any occupation. The Elimination Period will be waived. Regular Medical Care will not be required.

SURVIVOR BENEFIT

Upon your death, we will pay a survivor benefit to your designated Beneficiary, if, at the time you died:

- (a) Total or Partial Disability benefits were payable; and
- (b) the Benefit Period was not exhausted.

The survivor benefit will be a lump-sum amount equal to three times the Total or Partial Disability monthly benefit payable under your policy at the time of your death. In the event no Beneficiary is named or living, the survivor benefit will be paid:

- (a) to your surviving spouse; if none, then
- (b) equally to your surviving natural and adopted children; if none, then

- (c) equally to your surviving parent(s); if none, then
- (d) to your estate.

WAIVER OF PREMIUM

If an Injury results in more than 90 continuous days of Total Disability and/or Partial Disability, we will:

- (a) refund any premiums which became due and were paid during this 90-day period; and
- (b) waive the payment of each premium which thereafter becomes due as long as Total Disability or Partial Disability benefits are payable.

Waiver of premium will automatically apply if you receive presumptive Total Disability benefits.

In no event will premiums be waived beyond the end of the Benefit Period. Once waiver of premium stops, you must resume payment of premiums to keep your policy in force.

RECURRENT DISABILITY

If a later disability results from the same cause or causes as a prior disability, the later disability will be considered to be a new loss if you were able to return to Full-Time Employment between such disabilities for at least six months in a row.

If a later disability results from a different cause or causes as a prior disability, the later disability will be considered to be a new loss if you were able to return to Full-Time Employment between such disabilities for at least 30 days in a row.

The full Benefit Period will be restored, and a new Elimination Period will apply, to a new loss.

TERMINATION

This policy will terminate on the earliest of:

- (a) the date we receive your request to cancel the policy (in which case the grace period will not apply);
- (b) the date of your death;
- (c) the Policy Renewal Date, if the renewal premium was not paid before the end of the grace period; or
- (d) when you reach Age 67.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. If we accept a premium after you reach Age 67, disability coverage will continue until the end of the period for which premium was accepted.

Termination of coverage will not affect any claim beginning while the policy was in force.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for:

- (a) loss that begins while this policy is not in force;
- (b) loss resulting from an act of declared or undeclared war;
- (c) loss sustained while serving in the armed forces (upon notice to us of entry into the armed forces, the unearned portion of the premium will be refunded);
- (d) loss caused by intentionally self-inflicted injury (while sane in Colorado);
- (e) loss resulting from commission or attempted commission of a felony;
- (f) loss caused by suicide or attempted suicide, while sane or insane (sane only in Colorado and Missouri);
- (g) loss resulting from your being legally intoxicated or under the influence of an illegal substance or a narcotic (except for narcotics given on the advice of and taken as prescribed by a Physician); or
- (h) loss resulting directly or indirectly from disease or bodily infirmity.

Benefits payable are limited for the following losses.

Workers' Compensation Limitation

Benefits payable for a loss for which benefits are provided under any state or federal workers' compensation, employers' liability, or occupational disease law will be reduced by 50%.

CLAIMS PROVISIONS

Notice of Claim

Written notice of a claim must be given to us within 20 days (30 days in Mississippi; 60 days in Kentucky and Wyoming; six months in Montana) after a loss begins, or as soon as is reasonably possible. If disability benefits may be payable for at least two years, you must also give us notice of your continued disability. Such notice must be given at least once every six months after the initial notice, except in the event of legal incapacity. The six-month period following any filing of proof by you, or any payment or denial of benefits by us, will be excluded in applying this provision. Delay in giving notice will not impair your right to benefits which would otherwise have accrued during the six months (12 months in Wisconsin) before the date on which notice is actually given. You may give us the required notice or someone else may do it for you. The notice should include your name and policy number as shown on the policy schedule. Notice should be mailed to us in Omaha, Nebraska, or to any of our agents.

Claim Forms

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

For periodic payment of a continuing loss, you must give us written proof of loss within 90 days after the end of each period for which we are liable. For any other loss, written proof must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, 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 (15 months in Hawaii) from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

We will make periodic payments for loss for which benefits 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.

PAYMENT OF CLAIMS

All benefits will be paid to you, if living. Benefits unpaid at your death, including the Survivor Benefit, will be paid to your estate.

If any benefits are payable to your estate, or to a minor or any person not legally able to give a valid release, we may pay up to \$1,000.00 to any relative of yours whom we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Policy Date at 12:01 a.m. where you live. It ends at 12:01 a.m. where you live on the first Policy Renewal Date. Each time you renew your policy by paying the premium within the 31-day grace period, a new term begins when the old term ends.

POLICY PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

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

No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the policy. Any rider, endorsement or application added after the Policy Date which reduces or eliminates coverage under this policy will require your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date you become covered under this policy, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

Grace Period

Your policy's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your policy stays in force during your grace period.

Reinstatement

Your policy will lapse if you do not pay your premium before the end of the grace period. Your policy will be put back in force if we accept a premium after the policy has lapsed. The reinstated policy only covers loss due to Injuries that occur 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.

Physical Examinations

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending.

Change of Beneficiary

Only you have the right to change the Beneficiary. Consent of the Beneficiary is not required for any change of Beneficiary. Also, no such consent is required for surrender or assignment of this policy or to make any other change in this policy.

To change a Beneficiary, send us a written request. When recorded and acknowledged by us, the change will be effective as of the date you signed the request. The change will not apply to any payments made or other action taken by us before recording.

Misstatement of Age

If your age has been misstated, 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 (five years in Kansas; one year in Louisiana; six years in South Carolina) from the date proof of loss is required. (In Florida, legal action cannot be brought after the applicable statute of limitations has expired from the time written proof of loss is required.)

Unpaid Premium

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

Relation of Earnings to Insurance

The monthly benefits payable under this policy will be reduced if the disability benefits you receive from all Valid Disability Coverages exceed your Prior Monthly Income.

In the event that monthly benefits are reduced, we will pay each month a portion of the Total Disability Monthly Benefit shown on the policy schedule pursuant to the following calculation:

(Prior Monthly Income *divided* by Valid Disability Coverages benefits)

multiplied by this policy's Total Disability Monthly Benefit.

We will return the part of the premium paid during the two-year period prior to your disability that exceeds the amount needed to pay for the actual benefits payable under this provision.

In no event will this provision be used to reduce the total monthly benefits payable under all disability coverages with us to less than \$300.00.

Conformity with State Statutes

If any provision of this policy conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

POLICY SCHEDULE

| POLICY NUMBER | POLICY DATE | FIRST RENEWAL DATE |
|----------------------|--------------------|---------------------------|
| D83M-[000000-00M] | [7-1-10] | [7-1-11] |

| INITIAL PREMIUM | RENEWAL PREMIUM | PREMIUM MODE |
|------------------------|------------------------|--|
| [\$0,000.00] | [\$0,000.00 *] | [Annual, Semiannual, Quarterly, Monthly] |

POLICY BENEFIT **SERIES** [22925, 22926, 22927, 22928, 22929]

| | |
|-----------------------------------|--|
| TOTAL DISABILITY | INSURED |
| MONTHLY BENEFIT: [\$300-\$20,000] | [James J. Jones] [123 Main Street] [Anytown, AR 00000] |

INITIAL PREMIUM \$[000.00]

ELIMINATION PERIOD: [0,7,14,30,60,90 Days] **MGR** [Don Jones]

BENEFIT PERIOD: [3, 6, 12, 24 Months] **PRODUCER** [J Brown 09999]

[Allowance
 [10%][15%][20%][25%][30%]]

ADDITIONAL COVERAGES AND POLICY ADJUSTMENTS

* Renewal Premiums Are Subject To Change

[0LM1M Hospital Confinement Accident Indemnity Benefits Rider
 Daily Room Benefit [\$125.00, \$250.00, \$350.00, \$500.00]
 Rider Premium \$[00.00]]

[0ML1M Accident Medical Expense Rider
 Rider Premium \$[00.00]]

CLAIM INFORMATION CALL [1-800-775-1000]
OTHER SERVICE QUESTIONS CALL [1-800-775-6000]

Form D83M-[22925, 22926, 22927, 22928, 22929]

MUTUAL OF OMAHA INSURANCE COMPANY
FUTURE INSURABILITY OPTION RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of the policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of the policy, this rider will control.

Rider Date (same as the Policy Date if no date is shown) _____
Rider Premium (included in the policy premium if no amount is shown) \$ _____

DEFINITIONS

The definitions shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, the following definitions apply to this rider.

Increase Amount means the amount by which your policy's Total Disability Monthly Benefit will be increased. The increase amount will be shown on a Benefit Increase Rider when issued.

Option Date means the second anniversary of the Rider Date and each anniversary thereafter while this rider is in force.

Option Period means the period that begins 60 days before the Option Date and ends on the Option Date.

FUTURE INSURABILITY OPTION

You have the option to increase your policy's Total Disability Monthly Benefit. You have this option regardless of any change in your health or occupation following the Rider Date (unless an Option Date occurs while you are Totally Disabled or Proportionately Disabled). You may exercise the option and increase your benefits as follows.

1. Increases will be made only upon receipt of your written application for such increase. You must apply within the Option Period. An approved Increase Amount will be effective on the Option Date.
2. If you do not qualify for an increase on an Option Date, you can still apply for an increase during a later Option Period.
3. The Increase Amount we will issue is subject to the following:
 - (a) Benefits will be limited by our underwriting rules in effect on the Option Date. Such rules prescribe limits of coverage we will issue in light of your income and any other coverage you may have.
 - (b) Each Increase Amount is limited to one-fourth of the Total Disability Monthly Benefit in effect on the Rider Date of this rider (rounded to the next highest \$100.00).
 - (c) The Increase Amount must be issued with the same Elimination Period and Benefit Period as the benefits already in force.
 - (d) The Increase Amount applies only to your base policy's benefits. The Increase Amount will not apply to benefits payable under any SIS Benefits Rider.
 - (e) The sum of all Increase Amounts can never exceed the maximum Increase Amount shown on the policy schedule.
4. The premium for the Increase Amount will be based upon your attained age on the Option Date. We will use the same premiums in effect on the Option Date that we would use for new applicants.

TERMINATION

This rider terminates on whichever of the following occurs first:

- (a) Age 57.
- (b) The date you have increased your benefits to the maximum allowable by this rider.
- (c) The date your policy terminates.

Mutual of Omaha Insurance Company



Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY

COST-OF-LIVING ADJUSTMENT RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of the policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of the policy, this rider will control.

Rider Date (same as the Policy Date if no date is shown) _____

Rider Premium (included in the policy premium if no amount is shown) \$ _____

DEFINITIONS

The definitions in the policy and attached riders apply to this rider. In applying them, substitute "rider" for "policy." In addition, the following definitions apply to this rider.

Monthly Benefit means the Total Disability Monthly Benefit shown on the policy schedule plus any Increase Amount issued under a Benefit Increase Rider. It also includes the SIS Total Disability Monthly Benefit payable under any SIS Benefits Rider. Monthly Benefit does not include any cost-of-living adjustment amount.

Review Date means the annual anniversary of the first day Total Disability or Proportionate Disability benefits become payable, after satisfaction of the Elimination Period.

COST-OF-LIVING ADJUSTMENTS

If Total Disability or Proportionate Disability benefits are payable before Age 66, we will compute cost-of-living adjustments on each Review Date. Monthly Benefits which thereafter accrue during that Benefit Period will be adjusted as follows.

1. On the first Review Date, the Monthly Benefit will be increased by the lesser of the percentage change in the CPI-U or 5%. On each subsequent Review Date during the same loss, the Monthly Benefit will be increased by the percentage change in the CPI-U or 5%, compounded annually. All adjustment amounts will be rounded to the nearest dollar.
2. Cost-of-living adjustments for Total Disability or Proportionate Disability will end when disability benefits are no longer payable for that loss. The Monthly Benefit, without any adjustment, would then apply to any new loss.

TERMINATION

This rider terminates at Age 67 or the date your policy terminates, whichever occurs first. Termination will not affect any existing claim.

Mutual of Omaha Insurance Company



Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY

SIS (SOCIAL INSURANCE SUPPLEMENT) BENEFITS RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of the policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of the policy, this rider will control.

Rider Date (same as the Policy Date if no date is shown) _____
Rider Premium (included in the policy premium if no amount is shown) \$ _____
Elimination Period (same as the base policy Elimination Period if no duration is shown) _____
Benefit Period (same as the base policy Benefit Period if no duration shown) _____

DEFINITIONS

The definitions shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, the following definitions apply to this rider.

SIS means Social Insurance Supplement.

SIS Total Disability Monthly Benefit means the amount we will pay each month for Total Disability under this rider, after the Elimination Period is satisfied. The SIS Total Disability Monthly Benefit shown on the policy schedule will be reduced by the amount of any Social Insurance benefits you receive.

Social Insurance means disability or retirement benefits you are receiving due to a current Sickness or Injury from:

- (a) Social Security;
- (b) worker's compensation, or any employer's liability or occupational disease law;
- (c) civil service and federal employee programs, including state-sponsored disability benefits; and
- (d) the Railroad Retirement Act.

CONDITIONS FOR RECEIVING SIS BENEFITS

Benefits payable under this SIS Benefits Rider are subject to the following conditions:

- (a) You must make timely application for each Social Insurance benefit for which you may be entitled;
- (b) You must provide us with written authorization to receive information about the status of your application;
- (c) You must provide us with copies of all correspondence between you and the Social Insurance plan showing whether your claim has been approved, denied or is still pending;
- (d) If you are denied Social Insurance benefits, you must pursue any appeals processes that are available to you without cost. We may reasonably require you to reapply from time to time; and
- (e) You must notify us of any change in status of your Social Insurance benefits within 30 days of such change.

SIS TOTAL DISABILITY BENEFITS

If you are Totally Disabled because of a Sickness or Injury, we will pay:

- (a) the SIS Total Disability Monthly Benefit if you are not receiving any Social Insurance benefits; or
- (b) the SIS Total Disability Monthly Benefit reduced by the amount of any Social Insurance Benefits being paid if you are receiving such benefits.

SIS Total Disability Benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Totally Disabled for as long as the Benefit Period. In the event there is a later increase in the amount of Social Insurance benefits you receive, the SIS Total Disability Monthly Benefit will not be further reduced by the amount of such increase.

SIS Total Disability Benefits are subject to all other terms and conditions applicable to base policy Total Disability Benefits.

SIS PROPORTIONATE DISABILITY BENEFITS

If you are Proportionately Disabled because of Sickness or Injury and incur a 20% or greater Loss of Monthly Income, we will pay a percentage of your SIS Total Disability Monthly Benefit that is proportionate to your lost income. This SIS Proportionate Disability Monthly Benefit will be an amount determined each month by using the following formula:

(Loss of Monthly Income *divided* by Prior Monthly Income)

multiplied by the SIS Total Disability Monthly Benefit

equals the SIS Proportionate Disability Monthly Benefit.

SIS Proportionate Disability benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Proportionately Disabled for:

- (a) a maximum of 24 months for any one loss, not to exceed the length of the Benefit Period; or
- (b) as long as the Benefit Period, if the Extended Proportionate Disability Benefits Rider is part of your coverage.

SIS Proportionate Disability Benefits are subject to all other terms and conditions applicable to base policy Proportionate Disability Benefits.

Adjustment of Prior Monthly Income Due to Inflation

Your Prior Monthly Income will be adjusted to compensate for increases in the cost of living when calculating the above formula. On each one-year anniversary of the start of Proportionate Disability, your Prior Monthly Income will be adjusted by the percentage change in the CPI-U or 5%, compounded annually, whichever is lesser.

Such adjustments will continue while you remain Proportionately Disabled until the maximum benefit has been paid. All adjustments will be rounded to the nearest dollar.

LUMP SUM SOCIAL INSURANCE BENEFITS

If you are awarded a lump sum Social Insurance benefit, any portion representing a retroactive benefit will not impact this rider and will not reduce the SIS Total Disability Monthly Benefit. Any portion representing a settlement for future months of disability will reduce the SIS Total Disability Monthly Benefit. We will divide the future settlement by the number of months it covers and reduce the SIS Total Disability Monthly Benefit by this amount for the same number of months.

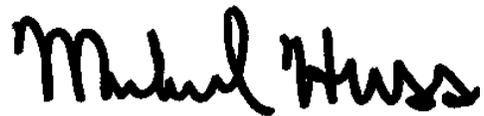
COORDINATION OF SIS REDUCTIONS WITH OTHER POLICIES

The benefits payable under your policy will coordinate with other Mutual of Omaha Insurance Company disability income policies or certificates, if any, which reduce benefits because of your receipt of Social Insurance benefits. The total reduction under all such policies or certificates will not be greater than the actual amounts received from all Social Insurance benefits.

TERMINATION

This rider terminates at Age 67 or the date your policy terminates, whichever occurs first.

Mutual of Omaha Insurance Company



Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY

HOSPITAL CONFINEMENT INDEMNITY BENEFITS RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of the policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of the policy, this rider will control.

Rider Date (same as the Policy Date if no date is shown) _____

Rider Premium (included in the policy premium if no amount is shown) \$ _____

DEFINITIONS

The definitions shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, the following definitions apply to this rider.

Confinement means confinement as a resident inpatient in a Hospital for at least 12 hours because of Sickness or Injury. Confinement must be recommended and supervised by a Physician.

Hospital means any of the following places:

- (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located;
- (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility;
- (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or
- (d) a place certified as a hospital by Medicare.

Not included is a hospital or institution or a part of a hospital or institution which is licensed or used principally:

- (a) for the care or treatment of drug addicts or alcoholics; or
- (b) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

Intensive Care Unit means a separate, specifically designated facility of the Hospital which provides the highest level of medical care to physically, critically ill or injured patients. The facility must be permanently equipped and staffed by qualified personnel to provide close observation on a full-time basis. Intensive care unit includes a coronary care unit or renal care unit.

Period of Confinement means one or more Hospital Confinements for the same or related causes that are separated by less than 90 calendar days.

HOSPITAL CONFINEMENT INDEMNITY BENEFITS

When you are confined in a Hospital as the result of a Sickness or Injury, we will pay:

- (a) the Daily Room Benefit shown on the policy schedule for each day of Confinement; or
- (b) two times the Daily Room Benefit shown on the policy schedule for each day of Confinement in an Intensive Care Unit.

For each Period of Confinement, benefits will begin on the second day of Confinement, and are limited to a maximum payable of 45 days.

EXCLUSIONS AND LIMITATIONS

The Exclusions shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, we will not pay benefits under this rider for Hospital Confinement incurred while this rider is not in force.

Benefits payable under this rider are limited for the following conditions:

Pregnancy

We will not pay Hospital Confinement Indemnity Benefits for Normal Childbirth, Normal Pregnancy or voluntarily induced abortion. We will pay benefits under this rider for Complications of Pregnancy on the same basis as any other Sickness.

Substance Abuse Limitation

Hospital Confinement Indemnity Benefits payable for Substance Abuse are limited to a lifetime maximum of 90 days.

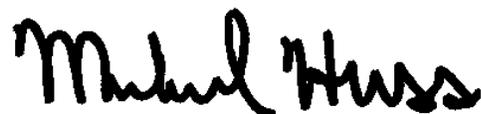
Mental or Nervous Disorder Limitation

Hospital Confinement Indemnity Benefits payable for Mental or Nervous Disorders are limited to a lifetime maximum of 90 days.

TERMINATION

This rider terminates at Age 67 or the date your policy terminates, whichever occurs first.

Mutual of Omaha Insurance Company

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

Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY

CRITICAL ILLNESS BENEFITS RIDER

THIS IS A LIMITED BENEFIT RIDER A SPECIAL LIMITATION APPLIES FOR LIFE-THREATENING CANCER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of the policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of the policy, this rider will control.

Rider Date (same as the Policy Date if no date is shown) _____
Rider Premium (included in the policy premium if no amount is shown) \$ _____

DEFINITIONS

The definitions shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, the following definitions apply to this rider.

Critical Illness Insured Condition means one of the medical conditions or major organ transplants defined below. You must receive the Diagnosis of the critical illness insured condition, or have the transplant surgery performed, on or after the Rider Date.

- (a) **Alzheimer's Disease** means a progressive degenerative disease of the brain. The Diagnosis must be supported by medical evidence that you exhibit loss of intellectual capacity resulting in impairment of memory and judgment. This impairment results in a significant reduction in mental and social functioning, such that you require permanent daily personal supervision and are unable to perform independently three or more of the following activities of daily living: transferring (moving in or out of a bed or chair), dressing, bathing, feeding, toileting, and continence. No other dementing organic brain disorders or psychiatric illnesses will satisfy the definition of Alzheimer's disease, nor will they be considered a critical illness insured condition. The Physician making the Diagnosis of Alzheimer's disease must be a board-certified neurologist.
- (b) **Blindness** means the permanent and uncorrectable loss of sight in both eyes. In order for blindness to be covered, your corrected visual acuity must be worse than 20/200 in both eyes, or your field of vision must be less than 20 degrees in both eyes. The Physician making the Diagnosis of blindness must be a board-certified ophthalmologist.
- (c) **Deafness** means a permanent loss of hearing in both ears with an auditory threshold of more than 90 decibels in each ear. The Physician making the Diagnosis of deafness must be a board-certified otolaryngologist.
- (d) **Heart Attack (Myocardial Infarction, includes ST elevation, non-ST elevation, Q wave and non-Q wave presentations)** means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this rider, the Diagnosis of heart attack (myocardial infarction) must be based upon a clinical setting consistent with such Diagnosis and either:
 - (1) new electrocardiographic changes consistent with and supporting a clinical Diagnosis of heart attack (myocardial infarction); **or**
 - (2) a concurrent diagnostic elevation of cardiac biomarkers.
- (e) **Life-Threatening Cancer** means a malignant neoplasm (including hematologic malignancy), which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Life-threatening cancer must be Diagnosed pursuant to a Pathological Diagnosis or a Clinical Diagnosis. Life-threatening cancer does not include Carcinoma in Situ, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors or polyps, or any skin cancer (except for malignant melanoma or skin malignancies that have become invasive life-threatening cancers).
- (f) **Major Organ Transplant** means clinical evidence of major organ(s) failure which requires your malfunctioning organ(s) or tissue to be replaced with the organ(s) or tissue from a suitable donor under generally accepted medical procedures. Those organs or tissues covered by this definition are limited to liver, kidney, lung, entire heart, small intestine, pancreas, pancreas-kidney or bone marrow. In order for the major organ transplant to be covered under this rider, you must also be registered by the United Network of Organ Sharing (UNOS).
- (g) **Paralysis** means the complete and permanent loss of the use of two or more limbs through neurological injury confirmed to have been present for a continuous period of at least 180 days by a Physician who is a board-certified neurologist. A "limb" means your arm or leg.

- (h) **Renal Failure** means the chronic irreversible failure of both kidneys (End Stage Renal Disease), which requires treatment with regular dialysis. The Diagnosis of renal failure must be made by a Physician who is a board-certified nephrologist.
- (i) **Stroke** means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least 30 days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

Clinical Diagnosis means a Diagnosis of Life-Threatening Cancer based on the study of symptoms and diagnostic test results. We will accept a clinical Diagnosis of Life-Threatening Cancer only if the following conditions are met:

- (a) A Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening;
- (b) There is medical evidence to support the Diagnosis; and
- (c) A Physician is treating you for Life-Threatening Cancer.

Critical Illness Benefit means the lump sum amount we will pay under this rider. The critical illness benefit is shown on the policy schedule.

Diagnosed or Diagnosis means the definitive establishment of the Critical Illness Insured Condition through the use of clinical and/or laboratory findings. The diagnosis must be made by a Physician who is also a board-certified specialist where required under this rider. In the case of a Major Organ Transplant, the diagnosis includes our verification that you have been registered by the United Network of Organ Sharing (UNOS).

Pathological Diagnosis means a Diagnosis of Life-Threatening Cancer based upon a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Physician who is also a board-certified pathologist and whose Diagnosis of malignancy conforms with the standards set by the American College of Pathology.

CRITICAL ILLNESS BENEFITS

If you receive a Diagnosis of a Critical Illness Insured Condition, we will pay the Critical Illness Benefit. The Critical Illness Benefit is payable on a one-time basis. Once benefits are paid, this rider will terminate.

Critical Illness Insured Conditions:

- (a) Alzheimer's Disease;
- (b) Blindness;
- (c) Deafness;
- (b) Heart Attack (Myocardial Infarction);
- (e) Life-Threatening Cancer (when first symptoms appear and first Diagnosis occurs more than 30 days after the Rider Date or rider reinstatement date);
- (f) Major Organ Transplant;
- (g) Paralysis;
- (h) Renal Failure; or
- (i) Stroke.

Refer to the Special Limitation for Life-Threatening Cancer when Life-Threatening Cancer exhibits symptoms or is Diagnosed within 30 days following the Rider Date or the reinstatement date of rider coverage.

NOTE: Receipt of Critical Illness Benefits may affect eligibility for Medicaid or other governmental benefits and entitlements.

SPECIAL LIMITATION FOR LIFE-THREATENING CANCER

If, within 30 days following the Rider Date or reinstatement date after any lapse in rider coverage:

- (a) you exhibit any symptoms or medical/physical conditions which lead to a Diagnosis of Life-Threatening Cancer; or
- (b) you receive a Diagnosis of Life-Threatening Cancer;

we will not pay the Critical Illness Benefit. Our liability instead will be limited to a refund of all premiums paid for this rider since the later of the Rider Date or the date of last reinstatement. This rider will then terminate.

TERMINATION

This rider will terminate on the earliest of:

- (a) when the Critical Illness Benefit is paid;
- (b) when your policy terminates;
- (c) when you reach Age 67;
- (d) the date we receive your written request to cancel this rider (in which case the grace period will not apply); or
- (e) the date premiums are refunded in accordance with the SPECIAL LIMITATION FOR LIFE-THREATENING CANCER section.

EXCLUSIONS AND LIMITATIONS

The Exclusions and Limitations shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, we will not pay benefits under this rider for any Critical Illness Insured Condition that is Diagnosed before the Rider Date or while this rider is not in force.

RIDER PROVISIONS

The **Time Limit on Certain Defenses** and **Reinstatement** provisions contained in your policy are deleted and replaced by the following for the purposes of this rider:

Time Limit on Certain Defenses

After two years from the date you become covered under this rider, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred after the two-year period.

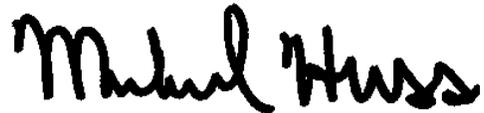
After two years following the date of reinstatement of coverage under this rider, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred after the two-year period.

Reinstatement

This rider will lapse if you do not pay your premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this rider back in force. If we require an application for reinstatement, this rider will be put back in force when we approve the application. If we do not approve the application, this rider will be put back in force on the 45th day (30th day in New Mexico) following the date of the application unless we give you prior written notice of its disapproval.

The reinstated rider will only cover loss from a Critical Illness Insured Condition that results from a Diagnosis made more than 10 days after the date of reinstatement. In all other respects, you and we have the same rights under this rider as were in effect before it lapsed, unless special conditions are added in connection with the reinstatement. After the rider has been reinstated, the time period in the Time limit on Certain Defenses provision will be measured from the date of reinstatement as to the statements contained in the application for reinstatement, except for fraudulent misstatements. The Special Limitation for Life-Threatening Cancer will also be reapplied following any reinstatement date. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Mutual of Omaha Insurance Company



Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY

BENEFIT INCREASE RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of the policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of the policy, this rider will control.

Rider Date (same as the Policy Date if no date is shown) _____
Rider Premium (included in the policy premium if no amount is shown) \$ _____
Increase Amount \$ _____

BENEFIT INCREASE

The Total Disability Monthly Benefit listed on the policy schedule is increased by the Increase Amount shown above. This Increase Amount applies only to your base policy's benefits (not to benefits payable under any SIS Benefits Rider). The Increase Amount will be payable for disability beginning after the rider date and while this rider is in force.

The Increase Amount has been issued as the result of your exercise of an option under the Future Insurability Option Rider. It has, therefore, been issued without regard to your health history or occupation prior to the rider date.

TERMINATION

This rider terminates when your policy terminates.

Mutual of Omaha Insurance Company



Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY

DISCRETIONARY AUTHORITY RIDER

This rider is made a part of the policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy, this rider will control.

Rider Date (same as the Policy if no date is shown)

AUTHORITY TO INTERPRET POLICY

By purchasing this policy, your employer grants us the discretion and the final authority to construe and interpret the policy. This means we have the authority to decide all questions of eligibility and all questions regarding the amount and payment of any policy benefits within the terms of the policy as interpreted by us. Benefits under the policy will be paid only if we decide, in our discretion, a person is entitled to them. In making any decision, we may rely on the accuracy and completeness of any information furnished by the employer, you or any other third party. Our interpretation of the policy as to the amount of benefits and eligibility shall be binding and conclusive on all persons.

The employer further grants us the authority to delegate to third parties, including, without limitations, Mutual of Omaha Insurance Company, the discretionary authority granted in the policy. The employer expressly grants such third party the full discretionary authority granted to us under this policy.

You or your designated beneficiary has the right to request a review of our decision. If, after exercising the policy's review procedures, you or your beneficiary's claim for benefits is denied or ignored, in whole or in part, you or your beneficiary may file suit and a court will review your or your beneficiary's eligibility or entitlement to benefits under the policy.

The employer, as program sponsor, agrees that the employer retains full responsibility for the legal and tax status of its benefits program and releases us from all responsibility for the reporting and the employment-based design of the program and from all other responsibilities not accepted in writing by our authorized representative in our home office.

Mutual of Omaha Insurance Company

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

Corporate Secretary

**MUTUAL OF OMAHA INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NEBRASKA, 68175
(402) 342-7600**

**LONG-TERM DISABILITY INCOME INSURANCE COVERAGE
OUTLINE OF COVERAGE
FOR
POLICY FORM D81M**

Read Your Policy Carefully

This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Disability Income Insurance Coverage

Policies of this category are designed to provide, to persons insured, coverage for disabilities resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

Pre-existing Condition Limitation

Your policy may contain a pre-existing condition limitation. If applicable, we will not pay benefits for loss resulting from a pre-existing condition, unless such loss occurs after the waiting period shown on the policy schedule has expired.

Total Disability Benefits

If you are Totally Disabled because of a Sickness or Injury, we will pay the Total Disability Monthly Benefit. Total Disability benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Totally Disabled for as long as the Benefit Period.

Proportionate Disability Benefits

If you are Proportionately Disabled because of Sickness or Injury and incur a 20% or greater Loss of Monthly Income, we will pay a percentage of your Total Disability Monthly Benefit that is proportionate to your lost income.

Presumptive Total Disability Benefits

We will automatically pay Total Disability Benefits under your policy and any Social Insurance Supplement Benefits Rider for the full length of the Benefit Period upon proof of your presumptive Total Disability. Benefits are payable even if you return to work at any occupation. The Elimination Period will be waived. Regular Medical Care will not be required. You will be presumed to be permanently Totally Disabled if Sickness or Injury results in the complete and irrecoverable loss of your:

- (a) speech;
- (b) hearing in both ears;
- (c) sight in both eyes; or
- (d) the use of both hands, both feet or one hand and one foot.

Transplant Donor Benefits

If you become Totally Disabled or Proportionately Disabled as the result of a transplant of part of your body to the body of another person, we will pay benefits under your policy and any Social Insurance Supplement Benefits Rider on the same basis as any other Sickness.

Terminal Illness Benefit

If you are diagnosed with a Terminal Illness, you can elect to receive an accelerated payment of the remaining Total Disability Monthly Benefits due in a lump sum amount. This Terminal Illness Benefit may accelerate up to 12 months of the current benefits payable under your policy and any Social Insurance Supplement Benefits Rider.

Survivor Benefit

Upon your death, we will pay a survivor benefit to your designated Beneficiary, if Total or Proportionate Disability benefits were payable; and the Benefit Period was not exhausted.

Rehabilitation Benefit

While you are receiving Total Disability or Proportionate Disability benefits, we may pay for a vocational rehabilitation program.

Guaranteed Renewable to Age 67, Conditionally Renewable Thereafter For Life

You are guaranteed the right to continue your coverage until Age 67. During that time, we cannot cancel your policy as long as you pay the required premium when it is due. After Age 67, you may continue your coverage for life provided you maintain Full-Time Employment and pay the necessary premium when due.

Premium Changes

Your policy's premium may change before Age 67, but only if the same change is made to all policies of this form issued to persons of the same Class. After Age 67, the premium will increase every year because the premium rate is then based upon your attained age. The premium may also change for other reasons after Age 67, but only if we make the same change on a Class basis. We will give you at least 45 days advance written notice before any premium change. In no event will the premium increase during the first 12 months following the Policy Date.

Exclusions and Limitations

Benefits are not payable for:

- (a) loss that begins while this policy is not in force;
- (b) loss resulting from an act of declared or undeclared war;
- (c) loss sustained while serving in the armed forces (upon notice to us of entry into the armed forces, the unearned portion of the premium will be refunded);
- (d) loss caused by intentionally self-inflicted injury (while sane in Colorado);
- (e) loss resulting from commission or attempted commission of a felony;
- (f) loss caused by suicide or attempted suicide, while sane or insane (sane only in Colorado and Missouri);
- (g) loss resulting from your being legally intoxicated or under the influence of an illegal substance or a narcotic (except for narcotics given on the advice of and taken as prescribed by a Physician); or
- (h) loss due to voluntarily induced abortion.

10-Month Waiting Period for Normal Pregnancy

When Normal Childbirth or Normal Pregnancy occurs more than 10 months after the Policy Date, we will pay benefits on the same basis as any other Sickness.

Complications of Pregnancy Limitation

We will pay benefits for Complications of Pregnancy on the same basis as any other Sickness. If the pregnancy had its inception before the Policy Date, it is subject to any applicable pre-existing condition limitation.

Substance Abuse Limitation

Benefits payable for Substance Abuse are limited to a lifetime maximum of 24 months.

Mental or Nervous Disorder Limitation

Benefits payable for Mental or Nervous Disorders are limited to a lifetime maximum of 24 months.

**MUTUAL OF OMAHA INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NEBRASKA, 68175
(402) 342-7600**

**SHORT-TERM DISABILITY INCOME INSURANCE COVERAGE
OUTLINE OF COVERAGE
FOR
POLICY FORM D82M**

Read Your Policy Carefully

This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Disability Income Insurance Coverage

Policies of this category are designed to provide, to persons insured, coverage for disabilities resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

Pre-existing Condition Limitation

Your policy may contain a pre-existing condition limitation. If applicable, we will not pay benefits for loss resulting from a pre-existing condition, unless such loss occurs after the waiting period shown on the policy schedule has expired.

Total Disability Benefits

If you are Totally Disabled because of a Sickness or Injury, we will pay the Total Disability Monthly Benefit. Total Disability benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Totally Disabled for as long as the Benefit Period.

Partial Disability Benefits

If you are Partially Disabled because of a Sickness or Injury, we will pay 50% of the Total Disability Monthly Benefit. Partial Disability benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Partially Disabled for the lesser of six months or the balance of the Benefit Period.

Presumptive Total Disability Benefits

We will automatically pay Total Disability Benefits for the full length of the Benefit Period upon proof of your presumptive Total Disability. Benefits are payable even if you return to work at any occupation. The Elimination Period will be waived. Regular Medical Care will not be required. You will be presumed to be permanently Totally Disabled if Sickness or Injury results in the complete and irrecoverable loss of your:

- (a) speech;
- (b) hearing in both ears;
- (c) sight in both eyes; or
- (d) the use of both hands, both feet or one hand and one foot.

Transplant Donor Benefits

If you become Totally Disabled or Partially Disabled as the result of a transplant of part of your body to the body of another person, we will pay benefits on the same basis as any other Sickness.

Terminal Illness Benefit

If you are diagnosed with a Terminal Illness, you can elect to receive an accelerated payment of the remaining Total Disability Monthly Benefits due in a lump sum amount. This Terminal Illness Benefit may accelerate up to 12 months of the current benefits payable under your policy.

Survivor Benefit

Upon your death, we will pay a survivor benefit to your designated Beneficiary, if Total or Proportionate Disability benefits were payable; and the Benefit Period was not exhausted.

Rehabilitation Benefit

While you are receiving Total Disability or Partial Disability benefits, we may pay for a vocational rehabilitation program.

Guaranteed Renewable to Age 67, Conditionally Renewable Thereafter For Life

You are guaranteed the right to continue your coverage until Age 67. During that time, we cannot cancel your policy as long as you pay the required premium when it is due. After Age 67, you may continue your coverage for life provided you maintain Full-Time Employment and pay the necessary premium when due.

Premium Changes

Your policy's premium may change before Age 67, but only if the same change is made to all policies of this form issued to persons of the same Class. After Age 67, the premium will increase every year because the premium rate is then based upon your attained age. The premium may also change for other reasons after Age 67, but only if we make the same change on a Class basis. We will give you at least 45 days advance written notice before any premium change. In no event will the premium increase during the first 12 months following the Policy Date.

Exclusions and Limitations

We will not pay benefits for:

- (a) loss that begins while this policy is not in force;
- (b) loss resulting from an act of declared or undeclared war;
- (c) loss sustained while serving in the armed forces (upon notice to us of entry into the armed forces, the unearned portion of the premium will be refunded);
- (d) loss caused by intentionally self-inflicted injury (while sane in Colorado);
- (e) loss resulting from commission or attempted commission of a felony;
- (f) loss caused by suicide or attempted suicide, while sane or insane (sane only in Colorado and Missouri);
- (g) loss resulting from your being legally intoxicated or under the influence of an illegal substance or a narcotic (except for narcotics given on the advice of and taken as prescribed by a Physician);
- (h) loss resulting from Substance Abuse;
- (i) loss resulting from Mental or Nervous Disorders; or
- (j) loss due to voluntarily induced abortion.

Workers' Compensation Limitation

Benefits payable for loss for which benefits are provided under any state or federal workers' compensation, employer's liability or occupational disease law will be reduced by 50%.

10-Month Waiting Period for Normal Pregnancy

When Normal Childbirth or Normal Pregnancy occurs more than 10 months after the Policy Date, we will pay benefits on the same basis as any other Sickness.

Complications of Pregnancy Limitation

We will pay benefits for Complications of Pregnancy on the same basis as any other Sickness. If the pregnancy had its inception before the Policy Date, it is subject to any applicable pre-existing condition limitation.

MUTUAL OF OMAHA INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NEBRASKA, 68175
(402) 342-7600

ACCIDENT-ONLY SHORT-TERM DISABILITY INCOME INSURANCE COVERAGE

**THIS POLICY COVERS ACCIDENTS ONLY
IT DOES NOT PAY BENEFITS FOR LOSS RESULTING FROM SICKNESS**

**OUTLINE OF COVERAGE
FOR
POLICY FORM D83M**

Read Your Policy Carefully

This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

Accident Disability Income Insurance Coverage

Policies of this category are designed to provide, to persons insured, coverage for disabilities resulting from a covered accident ONLY, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

Total Disability Benefits

If you are Totally Disabled because of an Injury, we will pay the Total Disability Monthly Benefit. Total Disability benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Totally Disabled for as long as the Benefit Period.

Partial Disability Benefits

If you are Partially Disabled because of an Injury, we will pay 50% of the Total Disability Monthly Benefit. Partial Disability benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Partially Disabled for the lesser of six months or the balance of the Benefit Period.

Presumptive Total Disability Benefits

We will automatically pay Total Disability Benefits for the full length of the Benefit Period upon proof of your presumptive Total Disability. Benefits are payable even if you return to work at any occupation. The Elimination Period will be waived. Regular Medical Care will not be required. You will be presumed to be permanently Totally Disabled if an Injury results in the complete and irrecoverable loss of your:

- (a) speech;
- (b) hearing in both ears;
- (c) sight in both eyes; or
- (d) the use of both hands, both feet or one hand and one foot.

Survivor Benefit

Upon your death, we will pay a survivor benefit to your designated Beneficiary, if Total or Proportionate Disability benefits were payable; and the Benefit Period was not exhausted.

Guaranteed Renewable to Age 67

You are guaranteed the right to continue your coverage until Age 67. During that time, we cannot cancel your policy as long as you pay the required premium when it is due.

Premium Changes

Your policy's premium may change, but only if the same change is made to all policies of this form issued to persons of the same Class. We will give you at least 45 days advance written notice before any premium change. In no event will the premium increase during the first 12 months following the Policy Date.

Exclusions

We will not pay benefits for:

- (a) loss that begins while this policy is not in force;
- (b) loss resulting from an act of declared or undeclared war;
- (c) loss sustained while serving in the armed forces (upon notice to us of entry into the armed forces, the unearned portion of the premium will be refunded);
- (d) loss caused by intentionally self-inflicted injury (while sane in Colorado);
- (e) loss resulting from commission or attempted commission of a felony;
- (f) loss caused by suicide or attempted suicide, while sane or insane (sane only in Colorado and Missouri);
- (g) loss resulting from your being legally intoxicated or under the influence of an illegal substance or a narcotic (except for narcotics given on the advice of and taken as prescribed by a Physician); or
- (h) loss resulting directly or indirectly from disease or bodily infirmity.

Workers' Compensation Limitation

Benefits payable for loss for which benefits are provided under any state or federal workers' compensation, employer's liability or occupational disease law will be reduced by 50%.

| | | |
|--|---|-------------------------|
| Manager/Commission Code (Required Field for Brokerage) | District Sales Manager/Associate Marketer | Application Reviewed By |
| | | |



Application For:

Mutual of Omaha Insurance Company
 Mutual of Omaha Plaza
 Omaha, NE 68175

- 1 ACCIDENT ONLY DISABILITY INSURANCE
- 2 SHORT-TERM DISABILITY INSURANCE
- LONG-TERM DISABILITY INSURANCE

3 Underwriting Program: Guaranteed Standard Issue (GSI)
 Simplified Issue (SI)

Multi-Life Group Number _____
 Employer Name _____

SECTION A GENERAL INFORMATION - COMPLETE FOR ALL CASES

PROPOSED INSURED INFORMATION

Proposed Insured's Name (First, Middle, Last) _____

Sex Female Male Age _____ DOB ____/____/____ Birth State _____

Social Security Number _____ - _____ - _____ 4 [E-Mail Address (optional) _____]

Home Tel. Number (____) _____ Daytime Tel. Number (____) _____ Best Time to Call ____ A.M. P.M.

Legal Residence Address (Number, Street, City, State, Zip) _____

Mailing Address for Premium Notices (if different than above) _____

Citizenship Status (check one): U.S. Citizen, or Permanent Resident (Form I-551) Cardholder who has resided in the U.S. at least 3 consecutive years. If checked, please complete Foreign Travel Questionnaire.

5 Other (Please explain) _____]

Employer _____ Address _____

Business Phone Number _____ Proposed Insured's Employment Status: Employee (No Ownership) Owner

Occupation _____ List exact duties _____

How long have you been employed in your current position? _____ Years _____ Months

During the last 12 months, have you used any form of tobacco or any form of nicotine replacement therapy (such as nicotine gum, patch or spray)?..... Yes No

Full name of beneficiary _____ Relationship to Proposed Insured _____

OTHER COVERAGE AND REPLACEMENT INFORMATION

1. Are you covered under or eligible for: (Check all that apply)
- The Federal Employee's Compensation Act (FERS or CSRS)? Yes No
 - The Railroad Retirement Act? Yes No
 - Workers Compensation? Yes No

2. Are you currently applying for, or do you have in force other disability income coverage, such as: (1) Individual Disability Income; (2) Sick Pay, Association, or Group Disability Plan; or (3) Business Expense or Buy/Sell Insurance? .. Yes No
- If "Yes," complete the following information:

| Company or Source | Pending or Inforce (P/I) | Type (1,2,3) | Benefit Amt. or % of Income | Elim. Period | Benefit Period | % of Premium Paid by Employer | Will coverage be replaced? |
|-------------------|--------------------------|--------------|-----------------------------|--------------|----------------|-------------------------------|--|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Complete only if replacing Mutual of Omaha Insurance Company in-force coverage with another Mutual of Omaha Insurance Company policy.

I am requesting termination of my Policy No. _____ on the effective date of the new policy for which I am applying. I understand that all benefits under the policy being terminated will cease on the effective date of the new policy. **NOTE:** Benefits for which you apply may not take effect whenever there is duplication of benefits which would result in excess coverage.

INCOME INFORMATION

| | | |
|---|--------------|------------|
| 1. Income information (attach financial records if required. See underwriting guide for details) | Current Year | Prior Year |
| (a) Employee gross annual earned income | \$ _____ | \$ _____ |
| (b) Owner net annual earned income from your occupation (after business expenses and before taxes) | \$ _____ | \$ _____ |
| (c) Bonus, first year commissions and other incentive payments..... | \$ _____ | \$ _____ |
| Total | \$ _____ | \$ _____ |

2. During the last 12 months did you receive unearned income (such as dividends, interest, net rentals, pension or renewal commissions) reportable for federal tax purposes or does your tax exempt unearned income exceed \$1,500 per month? Yes No

If "Yes," monthly average over last 12 months \$ _____

SECTION [B] Complete for GUARANTEED STANDARD ISSUE (GSI) or SIMPLIFIED ISSUE (SI)

- If you answer "Yes" to questions in this section, do not continue. We will be unable to offer you Disability coverage.
 - If you answer "No" to questions in this section and are in the **GSI** Underwriting program, **SKIP to SECTION [E.]**
 - If you answer "No" to questions in this section and are applying for **SI** Accident Only Disability Insurance, **GO to Section [C.]**
 - If you answer "No" to questions in this section and are applying for **SI** Short-Term or Long-Term Disability Insurance, **GO to Section [D.]**
- 1.** [Are you considered a part-time employee by your employer?..... Yes No]
 [Are you currently working less than [30] hours per week? Yes No]
- [2.]** Do you have any part-time or off-season occupation?..... Yes No
 (If "Yes," list exact duties/hours per week) _____
- [3.]** Are there any material and substantial duties of your job that you are unable to perform due to sickness, maternity or injury?..... Yes No
- [4.]** Do you have a complete and irrecoverable loss of your speech; hearing in both ears; sight in both eyes; or the use of both hands, both feet or one hand and one foot? Yes No
- [5.]** Have you or any persons applying for coverage tested positive for HIV or its antibodies or received medical advice or sought treatment for AIDS or ARC? Yes No

SECTION [C] Complete only if applying for Simplified Issue Accident Only Disability Insurance

- 1.** Height (Ft & In) _____ Weight (Lbs) _____
- 2.** Do you have any part-time or off-season occupation?..... Yes No
 (If "Yes," list exact duties/hours per week) _____
- 3.** During the last 3 years, have you been treated for alcoholism or have you used unlawful drugs (such as cocaine, methamphetamine and hallucinogens) or used prescription drugs (such as sedatives, tranquilizers, or narcotics) other than as prescribed?..... Yes No
 (If "Yes," submit a Drug or Alcohol Use Questionnaire)
- 4.** During the last 3 years, have you participated in any hazardous activities more than once, such as motor sports racing, boat racing, rock or mountain climbing, sky diving, hang gliding, skin or scuba diving?..... Yes No
 (If "Yes," submit an Avocation Questionnaire)
- 5.** Other than previously answered, during the last 3 years have you received, or been advised by a healthcare provider (including chiropractor) to receive, diagnostic testing or treatment for any chronic medical condition, medical impairment or disability?..... Yes No
 If "Yes," give details below. (Attach a separate signed sheet if necessary.)

| Diagnosis of injury, disability or impairment | Month and Year | Details of Treatment | Was surgery performed? | Degree of recovery | Name and address of doctor/hospital |
|---|----------------|----------------------|--|--------------------|-------------------------------------|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

SECTION [D] Complete only if applying for Simplified Issue SHORT-TERM or LONG-TERM Disability

1. During the last 5 years, have you received medical care for or had any disease or disorder associated with the following? Check all that apply. Provide explanation for all checked boxes in number [7.]

- | | |
|--|---|
| <input type="checkbox"/> Kidney or Urinary Tract | <input type="checkbox"/> Anemia or Blood |
| <input type="checkbox"/> Cancer or Tumor | <input type="checkbox"/> Lung or Breathing Problem |
| <input type="checkbox"/> Heart or Coronary Arteries | <input type="checkbox"/> Breast or Male/Female Reproductive Organs (such as implants, infertility, irregular menstruation, complication of pregnancy) |
| <input type="checkbox"/> Liver or Hepatitis | <input type="checkbox"/> Neurological condition (such as Multiple Sclerosis, Parkinson's, seizures, Alzheimer's) |
| <input type="checkbox"/> Stroke or Cerebral Vascular condition | <input type="checkbox"/> Chronic Fatigue Syndrome |
| <input type="checkbox"/> Diabetes or Glandular condition | <input type="checkbox"/> Skin or Connective Tissue |
| <input type="checkbox"/> Psychological, Emotional or Psychiatric condition | <input type="checkbox"/> Fibromyalgia or Myalgia |
| <input type="checkbox"/> Upper or Lower Digestive Tract | <input type="checkbox"/> None of These |
| <input type="checkbox"/> Spine, Neck or Back | |
| <input type="checkbox"/> High Blood Pressure, Peripheral Vascular Disease | |
| <input type="checkbox"/> Arthritis or Joints (including replacements) | |

2. Height (Ft & In) _____ Weight (Lbs) _____

3. Do you have any part-time or off-season occupation? Yes No
(If "Yes," list exact duties/hours per week) _____

4. Are you pregnant?..... Yes No

5. Other than previously answered, during the last 5 years have you received, or been advised by a healthcare provider (including chiropractor) to receive, diagnostic testing or treatment for any chronic medical condition, medical impairment or disability?..... Yes No

6. During the last 6 months, have you (a) been prescribed medication(s), or (b) taken any medication(s) prescribed by a physician, or (c) regularly used over-the-counter medication(s)?..... Yes No
If "Yes," please list. (Attach a separate signed sheet if necessary.)

| |
|---------------------------------|
| Medication Name |
| Dosage/Frequency |
| Date |
| Reason |
| Prescribing Physician / Address |
| Phone Number |

7. Complete this section to expand on questions 1 through [6] in Section [D.] (Attach a separate signed sheet if necessary.)

| Condition, Injury, Symptom of Ill Health or Findings of Examination (If operation is performed, state type) | Month and Year | Duration of the Condition | Degree of Recovery | Name, Address, ZIP and Telephone Number of Hospital, and/or Attending Physician |
|---|----------------|---------------------------|--------------------|---|
| | | | | |
| | | | | |
| | | | | |

SECTION E**PLAN INFORMATION****ACCIDENT ONLY DISABILITY INSURANCE**

Monthly Benefit Amount \$ _____

Elimination Period: 0 Days 7 Days 14 Days 30 Days 60 Days 90 DaysBenefit Period: 3 Months 6 Months 12 Months 24 Months**Optional Riders:** Hospital Confinement Accident Indemnity Benefits Rider \$125 \$250 \$350 \$500] Accident Medical Expense RiderMaximum Benefit: \$0,000 \$0,000 \$0,000 \$00,000]**SHORT-TERM DISABILITY INSURANCE**

Monthly Benefit Amount \$ _____

Elimination Period [Accident/Sickness]: 0/7 Days 7 Days 0/14 Days 14 Days
 30 Days 60 Days 90 DaysBenefit Period: 3 Months 6 Months 12 Months 24 Months**Optional Riders:** Hospital Confinement Indemnity Benefits Rider \$125 \$250 \$350 \$500] Critical Illness Benefits Rider (check one option) \$5,000 \$10,000 \$15,000 \$25,000]**LONG-TERM DISABILITY INSURANCE**

Base Monthly Benefit Amount \$ _____ [SIS Monthly Benefit Amount \$ _____]

Elimination Period: 60 Days 90 Days 180 Days 365 DaysBenefit Period: 2 Years 5 Years 10 Years To Age 67**Optional Riders:** SIS (Social Insurance Supplement) Benefits Rider
Do you have any dependent children age 17 or under? Yes No
Are you covered under the Social Security Act? Yes No Hospital Confinement Indemnity Benefits Rider (check one option)
 \$125 \$250 \$350 \$500] Critical Illness Benefits Rider (check one option)
 \$5,000 \$10,000 \$15,000 \$25,000] Extended Proportionate Disability Benefits Rider
 Future Insurability Option (FIO) Rider
 Extended Own-Occ. Disability Defin. Amend. Rider
 Non-Cancellable Amendment Rider
 Cost-of-Living Adjustment (COLA) Rider

Initial Premium \$ _____ Renewal Premium \$ _____

Premium Options:

BANK PAYMENT AUTHORIZATION

12 [1.] [No Cash With App (Effective Date = Issue Date)

Monthly Bank Service Plan (BSP)]

[2.] [Cash With App (Effective Date = Application Date)

Monthly Bank Service Plan (BSP)

(If BSP is selected, collect [2] months of premium.)

Quarterly

Semiannual

Annual]

[AUTHORIZATION TO WITHDRAW FUNDS BY MUTUAL OF OMAHA INSURANCE COMPANY ("MUTUAL OF OMAHA")

By signing this application, I authorize Mutual of Omaha to withdraw funds from my account for my initial and/or renewal premiums and understand that the amounts may differ. I also authorize Mutual of Omaha to collect any premium(s) due by bank withdrawal. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize you, my financial institution, to pay from my account any checks, drafts or preauthorized electronic fund transfers from my account to Mutual 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.

1. Specify the date the premiums will be withdrawn: 1st of the Month or 15th of the Month

2. Attach your check from the account from which premiums will be withdrawn or provide routing and account number.

Bank Name _____

Routing Number _____ Account Number _____]

PAYROLL DEDUCTION AUTHORIZATION

13 [3.] [Payroll Deduction (PRD) / Employer List Bill]

[Requested Effective Date _____]

By signing this application, I authorize the required premium for the coverage level selected to be deducted from my pay.]

DIRECT BILL

14 [4.] [Bill Me Direct

Quarterly

Semiannual

Annual]

CREDIT CARD

15 [5.] [Credit Card

By signing this application, I authorize the initial premium for this coverage to be automatically billed through my credit card account.

VISA® MasterCard® Other]

_____-_____-_____-_____-_____-_____-_____-_____-_____- Expiration Date ____ / ____]

17 [Renewal Premiums:

[Monthly] [BSP] Quarterly Semiannual Annual]

18 [By signing this application, I authorize the renewal premiums for this coverage to be automatically billed through my credit card account.

VISA® MasterCard® Other]

_____-_____-_____-_____-_____-_____-_____-_____-_____- Expiration Date ____ / ____]

Producer Section:

16 **I/We certify that during an interview with the Proposed Insured(s), I/we asked each question exactly as written and recorded the answers provided by the Proposed Insured(s) completely and accurately.** Yes No

(If "No," please explain.) _____

I conducted said interview in person Yes No

(If "No," please explain.) _____

17 **I/We certify that I/we recorded completely and accurately the answers provided by the Proposed Insured(s), during an interview.** Yes No

(If "No," please explain.) _____

I conducted said interview in person Yes No

(If "No," please explain.) _____

Signature of Producer Producer's Printed Name Date

Office Name Office Address

Signature of Producer Producer's Printed Name Date

Office Name Office Address



Individual Application for Conversion of Group Disability Insurance

SECTION 1: Group and Employee Eligibility Information (Please print clearly)

Group/Employer Name _____ Group ID Number G000 _____

Coverage(s) Eligible for Conversion Short Term Disability (STD) Long-Term Disability (LTD)

Annual Salary\$ _____ Last Monthly Premium Amount _____ Date of Hire (mm/DD/YYYY) _____

Initial Coverage Effective Date (MM/DD/YYYY) (If Applicable) STD _____ LTD _____

SECTION 2: Applicant Information

Last Name _____ First Name _____ MI _____

Street Address _____¹ [E-mail Address _____]

City _____ State _____ Zip Code _____ Telephone () _____

Birthdate (MM/DD/YYYY) _____ Social Security Number _____-_____-_____ Gender Male Female

Reason for Request Please indicate why you are requesting continued disability insurance:
 Status Change/Reduction in Hours Employment Ended/Terminated Involuntary Layoff

Occupation _____ List Exact Duties _____

During the last 12 months, have you used any form of tobacco or any form of nicotine replacement therapy (such as nicotine gum, patch or spray)? Yes No

OTHER COVERAGE AND REPLACEMENT INFORMATION

- Are you covered under or eligible for: (Check all that apply)
 - The Federal Employee's Compensation Act (FERS or CSRS)? Yes No
 - The Railroad Retirement Act? Yes No
 - Workers Compensation? Yes No

- Are you currently applying for, or do you have in force other disability income coverage, such as: (1) Individual Disability Income; (2) Sick Pay, Association, or Group Disability Plan; or (3) Business Expense or Buy/Sell Insurance? Yes No

If "Yes," complete the following information:

| Company or Source | Pending or Inforce (P/I) | Type (1,2,3) | Benefit Amt. or % of Income | Elim. Period | Benefit Period | % of Premium Paid by Employer | Will coverage be replaced? |
|-------------------|--------------------------|--------------|-----------------------------|--------------|----------------|-------------------------------|--|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 3: Conversion Insurance Election

Type of Insurance Requested (choose one)

ACCIDENT ONLY DISABILITY INSURANCE

Monthly Benefit Amount \$ _____

Elimination Period: 0 Days 7 Days 14 Days 30 Days 60 Days 90 Days

Benefit Period: 3 Months 6 Months 12 Months 24 Months

Optional Riders:

Hospital Confinement Accident Indemnity Benefits Rider \$125 \$250 \$350 \$500]

Accident Medical Expense Rider

Maximum Benefit: \$0,000 \$0,000 \$0,000 \$00,000]

SHORT-TERM DISABILITY INSURANCE

Monthly Benefit Amount \$ _____

Elimination Period **[Accident/Sickness]:** 0/7 Days 7 Days 0/14 Days 14 Days
 30 Days 60 Days 90 Days

Benefit Period: 3 Months 6 Months 12 Months 24 Months

Optional Riders:

Hospital Confinement Indemnity Benefits Rider \$125 \$250 \$350 \$500]

Critical Illness Benefits Rider (check one option) \$5,000 \$10,000 \$15,000 \$25,000]

LONG-TERM DISABILITY INSURANCE

Base Monthly Benefit Amount \$ _____ **[SIS Monthly Benefit Amount \$ _____]**

Elimination Period: 60 Days 90 Days 180 Days 365 Days

Benefit Period: 2 Years 5 Years 10 Years To Age 67

Optional Riders:

SIS (Social Insurance Supplement) Benefits Rider
Do you have any dependent children age 17 or under? Yes No
Are you covered under the Social Security Act? Yes No

Hospital Confinement Indemnity Benefits Rider (check one option)
 \$125 \$250 \$350 \$500]

Critical Illness Benefits Rider (check one option)
 \$5,000 \$10,000 \$15,000 \$25,000]

Extended Proportionate Disability Benefits Rider
 Future Insurability Option (FIO) Rider
 Extended Own-Occ. Disability Defin. Amend. Rider
 Non-Cancellable Amendment Rider
 Cost-of-Living Adjustment (COLA) Rider

SECTION 4**PREMIUM COLLECTION**

Initial Premium \$ _____ Renewal Premium \$ _____

Premium Options: (choose one) **BANK PAYMENT AUTHORIZATION**

- [1.]** [No Cash With App (Effective Date = Issue Date)
 Monthly Bank Service Plan (BSP)]

[AUTHORIZATION TO WITHDRAW FUNDS BY MUTUAL OF OMAHA INSURANCE COMPANY ("MUTUAL OF OMAHA")

By signing this application, I authorize Mutual of Omaha to withdraw funds from my account for my initial and/or renewal premiums and understand that the amounts may differ. I also authorize Mutual of Omaha to collect any premium(s) due by bank withdrawal. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize you, my financial institution, to pay from my account any checks, drafts or preauthorized electronic fund transfers from my account to Mutual 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.

1. Specify the date the premiums will be withdrawn: 1st of the Month or 15th of the Month
 2. Attach your check from the account from which premiums will be withdrawn or provide routing and account number.

Bank Name _____

Routing Number _____ Account Number _____

 PAYROLL DEDUCTION AUTHORIZATION

- [3.]** [Payroll Deduction (PRD) / Employer List Bill]
 [Requested Effective Date _____]

By signing this application, I authorize the required premium for the coverage level selected to be deducted from my pay.]

 DIRECT BILL

- [4.]** [Bill Me Direct
 Quarterly Semiannual Annual]

 CREDIT CARD

- [5.]** [Credit Card
 By signing this application, I authorize the initial premium for this coverage to be automatically billed through my credit card account.
 VISA® MasterCard® Other]

_____-_____-_____-_____-_____-_____- Expiration Date ____ / ____]]

[Renewal Premiums:

- [Monthly] [BSP] Quarterly Semiannual Annual]

- By signing this application, I authorize the renewal premiums for this coverage to be automatically billed through my credit card account.

VISA® MasterCard® Other]

_____-_____-_____-_____-_____-_____- Expiration Date ____ / ____]]

Producer Section:

I/We certify that during an interview with the Proposed Insured(s), I/we asked each question exactly as written and recorded the answers provided by the Proposed Insured(s) completely and accurately. Yes No

(If "No," please explain.) _____

I conducted said interview in person Yes No

(If "No," please explain.) _____

I/We certify that I/we recorded completely and accurately the answers provided by the Proposed Insured(s), during an interview. Yes No

(If "No," please explain.) _____

I conducted said interview in person Yes No

(If "No," please explain.) _____

Signature of Producer _____ Producer's Printed Name _____ Date _____

Office Name _____ Office Address _____

Signature of Producer _____ Producer's Printed Name _____ Date _____

Office Name _____ Office Address _____

SERFF Tracking Number: MUTM-126712245 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
 Company Tracking Number: MELANIE SCHULTZ
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Disability Income Insurance
 Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M

Rate/Rule Schedule

| Schedule Item Status: | Document Name: | Affected Form Numbers: (Separated with commas) | Rate Action: | Rate Action Information: | Attachments |
|-------------------------------|--------------------------------------|---|--------------|--------------------------|--------------|
| Approved-Closed 08/06/2010 | Disability Insurance MultiLife Rates | D81M-[22915, 22916, 22917, 22918, 22919], D82M-[22920, 22921, 22922, 22923, 22924], D83M-[22925, 22926, 22927, 22928, 22929], 0MV4M, 0MV5M, 0MV6M, 0MV7M, 0MV8M, 0MV9M, 0MW1M | New | | Arkansas.pdf |

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81M
Disability Income Insurance Policy
Tobacco Annual Premiums per \$100 Monthly Benefit
Occupation Class 5
\$50 Policy Fee
2 Year Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | | Attained Age | Elimination Periods (Days) | | | |
|-----------|----------------------------|-------|-------|-------|--------------|----------------------------|--------|--------|--------|
| | 60 | 90 | 180 | 365 | | 60 | 90 | 180 | 365 |
| 18 | 23.23 | 9.23 | 8.11 | 7.21 | 67 | 194.42 | 85.18 | 78.92 | 70.24 |
| 19 | 23.23 | 9.23 | 8.11 | 7.21 | 68 | 217.40 | 91.27 | 84.56 | 75.26 |
| 20 | 23.23 | 9.23 | 8.11 | 7.21 | 69 | 242.92 | 97.80 | 90.61 | 80.64 |
| 21 | 23.23 | 9.23 | 8.11 | 7.21 | 70 | 271.16 | 104.78 | 97.08 | 86.40 |
| 22 | 23.23 | 9.23 | 8.11 | 7.21 | 71 | 299.39 | 111.77 | 103.55 | 92.16 |
| 23 | 23.25 | 9.23 | 8.11 | 7.21 | 72 | 327.63 | 118.76 | 110.03 | 97.92 |
| 24 | 23.26 | 9.23 | 8.11 | 7.21 | 73 | 355.86 | 125.74 | 116.50 | 103.68 |
| 25 | 23.24 | 9.23 | 8.11 | 7.21 | 74 | 384.10 | 132.73 | 122.97 | 109.44 |
| 26 | 23.59 | 9.34 | 8.28 | 7.37 | 75 | 412.33 | 139.72 | 129.44 | 115.21 |
| 27 | 23.92 | 9.52 | 8.52 | 7.58 | 76 | 440.56 | 146.71 | 135.91 | 120.98 |
| 28 | 24.18 | 9.76 | 8.82 | 7.85 | 77 | 468.79 | 153.70 | 142.38 | 126.75 |
| 29 | 24.46 | 10.05 | 9.17 | 8.16 | 78 | 497.02 | 160.69 | 148.85 | 132.52 |
| 30 | 24.77 | 10.40 | 9.58 | 8.53 | 79 | 525.25 | 167.68 | 155.32 | 138.29 |
| 31 | 25.09 | 10.79 | 10.04 | 8.94 | 80 | 553.48 | 174.67 | 161.79 | 144.06 |
| 32 | 25.49 | 11.38 | 10.55 | 9.40 | 81 | 581.71 | 181.66 | 168.26 | 149.83 |
| 33 | 25.91 | 12.04 | 11.11 | 9.89 | 82 | 609.94 | 188.65 | 174.73 | 155.60 |
| 34 | 27.27 | 12.76 | 11.72 | 10.43 | 83 | 638.17 | 195.64 | 181.20 | 161.37 |
| 35 | 28.68 | 13.53 | 12.38 | 11.01 | 84 | 666.40 | 202.63 | 187.67 | 167.14 |
| 36 | 30.10 | 14.35 | 13.08 | 11.63 | 85 | 694.63 | 209.62 | 194.14 | 172.91 |
| 37 | 31.51 | 15.21 | 13.82 | 12.30 | 86 | 722.86 | 216.61 | 200.61 | 178.68 |
| 38 | 32.91 | 16.11 | 14.61 | 13.01 | 87 | 751.09 | 223.60 | 207.08 | 184.45 |
| 39 | 34.23 | 17.04 | 15.45 | 13.75 | 88 | 779.32 | 230.59 | 213.55 | 190.22 |
| 40 | 35.48 | 18.00 | 16.34 | 14.54 | 89 | 807.55 | 237.58 | 220.02 | 195.99 |
| 41 | 36.65 | 19.01 | 17.28 | 15.38 | 90 | 835.78 | 244.57 | 226.49 | 201.76 |
| 42 | 37.75 | 20.05 | 18.28 | 16.26 | 91 | 864.01 | 251.56 | 232.96 | 207.53 |
| 43 | 38.82 | 21.14 | 19.33 | 17.20 | 92 | 892.24 | 258.55 | 239.43 | 213.30 |
| 44 | 39.84 | 22.27 | 20.43 | 18.19 | 93 | 920.47 | 265.54 | 245.90 | 219.07 |
| 45 | 40.85 | 23.47 | 21.60 | 19.23 | 94 | 948.70 | 272.53 | 252.37 | 224.84 |
| 46 | 41.87 | 24.72 | 22.84 | 20.33 | 95 | 976.93 | 279.52 | 258.84 | 230.61 |
| 47 | 42.96 | 26.05 | 24.14 | 21.49 | 96 | 1,005.16 | 286.51 | 265.31 | 236.38 |
| 48 | 44.17 | 27.46 | 25.53 | 22.72 | 97 | 1,033.39 | 293.50 | 271.78 | 242.15 |
| 49 | 45.55 | 28.96 | 26.99 | 24.02 | 98 | 1,061.62 | 300.49 | 278.25 | 247.92 |
| 50 | 47.16 | 30.57 | 28.54 | 25.40 | 99 | 1,089.85 | 307.48 | 284.72 | 253.69 |
| 51 | 49.10 | 32.30 | 30.18 | 26.86 | | | | | |
| 52 | 51.42 | 34.18 | 31.92 | 28.41 | | | | | |
| 53 | 54.23 | 36.20 | 33.76 | 30.05 | | | | | |
| 54 | 57.62 | 38.40 | 35.72 | 31.79 | | | | | |
| 55 | 61.69 | 40.79 | 37.80 | 33.64 | | | | | |
| 56 | 66.76 | 43.52 | 40.32 | 35.89 | | | | | |
| 57 | 72.69 | 46.46 | 43.05 | 38.31 | | | | | |
| 58 | 79.61 | 49.63 | 45.98 | 40.92 | | | | | |
| 59 | 87.64 | 53.04 | 49.14 | 43.74 | | | | | |
| 60 | 96.91 | 56.71 | 52.54 | 46.76 | | | | | |
| 61 | 107.56 | 60.67 | 56.21 | 50.03 | | | | | |
| 62 | 122.04 | 64.76 | 60.00 | 53.40 | | | | | |
| 63 | 136.51 | 68.84 | 63.78 | 56.77 | | | | | |
| 64 | 150.99 | 72.93 | 67.57 | 60.14 | | | | | |
| 65 | 165.47 | 77.01 | 71.35 | 63.50 | | | | | |
| 66 | 179.94 | 81.10 | 75.14 | 66.87 | | | | | |

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81M
Disability Income Insurance Policy
Tobacco Annual Premiums per \$100 Monthly Benefit
Occupation Class 5
\$50 Policy Fee
5 Year Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | | Attained Age | Elimination Periods (Days) | | | |
|-----------|----------------------------|-------|-------|-------|--------------|----------------------------|--------|--------|--------|
| | 60 | 90 | 180 | 365 | | 60 | 90 | 180 | 365 |
| 18 | 26.45 | 11.97 | 10.63 | 9.46 | 67 | 194.42 | 97.00 | 83.08 | 73.94 |
| 19 | 26.45 | 11.97 | 10.63 | 9.46 | 68 | 217.40 | 97.30 | 84.56 | 75.26 |
| 20 | 26.45 | 11.97 | 10.63 | 9.46 | 69 | 242.92 | 97.80 | 90.61 | 80.64 |
| 21 | 26.45 | 11.97 | 10.63 | 9.46 | 70 | 271.16 | 104.78 | 97.08 | 86.40 |
| 22 | 26.45 | 11.97 | 10.63 | 9.46 | 71 | 299.39 | 111.77 | 103.55 | 92.16 |
| 23 | 26.48 | 11.97 | 10.63 | 9.46 | 72 | 327.63 | 118.76 | 110.03 | 97.92 |
| 24 | 26.48 | 11.97 | 10.63 | 9.46 | 73 | 355.86 | 125.74 | 116.50 | 103.68 |
| 25 | 26.47 | 11.97 | 10.63 | 9.46 | 74 | 384.10 | 132.73 | 122.97 | 109.44 |
| 26 | 26.90 | 12.70 | 11.66 | 10.38 | 75 | 412.33 | 139.72 | 129.44 | 115.21 |
| 27 | 27.28 | 13.40 | 12.56 | 11.18 | 76 | 440.56 | 146.71 | 135.91 | 120.98 |
| 28 | 27.57 | 14.11 | 13.35 | 11.88 | 77 | 468.79 | 153.70 | 142.38 | 126.75 |
| 29 | 27.87 | 14.83 | 14.08 | 12.53 | 78 | 497.02 | 160.69 | 148.85 | 132.52 |
| 30 | 28.17 | 15.58 | 14.77 | 13.14 | 79 | 525.25 | 167.68 | 155.32 | 138.29 |
| 31 | 29.73 | 16.37 | 15.44 | 13.74 | 80 | 553.48 | 174.67 | 161.79 | 144.06 |
| 32 | 31.52 | 17.21 | 16.14 | 14.36 | 81 | 581.71 | 181.66 | 168.26 | 149.83 |
| 33 | 33.48 | 18.12 | 16.87 | 15.01 | 82 | 609.94 | 188.65 | 174.73 | 155.60 |
| 34 | 35.56 | 19.12 | 17.66 | 15.72 | 83 | 638.17 | 195.64 | 181.20 | 161.37 |
| 35 | 37.73 | 20.20 | 18.54 | 16.50 | 84 | 666.40 | 202.63 | 187.67 | 167.14 |
| 36 | 39.96 | 21.39 | 19.52 | 17.37 | 85 | 694.63 | 209.62 | 194.14 | 172.91 |
| 37 | 42.23 | 22.68 | 20.61 | 18.34 | 86 | 722.86 | 216.61 | 200.61 | 178.68 |
| 38 | 44.51 | 24.10 | 21.82 | 19.42 | 87 | 751.09 | 223.60 | 207.08 | 184.45 |
| 39 | 46.78 | 25.64 | 23.18 | 20.63 | 88 | 779.32 | 230.59 | 213.55 | 190.22 |
| 40 | 49.02 | 27.31 | 24.68 | 21.97 | 89 | 807.55 | 237.58 | 220.02 | 195.99 |
| 41 | 51.24 | 29.12 | 26.34 | 23.44 | 90 | 835.78 | 244.57 | 226.49 | 201.76 |
| 42 | 53.44 | 31.08 | 28.15 | 25.05 | 91 | 864.01 | 251.56 | 232.96 | 207.53 |
| 43 | 55.68 | 33.18 | 30.11 | 26.80 | 92 | 892.24 | 258.55 | 239.43 | 213.30 |
| 44 | 57.94 | 35.43 | 32.24 | 28.69 | 93 | 920.47 | 265.54 | 245.90 | 219.07 |
| 45 | 60.27 | 37.83 | 34.52 | 30.72 | 94 | 948.70 | 272.53 | 252.37 | 224.84 |
| 46 | 62.69 | 40.40 | 36.95 | 32.89 | 95 | 976.93 | 279.52 | 258.84 | 230.61 |
| 47 | 65.28 | 43.11 | 39.53 | 35.18 | 96 | 1,005.16 | 286.51 | 265.31 | 236.38 |
| 48 | 68.07 | 45.98 | 42.24 | 37.59 | 97 | 1,033.39 | 293.50 | 271.78 | 242.15 |
| 49 | 71.15 | 49.00 | 45.07 | 40.11 | 98 | 1,061.62 | 300.49 | 278.25 | 247.92 |
| 50 | 74.58 | 52.18 | 48.01 | 42.73 | 99 | 1,089.85 | 307.48 | 284.72 | 253.69 |
| 51 | 78.45 | 55.50 | 51.04 | 45.42 | | | | | |
| 52 | 82.86 | 58.98 | 54.15 | 48.19 | | | | | |
| 53 | 87.89 | 62.59 | 57.31 | 51.00 | | | | | |
| 54 | 93.66 | 66.34 | 60.50 | 53.84 | | | | | |
| 55 | 100.28 | 70.23 | 63.70 | 56.69 | | | | | |
| 56 | 108.18 | 74.44 | 67.06 | 59.68 | | | | | |
| 57 | 117.13 | 78.72 | 70.33 | 62.59 | | | | | |
| 58 | 127.24 | 83.05 | 73.47 | 65.38 | | | | | |
| 59 | 138.65 | 87.41 | 76.42 | 68.02 | | | | | |
| 60 | 151.49 | 91.77 | 79.15 | 70.44 | | | | | |
| 61 | 165.90 | 96.12 | 81.60 | 72.62 | | | | | |
| 62 | 170.65 | 96.27 | 81.85 | 72.84 | | | | | |
| 63 | 175.41 | 96.41 | 82.09 | 73.06 | | | | | |
| 64 | 180.16 | 96.56 | 82.34 | 73.28 | | | | | |
| 65 | 184.91 | 96.71 | 82.59 | 73.50 | | | | | |
| 66 | 189.67 | 96.85 | 82.83 | 73.72 | | | | | |

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81M
Disability Income Insurance Policy
Tobacco Annual Premiums per \$100 Monthly Benefit
Occupation Class 5
\$50 Policy Fee
10 Year Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | | Attained Age | Elimination Periods (Days) | | | |
|-----------|----------------------------|-------|-------|-------|--------------|----------------------------|--------|--------|--------|
| | 60 | 90 | 180 | 365 | | 60 | 90 | 180 | 365 |
| 18 | 50.25 | 18.17 | 15.53 | 13.82 | 67 | 194.42 | 97.00 | 83.89 | 74.66 |
| 19 | 50.25 | 18.17 | 15.53 | 13.82 | 68 | 217.40 | 97.30 | 84.56 | 75.26 |
| 20 | 50.25 | 18.17 | 15.53 | 13.82 | 69 | 242.92 | 97.80 | 90.61 | 80.64 |
| 21 | 50.25 | 18.17 | 15.53 | 13.82 | 70 | 271.16 | 104.78 | 97.08 | 86.40 |
| 22 | 50.25 | 18.17 | 15.53 | 13.82 | 71 | 299.39 | 111.77 | 103.55 | 92.16 |
| 23 | 50.27 | 18.17 | 15.53 | 13.82 | 72 | 327.63 | 118.76 | 110.03 | 97.92 |
| 24 | 50.28 | 18.17 | 15.53 | 13.82 | 73 | 355.86 | 125.74 | 116.50 | 103.68 |
| 25 | 50.26 | 18.17 | 15.53 | 13.82 | 74 | 384.10 | 132.73 | 122.97 | 109.44 |
| 26 | 53.58 | 19.90 | 17.12 | 15.24 | 75 | 412.33 | 139.72 | 129.44 | 115.21 |
| 27 | 56.40 | 21.33 | 18.45 | 16.42 | 76 | 440.56 | 146.71 | 135.91 | 120.98 |
| 28 | 58.79 | 22.54 | 19.56 | 17.41 | 77 | 468.79 | 153.70 | 142.38 | 126.75 |
| 29 | 60.93 | 23.58 | 20.53 | 18.27 | 78 | 497.02 | 160.69 | 148.85 | 132.52 |
| 30 | 62.89 | 24.53 | 21.40 | 19.05 | 79 | 525.25 | 167.68 | 155.32 | 138.29 |
| 31 | 64.77 | 25.43 | 22.23 | 19.78 | 80 | 553.48 | 174.67 | 161.79 | 144.06 |
| 32 | 66.62 | 26.34 | 23.05 | 20.52 | 81 | 581.71 | 181.66 | 168.26 | 149.83 |
| 33 | 68.49 | 27.30 | 23.92 | 21.28 | 82 | 609.94 | 188.65 | 174.73 | 155.60 |
| 34 | 70.49 | 28.35 | 24.85 | 22.12 | 83 | 638.17 | 195.64 | 181.20 | 161.37 |
| 35 | 72.63 | 29.52 | 25.90 | 23.05 | 84 | 666.40 | 202.63 | 187.67 | 167.14 |
| 36 | 74.97 | 30.84 | 27.07 | 24.09 | 85 | 694.63 | 209.62 | 194.14 | 172.91 |
| 37 | 77.56 | 32.33 | 28.39 | 25.26 | 86 | 722.86 | 216.61 | 200.61 | 178.68 |
| 38 | 80.42 | 34.02 | 29.87 | 26.59 | 87 | 751.09 | 223.60 | 207.08 | 184.45 |
| 39 | 83.53 | 35.91 | 31.54 | 28.06 | 88 | 779.32 | 230.59 | 213.55 | 190.22 |
| 40 | 86.91 | 38.01 | 33.38 | 29.71 | 89 | 807.55 | 237.58 | 220.02 | 195.99 |
| 41 | 90.56 | 40.31 | 35.40 | 31.51 | 90 | 835.78 | 244.57 | 226.49 | 201.76 |
| 42 | 94.46 | 42.83 | 37.61 | 33.48 | 91 | 864.01 | 251.56 | 232.96 | 207.53 |
| 43 | 98.63 | 45.54 | 39.99 | 35.59 | 92 | 892.24 | 258.55 | 239.43 | 213.30 |
| 44 | 102.99 | 48.42 | 42.52 | 37.85 | 93 | 920.47 | 265.54 | 245.90 | 219.07 |
| 45 | 107.53 | 51.46 | 45.19 | 40.23 | 94 | 948.70 | 272.53 | 252.37 | 224.84 |
| 46 | 112.19 | 54.64 | 47.99 | 42.71 | 95 | 976.93 | 279.52 | 258.84 | 230.61 |
| 47 | 116.93 | 57.91 | 50.87 | 45.28 | 96 | 1,005.16 | 286.51 | 265.31 | 236.38 |
| 48 | 121.70 | 61.25 | 53.80 | 47.89 | 97 | 1,033.39 | 293.50 | 271.78 | 242.15 |
| 49 | 126.42 | 64.61 | 56.76 | 50.52 | 98 | 1,061.62 | 300.49 | 278.25 | 247.92 |
| 50 | 131.02 | 67.93 | 59.69 | 53.12 | 99 | 1,089.85 | 307.48 | 284.72 | 253.69 |
| 51 | 135.42 | 71.17 | 62.56 | 55.67 | | | | | |
| 52 | 139.53 | 74.28 | 65.30 | 58.11 | | | | | |
| 53 | 143.25 | 77.17 | 67.85 | 60.39 | | | | | |
| 54 | 146.48 | 79.78 | 70.18 | 62.45 | | | | | |
| 55 | 149.10 | 82.04 | 72.19 | 64.25 | | | | | |
| 56 | 151.52 | 84.14 | 72.64 | 64.65 | | | | | |
| 57 | 153.76 | 85.65 | 73.09 | 65.05 | | | | | |
| 58 | 155.52 | 85.96 | 73.54 | 65.45 | | | | | |
| 59 | 162.46 | 89.10 | 76.42 | 68.02 | | | | | |
| 60 | 169.11 | 92.05 | 79.15 | 70.44 | | | | | |
| 61 | 177.91 | 96.12 | 82.86 | 73.75 | | | | | |
| 62 | 181.30 | 96.61 | 83.32 | 74.16 | | | | | |
| 63 | 183.92 | 96.69 | 83.44 | 74.26 | | | | | |
| 64 | 186.55 | 96.77 | 83.55 | 74.36 | | | | | |
| 65 | 189.17 | 96.84 | 83.66 | 74.46 | | | | | |
| 66 | 191.80 | 96.92 | 83.77 | 74.56 | | | | | |

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81M
Disability Income Insurance Policy
Tobacco Annual Premiums per \$100 Monthly Benefit
Occupation Class 5
\$50 Policy Fee
To Age 67 Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | | Attained Age | Elimination Periods (Days) | | | |
|-----------|----------------------------|-------|-------|-------|--------------|----------------------------|--------|--------|--------|
| | 60 | 90 | 180 | 365 | | 60 | 90 | 180 | 365 |
| 18 | 66.99 | 25.16 | 22.01 | 19.59 | 67 | 194.42 | 97.00 | 83.89 | 74.66 |
| 19 | 66.99 | 25.16 | 22.01 | 19.59 | 68 | 217.40 | 97.30 | 84.56 | 75.26 |
| 20 | 66.99 | 25.16 | 22.01 | 19.59 | 69 | 242.92 | 97.80 | 90.61 | 80.64 |
| 21 | 66.99 | 25.16 | 22.01 | 19.59 | 70 | 271.16 | 104.78 | 97.08 | 86.40 |
| 22 | 66.99 | 25.16 | 22.01 | 19.59 | 71 | 299.39 | 111.77 | 103.55 | 92.16 |
| 23 | 67.02 | 25.16 | 22.01 | 19.59 | 72 | 327.63 | 118.76 | 110.03 | 97.92 |
| 24 | 67.02 | 25.16 | 22.01 | 19.59 | 73 | 355.86 | 125.74 | 116.50 | 103.68 |
| 25 | 67.00 | 25.16 | 22.01 | 19.59 | 74 | 384.10 | 132.73 | 122.97 | 109.44 |
| 26 | 69.97 | 26.49 | 23.27 | 20.72 | 75 | 412.33 | 139.72 | 129.44 | 115.21 |
| 27 | 72.76 | 27.74 | 24.45 | 21.76 | 76 | 440.56 | 146.71 | 135.91 | 120.98 |
| 28 | 75.38 | 28.93 | 25.56 | 22.75 | 77 | 468.79 | 153.70 | 142.38 | 126.75 |
| 29 | 77.91 | 30.10 | 26.64 | 23.71 | 78 | 497.02 | 160.69 | 148.85 | 132.52 |
| 30 | 80.42 | 31.26 | 27.71 | 24.66 | 79 | 525.25 | 167.68 | 155.32 | 138.29 |
| 31 | 82.89 | 32.46 | 28.78 | 25.62 | 80 | 553.48 | 174.67 | 161.79 | 144.06 |
| 32 | 85.36 | 33.69 | 29.88 | 26.59 | 81 | 581.71 | 181.66 | 168.26 | 149.83 |
| 33 | 87.84 | 34.99 | 31.03 | 27.62 | 82 | 609.94 | 188.65 | 174.73 | 155.60 |
| 34 | 90.35 | 36.36 | 32.23 | 28.68 | 83 | 638.17 | 195.64 | 181.20 | 161.37 |
| 35 | 92.91 | 37.81 | 33.50 | 29.81 | 84 | 666.40 | 202.63 | 187.67 | 167.14 |
| 36 | 95.54 | 39.36 | 34.85 | 31.01 | 85 | 694.63 | 209.62 | 194.14 | 172.91 |
| 37 | 98.23 | 41.01 | 36.28 | 32.29 | 86 | 722.86 | 216.61 | 200.61 | 178.68 |
| 38 | 101.02 | 42.77 | 37.80 | 33.64 | 87 | 751.09 | 223.60 | 207.08 | 184.45 |
| 39 | 103.87 | 44.63 | 39.40 | 35.07 | 88 | 779.32 | 230.59 | 213.55 | 190.22 |
| 40 | 106.76 | 46.60 | 41.09 | 36.58 | 89 | 807.55 | 237.58 | 220.02 | 195.99 |
| 41 | 109.70 | 48.65 | 42.87 | 38.16 | 90 | 835.78 | 244.57 | 226.49 | 201.76 |
| 42 | 112.66 | 50.81 | 44.73 | 39.81 | 91 | 864.01 | 251.56 | 232.96 | 207.53 |
| 43 | 115.67 | 53.04 | 46.65 | 41.52 | 92 | 892.24 | 258.55 | 239.43 | 213.30 |
| 44 | 118.66 | 55.33 | 48.64 | 43.29 | 93 | 920.47 | 265.54 | 245.90 | 219.07 |
| 45 | 121.62 | 57.68 | 50.67 | 45.09 | 94 | 948.70 | 272.53 | 252.37 | 224.84 |
| 46 | 124.27 | 60.06 | 52.73 | 46.93 | 95 | 976.93 | 279.52 | 258.84 | 230.61 |
| 47 | 126.88 | 62.45 | 54.80 | 48.77 | 96 | 1,005.16 | 286.51 | 265.31 | 236.38 |
| 48 | 129.45 | 64.82 | 56.86 | 50.60 | 97 | 1,033.39 | 293.50 | 271.78 | 242.15 |
| 49 | 131.92 | 67.14 | 58.88 | 52.41 | 98 | 1,061.62 | 300.49 | 278.25 | 247.92 |
| 50 | 134.26 | 69.40 | 60.85 | 54.16 | 99 | 1,089.85 | 307.48 | 284.72 | 253.69 |
| 51 | 136.44 | 71.55 | 62.74 | 55.83 | | | | | |
| 52 | 140.29 | 74.56 | 65.38 | 58.18 | | | | | |
| 53 | 143.94 | 77.43 | 67.91 | 60.44 | | | | | |
| 54 | 147.14 | 80.03 | 70.21 | 62.48 | | | | | |
| 55 | 149.79 | 82.27 | 72.20 | 64.25 | | | | | |
| 56 | 152.06 | 84.14 | 72.78 | 64.78 | | | | | |
| 57 | 153.76 | 85.65 | 73.09 | 65.05 | | | | | |
| 58 | 155.52 | 85.96 | 73.54 | 65.45 | | | | | |
| 59 | 162.46 | 89.10 | 76.42 | 68.02 | | | | | |
| 60 | 169.11 | 92.05 | 79.15 | 70.44 | | | | | |
| 61 | 177.91 | 96.12 | 82.86 | 73.75 | | | | | |
| 62 | 181.30 | 96.61 | 83.32 | 74.16 | | | | | |
| 63 | 183.92 | 96.69 | 83.44 | 74.26 | | | | | |
| 64 | 186.55 | 96.77 | 83.55 | 74.36 | | | | | |
| 65 | 189.17 | 96.84 | 83.66 | 74.46 | | | | | |
| 66 | 191.80 | 96.92 | 83.77 | 74.56 | | | | | |

Mutual of Omaha Insurance Company
 Omaha, Nebraska
 Policy Form D82M
 Disability Income Insurance Policy
 Tobacco Annual Premiums per \$100 Monthly Benefit
 Occupation Class 5
 3 Month Benefit Period

Unisex

| Issue Age | Elimination Periods (Accident Days/ Sickness Days) | | | | | | | Attained Age | Elimination Periods (Accident Days/ Sickness Days) | | | | | | |
|-----------|--|-------|-------|-------|-------|-------|-------|--------------|--|-------|-------|-------|-------|-------|-------|
| | 0/7 | 0/14 | 7/7 | 14/14 | 30/30 | 60/60 | 90/90 | | 0/7 | 0/14 | 7/7 | 14/14 | 30/30 | 60/60 | 90/90 |
| 18 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 9.41 | 3.11 | 67 | 57.94 | 49.94 | 51.46 | 43.52 | 30.76 | 25.26 | 17.00 |
| 19 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 9.41 | 3.11 | 68 | 58.28 | 50.01 | 51.53 | 44.38 | 31.66 | 26.03 | 17.59 |
| 20 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 9.41 | 3.11 | 69 | 58.97 | 50.07 | 51.61 | 45.25 | 32.55 | 26.80 | 18.17 |
| 21 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 9.41 | 3.11 | 70 | 59.66 | 50.47 | 51.68 | 46.11 | 33.45 | 27.57 | 18.76 |
| 22 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 9.41 | 3.11 | 71 | 60.36 | 50.86 | 51.75 | 46.97 | 34.34 | 28.34 | 19.34 |
| 23 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 9.41 | 3.11 | 72 | 61.05 | 51.26 | 52.15 | 47.83 | 35.24 | 29.11 | 19.92 |
| 24 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 9.41 | 3.11 | 73 | 61.75 | 51.65 | 52.55 | 48.70 | 36.13 | 29.88 | 20.51 |
| 25 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 9.41 | 3.11 | 74 | 62.44 | 52.05 | 52.95 | 49.56 | 37.03 | 30.65 | 21.09 |
| 26 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 9.41 | 3.11 | 75 | 63.14 | 52.45 | 53.36 | 50.42 | 37.92 | 31.42 | 21.67 |
| 27 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 9.41 | 3.11 | 76 | 63.84 | 53.34 | 54.27 | 51.28 | 38.81 | 32.19 | 22.25 |
| 28 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 9.41 | 3.11 | 77 | 64.54 | 54.24 | 55.18 | 52.14 | 39.70 | 32.96 | 22.83 |
| 29 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 9.41 | 3.11 | 78 | 65.24 | 55.13 | 56.09 | 53.00 | 40.59 | 33.73 | 23.41 |
| 30 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 10.20 | 4.30 | 79 | 65.94 | 56.03 | 57.00 | 53.86 | 41.48 | 34.50 | 23.99 |
| 31 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 10.20 | 4.30 | 80 | 66.64 | 56.92 | 57.91 | 54.72 | 42.37 | 35.27 | 24.57 |
| 32 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 10.20 | 4.30 | 81 | 67.34 | 57.82 | 58.82 | 55.58 | 43.26 | 36.04 | 25.15 |
| 33 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 10.20 | 4.30 | 82 | 68.04 | 58.71 | 59.73 | 56.44 | 44.15 | 36.81 | 25.73 |
| 34 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 10.20 | 4.30 | 83 | 68.74 | 59.61 | 60.64 | 57.30 | 45.04 | 37.58 | 26.31 |
| 35 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 10.20 | 4.30 | 84 | 69.44 | 60.50 | 61.55 | 58.16 | 45.93 | 38.35 | 26.89 |
| 36 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 10.20 | 4.30 | 85 | 70.14 | 61.40 | 62.46 | 59.02 | 46.82 | 39.12 | 27.47 |
| 37 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 10.20 | 4.30 | 86 | 70.84 | 62.29 | 63.37 | 59.88 | 47.71 | 39.89 | 28.05 |
| 38 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 10.20 | 4.30 | 87 | 71.54 | 63.19 | 64.28 | 60.74 | 48.60 | 40.66 | 28.63 |
| 39 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 10.20 | 4.30 | 88 | 72.24 | 64.08 | 65.19 | 61.60 | 49.49 | 41.43 | 29.21 |
| 40 | 43.61 | 34.99 | 40.59 | 28.93 | 15.07 | 11.12 | 5.43 | 89 | 72.94 | 64.97 | 66.10 | 62.46 | 50.38 | 42.20 | 29.79 |
| 41 | 43.89 | 35.25 | 40.83 | 29.18 | 15.30 | 11.40 | 5.70 | 90 | 73.64 | 65.87 | 67.01 | 63.32 | 51.27 | 42.97 | 30.37 |
| 42 | 44.26 | 35.59 | 41.15 | 29.49 | 15.58 | 11.71 | 5.97 | 91 | 74.34 | 66.76 | 67.92 | 64.18 | 52.16 | 43.74 | 30.95 |
| 43 | 44.75 | 36.05 | 41.58 | 29.92 | 15.96 | 12.06 | 6.27 | 92 | 75.04 | 67.66 | 68.83 | 65.04 | 53.05 | 44.51 | 31.53 |
| 44 | 45.27 | 36.52 | 42.03 | 30.35 | 16.35 | 12.43 | 6.58 | 93 | 75.74 | 68.55 | 69.74 | 65.90 | 53.94 | 45.28 | 32.11 |
| 45 | 45.79 | 37.02 | 42.48 | 30.79 | 16.76 | 12.81 | 6.92 | 94 | 76.44 | 69.45 | 70.65 | 66.76 | 54.83 | 46.05 | 32.69 |
| 46 | 46.34 | 37.54 | 42.95 | 31.24 | 17.20 | 13.23 | 7.27 | 95 | 77.14 | 70.34 | 71.56 | 67.62 | 55.72 | 46.82 | 33.27 |
| 47 | 46.92 | 38.09 | 43.43 | 31.72 | 17.67 | 13.65 | 7.63 | 96 | 77.84 | 71.24 | 72.47 | 68.48 | 56.61 | 47.59 | 33.85 |
| 48 | 47.54 | 38.69 | 43.94 | 32.23 | 18.18 | 14.11 | 8.01 | 97 | 78.54 | 72.13 | 73.38 | 69.34 | 57.50 | 48.36 | 34.43 |
| 49 | 48.17 | 39.31 | 44.46 | 32.75 | 18.70 | 14.59 | 8.41 | 98 | 79.24 | 73.03 | 74.29 | 70.20 | 58.39 | 49.13 | 35.01 |
| 50 | 48.82 | 39.96 | 44.98 | 33.29 | 19.26 | 15.09 | 8.83 | 99 | 79.94 | 73.92 | 75.20 | 71.06 | 59.28 | 49.90 | 35.59 |
| 51 | 49.49 | 40.63 | 45.50 | 33.85 | 19.83 | 15.61 | 9.28 | | | | | | | | |
| 52 | 50.17 | 41.34 | 46.03 | 34.43 | 20.44 | 16.15 | 9.73 | | | | | | | | |
| 53 | 50.88 | 42.08 | 46.57 | 35.04 | 21.07 | 16.73 | 10.20 | | | | | | | | |
| 54 | 51.61 | 42.86 | 47.11 | 35.67 | 21.74 | 17.32 | 10.70 | | | | | | | | |
| 55 | 52.35 | 43.68 | 47.67 | 36.34 | 22.44 | 17.95 | 11.21 | | | | | | | | |
| 56 | 53.31 | 44.70 | 48.40 | 37.17 | 23.25 | 18.66 | 11.77 | | | | | | | | |
| 57 | 54.25 | 45.73 | 49.10 | 38.02 | 24.08 | 19.38 | 12.34 | | | | | | | | |
| 58 | 55.15 | 46.77 | 49.76 | 38.87 | 24.93 | 20.12 | 12.92 | | | | | | | | |
| 59 | 56.02 | 47.81 | 50.36 | 39.73 | 25.79 | 20.87 | 13.51 | | | | | | | | |
| 60 | 56.84 | 48.85 | 50.91 | 40.59 | 26.66 | 21.63 | 14.09 | | | | | | | | |
| 61 | 57.60 | 49.88 | 51.39 | 41.45 | 27.55 | 22.40 | 14.68 | | | | | | | | |
| 62 | 57.66 | 49.89 | 51.40 | 41.80 | 28.09 | 22.88 | 15.07 | | | | | | | | |
| 63 | 57.71 | 49.90 | 51.41 | 42.14 | 28.62 | 23.35 | 15.45 | | | | | | | | |
| 64 | 57.77 | 49.91 | 51.43 | 42.49 | 29.16 | 23.83 | 15.84 | | | | | | | | |
| 65 | 57.83 | 49.92 | 51.44 | 42.83 | 29.69 | 24.31 | 16.23 | | | | | | | | |
| 66 | 57.88 | 49.93 | 51.45 | 43.18 | 30.23 | 24.78 | 16.61 | | | | | | | | |

Mutual of Omaha Insurance Company
 Omaha, Nebraska
 Policy Form D82M
 Disability Income Insurance Policy
 Tobacco Annual Premiums per \$100 Monthly Benefit
 Occupation Class 5
 6 Month Benefit Period

Unisex

| Issue Age | Elimination Periods (Accident Days/ Sickness Days) | | | | | | |
|-----------|--|-------|-------|-------|-------|-------|-------|
| | 0/7 | 0/14 | 7/7 | 14/14 | 30/30 | 60/60 | 90/90 |
| 18 | 57.74 | 46.78 | 53.64 | 37.63 | 21.01 | 13.52 | 5.49 |
| 19 | 57.74 | 46.78 | 53.64 | 37.63 | 21.01 | 13.52 | 5.49 |
| 20 | 57.74 | 46.78 | 53.64 | 37.63 | 21.01 | 13.52 | 5.49 |
| 21 | 57.74 | 46.78 | 53.64 | 37.63 | 21.01 | 13.52 | 5.49 |
| 22 | 57.74 | 46.78 | 53.64 | 37.63 | 21.01 | 13.52 | 5.49 |
| 23 | 57.74 | 46.78 | 53.64 | 37.63 | 21.01 | 13.52 | 5.49 |
| 24 | 57.74 | 46.78 | 53.64 | 37.63 | 21.01 | 13.52 | 5.49 |
| 25 | 57.74 | 46.78 | 53.64 | 37.63 | 21.01 | 13.52 | 5.49 |
| 26 | 57.74 | 46.78 | 53.64 | 37.63 | 21.01 | 13.52 | 5.49 |
| 27 | 57.74 | 46.78 | 53.64 | 37.63 | 21.01 | 13.52 | 5.49 |
| 28 | 57.74 | 46.78 | 53.64 | 37.63 | 21.01 | 13.52 | 5.49 |
| 29 | 57.74 | 46.78 | 53.64 | 37.63 | 21.01 | 13.52 | 5.49 |
| 30 | 59.28 | 47.83 | 55.43 | 39.55 | 22.05 | 15.81 | 7.68 |
| 31 | 59.28 | 47.83 | 55.43 | 39.55 | 22.05 | 15.81 | 7.68 |
| 32 | 59.28 | 47.83 | 55.43 | 39.55 | 22.05 | 15.81 | 7.68 |
| 33 | 59.28 | 47.83 | 55.43 | 39.55 | 22.05 | 15.81 | 7.68 |
| 34 | 59.28 | 47.83 | 55.43 | 39.55 | 22.05 | 15.81 | 7.68 |
| 35 | 59.28 | 47.83 | 55.43 | 39.55 | 22.05 | 15.81 | 7.68 |
| 36 | 59.28 | 47.83 | 55.43 | 39.55 | 22.05 | 15.81 | 7.68 |
| 37 | 59.28 | 47.83 | 55.43 | 39.55 | 22.05 | 15.81 | 7.68 |
| 38 | 59.28 | 47.83 | 55.43 | 39.55 | 22.05 | 15.81 | 7.68 |
| 39 | 59.28 | 47.83 | 55.43 | 39.55 | 22.05 | 15.81 | 7.68 |
| 40 | 61.19 | 49.52 | 57.31 | 41.50 | 23.52 | 17.93 | 9.76 |
| 41 | 61.84 | 50.10 | 57.92 | 42.09 | 24.02 | 18.46 | 10.26 |
| 42 | 62.58 | 50.76 | 58.61 | 42.73 | 24.59 | 19.03 | 10.78 |
| 43 | 63.45 | 51.55 | 59.43 | 43.49 | 25.25 | 19.66 | 11.32 |
| 44 | 64.36 | 52.37 | 60.26 | 44.28 | 25.95 | 20.32 | 11.92 |
| 45 | 65.29 | 53.22 | 61.11 | 45.07 | 26.70 | 21.02 | 12.53 |
| 46 | 66.26 | 54.11 | 61.98 | 45.89 | 27.46 | 21.75 | 13.18 |
| 47 | 67.26 | 55.04 | 62.87 | 46.75 | 28.28 | 22.51 | 13.86 |
| 48 | 68.31 | 56.03 | 63.80 | 47.64 | 29.15 | 23.32 | 14.58 |
| 49 | 69.39 | 57.07 | 64.75 | 48.57 | 30.06 | 24.17 | 15.33 |
| 50 | 70.51 | 58.15 | 65.70 | 49.53 | 31.01 | 25.06 | 16.13 |
| 51 | 71.65 | 59.27 | 66.69 | 50.52 | 32.01 | 25.99 | 16.95 |
| 52 | 72.84 | 60.45 | 67.68 | 51.56 | 33.05 | 26.96 | 17.82 |
| 53 | 74.06 | 61.69 | 68.69 | 52.65 | 34.16 | 27.98 | 18.71 |
| 54 | 75.31 | 63.00 | 69.73 | 53.78 | 35.31 | 29.05 | 19.64 |
| 55 | 76.61 | 64.38 | 70.79 | 54.99 | 36.53 | 30.17 | 20.62 |
| 56 | 78.22 | 66.06 | 72.13 | 56.46 | 37.93 | 31.44 | 21.69 |
| 57 | 79.81 | 67.76 | 73.43 | 57.95 | 39.37 | 32.74 | 22.78 |
| 58 | 81.37 | 69.49 | 74.69 | 59.47 | 40.85 | 34.07 | 23.89 |
| 59 | 82.88 | 71.24 | 75.88 | 61.02 | 42.36 | 35.42 | 25.02 |
| 60 | 84.34 | 73.01 | 77.01 | 62.59 | 43.90 | 36.80 | 26.15 |
| 61 | 85.73 | 74.78 | 78.06 | 64.18 | 45.47 | 38.20 | 27.29 |
| 62 | 85.77 | 74.81 | 78.07 | 64.76 | 46.38 | 39.04 | 28.02 |
| 63 | 85.81 | 74.84 | 78.08 | 65.34 | 47.28 | 39.87 | 28.75 |
| 64 | 85.86 | 74.87 | 78.09 | 65.93 | 48.19 | 40.71 | 29.48 |
| 65 | 85.90 | 74.90 | 78.11 | 66.51 | 49.09 | 41.54 | 30.21 |
| 66 | 85.94 | 74.93 | 78.12 | 67.09 | 50.00 | 42.38 | 30.94 |

| Attained Age | Elimination Periods (Accident Days/ Sickness Days) | | | | | | |
|--------------|--|--------|--------|--------|-------|-------|-------|
| | 0/7 | 0/14 | 7/7 | 14/14 | 30/30 | 60/60 | 90/90 |
| 67 | 85.98 | 74.96 | 78.13 | 67.67 | 50.90 | 43.21 | 31.67 |
| 68 | 87.02 | 75.13 | 78.20 | 69.01 | 52.38 | 44.53 | 32.76 |
| 69 | 88.05 | 75.31 | 78.26 | 70.35 | 53.86 | 45.86 | 33.84 |
| 70 | 89.09 | 75.90 | 78.33 | 71.69 | 55.34 | 47.18 | 34.93 |
| 71 | 90.13 | 76.50 | 78.94 | 73.03 | 56.83 | 48.50 | 36.02 |
| 72 | 91.16 | 77.09 | 79.55 | 74.38 | 58.31 | 49.83 | 37.10 |
| 73 | 92.20 | 77.69 | 80.17 | 75.72 | 59.79 | 51.15 | 38.19 |
| 74 | 93.24 | 78.28 | 80.78 | 77.06 | 61.27 | 52.47 | 39.28 |
| 75 | 94.27 | 78.88 | 81.40 | 78.40 | 62.75 | 53.80 | 40.36 |
| 76 | 95.30 | 80.23 | 82.79 | 79.74 | 64.23 | 55.13 | 41.44 |
| 77 | 96.33 | 81.58 | 84.18 | 81.08 | 65.71 | 56.46 | 42.52 |
| 78 | 97.36 | 82.92 | 85.57 | 82.42 | 67.19 | 57.79 | 43.60 |
| 79 | 98.39 | 84.27 | 86.97 | 83.76 | 68.67 | 59.12 | 44.68 |
| 80 | 99.42 | 85.62 | 88.36 | 85.10 | 70.15 | 60.45 | 45.76 |
| 81 | 100.45 | 86.97 | 89.75 | 86.44 | 71.63 | 61.78 | 46.84 |
| 82 | 101.48 | 88.32 | 91.14 | 87.78 | 73.11 | 63.11 | 47.92 |
| 83 | 102.51 | 89.67 | 92.53 | 89.12 | 74.59 | 64.44 | 49.00 |
| 84 | 103.54 | 91.01 | 93.92 | 90.46 | 76.07 | 65.77 | 50.08 |
| 85 | 104.57 | 92.36 | 95.31 | 91.80 | 77.55 | 67.10 | 51.16 |
| 86 | 105.60 | 93.71 | 96.70 | 93.14 | 79.03 | 68.43 | 52.24 |
| 87 | 106.63 | 95.06 | 98.10 | 94.48 | 80.51 | 69.76 | 53.32 |
| 88 | 107.66 | 96.41 | 99.49 | 95.82 | 81.99 | 71.09 | 54.40 |
| 89 | 108.69 | 97.75 | 100.88 | 97.16 | 83.47 | 72.42 | 55.48 |
| 90 | 109.72 | 99.10 | 102.27 | 98.50 | 84.95 | 73.75 | 56.56 |
| 91 | 110.75 | 100.45 | 103.66 | 99.84 | 86.43 | 75.08 | 57.64 |
| 92 | 111.78 | 101.80 | 105.05 | 101.18 | 87.91 | 76.41 | 58.72 |
| 93 | 112.81 | 103.15 | 106.44 | 102.52 | 89.39 | 77.74 | 59.80 |
| 94 | 113.84 | 104.50 | 107.83 | 103.86 | 90.87 | 79.07 | 60.88 |
| 95 | 114.87 | 105.84 | 109.23 | 105.20 | 92.35 | 80.40 | 61.96 |
| 96 | 115.90 | 107.19 | 110.62 | 106.54 | 93.83 | 81.73 | 63.04 |
| 97 | 116.93 | 108.54 | 112.01 | 107.88 | 95.31 | 83.06 | 64.12 |
| 98 | 117.96 | 109.89 | 113.40 | 109.22 | 96.79 | 84.39 | 65.20 |
| 99 | 118.99 | 111.24 | 114.79 | 110.56 | 98.27 | 85.72 | 66.28 |

Mutual of Omaha Insurance Company
 Omaha, Nebraska
 Policy Form D82M
 Disability Income Insurance Policy
 Tobacco Annual Premiums per \$100 Monthly Benefit
 Occupation Class 5
 12 Month Benefit Period

Unisex

| Issue Age | Elimination Periods (Accident Days/ Sickness Days) | | | | | | | Attained Age | Elimination Periods (Accident Days/ Sickness Days) | | | | | | |
|-----------|--|-------|-------|-------|-------|-------|-------|--------------|--|--------|--------|--------|--------|--------|-------|
| | 0/7 | 0/14 | 7/7 | 14/14 | 30/30 | 60/60 | 90/90 | | 0/7 | 0/14 | 7/7 | 14/14 | 30/30 | 60/60 | 90/90 |
| 18 | 62.72 | 51.17 | 58.29 | 41.23 | 24.93 | 16.60 | 7.32 | 67 | 108.90 | 95.32 | 99.93 | 88.78 | 72.81 | 62.42 | 46.83 |
| 19 | 62.72 | 51.17 | 58.29 | 41.23 | 24.93 | 16.60 | 7.32 | 68 | 110.21 | 95.50 | 99.97 | 90.54 | 74.93 | 64.33 | 48.43 |
| 20 | 62.72 | 51.17 | 58.29 | 41.23 | 24.93 | 16.60 | 7.32 | 69 | 111.52 | 96.26 | 100.02 | 92.30 | 77.05 | 66.24 | 50.04 |
| 21 | 62.72 | 51.17 | 58.29 | 41.23 | 24.93 | 16.60 | 7.32 | 70 | 112.84 | 97.02 | 100.81 | 94.06 | 79.17 | 68.16 | 51.65 |
| 22 | 62.72 | 51.17 | 58.29 | 41.23 | 24.93 | 16.60 | 7.32 | 71 | 114.15 | 97.78 | 101.60 | 95.82 | 81.28 | 70.07 | 53.25 |
| 23 | 62.72 | 51.17 | 58.29 | 41.23 | 24.93 | 16.60 | 7.32 | 72 | 115.46 | 98.54 | 102.39 | 97.58 | 83.40 | 71.99 | 54.86 |
| 24 | 62.72 | 51.17 | 58.29 | 41.23 | 24.93 | 16.60 | 7.32 | 73 | 116.78 | 99.31 | 103.18 | 99.34 | 85.52 | 73.90 | 56.47 |
| 25 | 62.72 | 51.17 | 58.29 | 41.23 | 24.93 | 16.60 | 7.32 | 74 | 118.09 | 100.07 | 103.97 | 101.10 | 87.64 | 75.81 | 58.07 |
| 26 | 62.72 | 51.17 | 58.29 | 41.23 | 24.93 | 16.60 | 7.32 | 75 | 119.40 | 100.83 | 104.76 | 102.86 | 89.76 | 77.73 | 59.68 |
| 27 | 62.72 | 51.17 | 58.29 | 41.23 | 24.93 | 16.60 | 7.32 | 76 | 120.71 | 102.55 | 106.55 | 104.62 | 91.88 | 79.65 | 61.29 |
| 28 | 62.72 | 51.17 | 58.29 | 41.23 | 24.93 | 16.60 | 7.32 | 77 | 122.02 | 104.28 | 108.34 | 106.38 | 94.00 | 81.57 | 62.90 |
| 29 | 62.72 | 51.17 | 58.29 | 41.23 | 24.93 | 16.60 | 7.32 | 78 | 123.33 | 106.00 | 110.13 | 108.14 | 96.12 | 83.49 | 64.51 |
| 30 | 66.50 | 54.13 | 62.39 | 45.13 | 27.85 | 20.43 | 10.53 | 79 | 124.64 | 107.72 | 111.92 | 109.90 | 98.24 | 85.41 | 66.12 |
| 31 | 66.50 | 54.13 | 62.39 | 45.13 | 27.85 | 20.43 | 10.53 | 80 | 125.95 | 109.45 | 113.71 | 111.66 | 100.36 | 87.33 | 67.73 |
| 32 | 66.50 | 54.13 | 62.39 | 45.13 | 27.85 | 20.43 | 10.53 | 81 | 127.26 | 111.17 | 115.50 | 113.42 | 102.48 | 89.25 | 69.34 |
| 33 | 66.50 | 54.13 | 62.39 | 45.13 | 27.85 | 20.43 | 10.53 | 82 | 128.57 | 112.89 | 117.29 | 115.18 | 104.60 | 91.17 | 70.95 |
| 34 | 66.50 | 54.13 | 62.39 | 45.13 | 27.85 | 20.43 | 10.53 | 83 | 129.88 | 114.62 | 119.08 | 116.94 | 106.72 | 93.09 | 72.56 |
| 35 | 66.50 | 54.13 | 62.39 | 45.13 | 27.85 | 20.43 | 10.53 | 84 | 131.19 | 116.34 | 120.87 | 118.70 | 108.84 | 95.01 | 74.17 |
| 36 | 66.50 | 54.13 | 62.39 | 45.13 | 27.85 | 20.43 | 10.53 | 85 | 132.50 | 118.06 | 122.67 | 120.46 | 110.96 | 96.93 | 75.78 |
| 37 | 66.50 | 54.13 | 62.39 | 45.13 | 27.85 | 20.43 | 10.53 | 86 | 133.81 | 119.79 | 124.46 | 122.22 | 113.08 | 98.85 | 77.39 |
| 38 | 66.50 | 54.13 | 62.39 | 45.13 | 27.85 | 20.43 | 10.53 | 87 | 135.12 | 121.51 | 126.25 | 123.98 | 115.20 | 100.77 | 79.00 |
| 39 | 66.50 | 54.13 | 62.39 | 45.13 | 27.85 | 20.43 | 10.53 | 88 | 136.43 | 123.23 | 128.04 | 125.74 | 117.32 | 102.69 | 80.61 |
| 40 | 70.34 | 57.47 | 66.22 | 48.76 | 30.85 | 23.86 | 13.61 | 89 | 137.74 | 124.96 | 129.83 | 127.50 | 119.44 | 104.61 | 82.22 |
| 41 | 71.40 | 58.41 | 67.25 | 49.70 | 31.67 | 24.68 | 14.33 | 90 | 139.05 | 126.68 | 131.62 | 129.26 | 121.56 | 106.53 | 83.83 |
| 42 | 72.55 | 59.44 | 68.36 | 50.72 | 32.58 | 25.56 | 15.11 | 91 | 140.36 | 128.40 | 133.41 | 131.02 | 123.68 | 108.45 | 85.44 |
| 43 | 73.88 | 60.61 | 69.62 | 51.87 | 33.60 | 26.51 | 15.93 | 92 | 141.67 | 130.13 | 135.20 | 132.78 | 125.80 | 110.37 | 87.05 |
| 44 | 75.24 | 61.83 | 70.91 | 53.04 | 34.68 | 27.51 | 16.80 | 93 | 142.98 | 131.85 | 136.99 | 134.54 | 127.92 | 112.29 | 88.66 |
| 45 | 76.64 | 63.09 | 72.23 | 54.25 | 35.80 | 28.56 | 17.71 | 94 | 144.29 | 133.57 | 138.78 | 136.30 | 130.04 | 114.21 | 90.27 |
| 46 | 78.10 | 64.41 | 73.59 | 55.50 | 36.98 | 29.66 | 18.68 | 95 | 145.60 | 135.30 | 140.57 | 138.06 | 132.16 | 116.13 | 91.88 |
| 47 | 79.62 | 65.80 | 74.99 | 56.80 | 38.22 | 30.82 | 19.71 | 96 | 146.91 | 137.02 | 142.36 | 139.82 | 134.28 | 118.05 | 93.49 |
| 48 | 81.21 | 67.26 | 76.45 | 58.17 | 39.55 | 32.04 | 20.78 | 97 | 148.22 | 138.74 | 144.15 | 141.58 | 136.40 | 119.97 | 95.10 |
| 49 | 82.85 | 68.80 | 77.94 | 59.58 | 40.93 | 33.32 | 21.92 | 98 | 149.53 | 140.47 | 145.94 | 143.34 | 138.52 | 121.89 | 96.71 |
| 50 | 84.54 | 70.39 | 79.46 | 61.05 | 42.39 | 34.68 | 23.11 | 99 | 150.84 | 142.19 | 147.73 | 145.10 | 140.64 | 123.81 | 98.32 |
| 51 | 86.29 | 72.07 | 81.03 | 62.59 | 43.92 | 36.10 | 24.36 | | | | | | | | |
| 52 | 88.10 | 73.83 | 82.64 | 64.20 | 45.53 | 37.58 | 25.66 | | | | | | | | |
| 53 | 89.97 | 75.67 | 84.29 | 65.88 | 47.22 | 39.14 | 27.02 | | | | | | | | |
| 54 | 91.90 | 77.63 | 85.98 | 67.66 | 49.01 | 40.78 | 28.45 | | | | | | | | |
| 55 | 93.91 | 79.68 | 87.74 | 69.53 | 50.89 | 42.50 | 29.93 | | | | | | | | |
| 56 | 96.31 | 82.13 | 89.85 | 71.75 | 53.04 | 44.45 | 31.56 | | | | | | | | |
| 57 | 98.72 | 84.63 | 91.94 | 74.04 | 55.25 | 46.45 | 33.24 | | | | | | | | |
| 58 | 101.11 | 87.18 | 94.01 | 76.38 | 57.54 | 48.50 | 34.95 | | | | | | | | |
| 59 | 103.46 | 89.79 | 96.02 | 78.78 | 59.90 | 50.61 | 36.69 | | | | | | | | |
| 60 | 105.78 | 92.44 | 97.99 | 81.24 | 62.31 | 52.77 | 38.45 | | | | | | | | |
| 61 | 108.05 | 95.14 | 99.88 | 83.75 | 64.79 | 54.97 | 40.24 | | | | | | | | |
| 62 | 108.19 | 95.17 | 99.89 | 84.59 | 66.13 | 56.21 | 41.34 | | | | | | | | |
| 63 | 108.33 | 95.20 | 99.90 | 85.43 | 67.46 | 57.45 | 42.44 | | | | | | | | |
| 64 | 108.48 | 95.23 | 99.90 | 86.27 | 68.80 | 58.70 | 43.54 | | | | | | | | |
| 65 | 108.62 | 95.26 | 99.91 | 87.10 | 70.14 | 59.94 | 44.63 | | | | | | | | |
| 66 | 108.76 | 95.29 | 99.92 | 87.94 | 71.47 | 61.18 | 45.73 | | | | | | | | |

Mutual of Omaha Insurance Company
 Omaha, Nebraska
 Policy Form D82M
 Disability Income Insurance Policy
 Tobacco Annual Premiums per \$100 Monthly Benefit
 Occupation Class 5
 24 Month Benefit Period

Unisex

| Issue Age | Elimination Periods (Accident Days/ Sickness Days) | | | | | | | Attained Age | Elimination Periods (Accident Days/ Sickness Days) | | | | | | |
|-----------|--|--------|--------|--------|--------|--------|-------|--------------|--|--------|--------|--------|--------|--------|--------|
| | 0/7 | 0/14 | 7/7 | 14/14 | 30/30 | 60/60 | 90/90 | | 0/7 | 0/14 | 7/7 | 14/14 | 30/30 | 60/60 | 90/90 |
| 18 | 78.87 | 64.19 | 73.11 | 51.18 | 30.59 | 20.52 | 8.63 | 67 | 213.93 | 186.12 | 193.38 | 174.41 | 143.04 | 111.88 | 65.12 |
| 19 | 78.87 | 64.19 | 73.11 | 51.18 | 30.59 | 20.52 | 8.63 | 68 | 216.51 | 187.62 | 194.93 | 177.86 | 147.20 | 115.27 | 67.36 |
| 20 | 78.87 | 64.19 | 73.11 | 51.18 | 30.59 | 20.52 | 8.63 | 69 | 219.09 | 189.11 | 196.49 | 181.32 | 151.36 | 118.66 | 69.59 |
| 21 | 78.87 | 64.19 | 73.11 | 51.18 | 30.59 | 20.52 | 8.63 | 70 | 221.67 | 190.61 | 198.04 | 184.78 | 155.53 | 122.05 | 71.83 |
| 22 | 78.87 | 64.19 | 73.11 | 51.18 | 30.59 | 20.52 | 8.63 | 71 | 224.25 | 192.10 | 199.59 | 188.24 | 159.69 | 125.44 | 74.06 |
| 23 | 78.87 | 64.19 | 73.11 | 51.18 | 30.59 | 20.52 | 8.63 | 72 | 226.83 | 193.59 | 201.15 | 191.69 | 163.85 | 128.83 | 76.30 |
| 24 | 78.87 | 64.19 | 73.11 | 51.18 | 30.59 | 20.52 | 8.63 | 73 | 229.41 | 195.09 | 202.70 | 195.15 | 168.01 | 132.22 | 78.53 |
| 25 | 78.87 | 64.19 | 73.11 | 51.18 | 30.59 | 20.52 | 8.63 | 74 | 231.99 | 196.58 | 204.25 | 198.61 | 172.17 | 135.61 | 80.77 |
| 26 | 78.87 | 64.19 | 73.11 | 51.18 | 30.59 | 20.52 | 8.63 | 75 | 234.57 | 198.08 | 205.80 | 202.06 | 176.33 | 139.00 | 83.00 |
| 27 | 78.87 | 64.19 | 73.11 | 51.18 | 30.59 | 20.52 | 8.63 | 76 | 237.15 | 201.47 | 209.32 | 205.51 | 180.49 | 142.39 | 85.23 |
| 28 | 78.87 | 64.19 | 73.11 | 51.18 | 30.59 | 20.52 | 8.63 | 77 | 239.73 | 204.85 | 212.84 | 208.96 | 184.65 | 145.78 | 87.46 |
| 29 | 78.87 | 64.19 | 73.11 | 51.18 | 30.59 | 20.52 | 8.63 | 78 | 242.31 | 208.24 | 216.35 | 212.41 | 188.81 | 149.17 | 89.69 |
| 30 | 81.28 | 66.12 | 76.18 | 54.98 | 33.84 | 24.77 | 12.38 | 79 | 244.89 | 211.62 | 219.87 | 215.86 | 192.97 | 152.56 | 91.92 |
| 31 | 81.28 | 66.12 | 76.18 | 54.98 | 33.84 | 24.77 | 12.38 | 80 | 247.47 | 215.01 | 223.39 | 219.31 | 197.13 | 155.95 | 94.15 |
| 32 | 81.28 | 66.12 | 76.18 | 54.98 | 33.84 | 24.77 | 12.38 | 81 | 250.05 | 218.39 | 226.91 | 222.76 | 201.29 | 159.34 | 96.38 |
| 33 | 81.28 | 66.12 | 76.18 | 54.98 | 33.84 | 24.77 | 12.38 | 82 | 252.63 | 221.78 | 230.42 | 226.21 | 205.45 | 162.73 | 98.61 |
| 34 | 81.28 | 66.12 | 76.18 | 54.98 | 33.84 | 24.77 | 12.38 | 83 | 255.21 | 225.16 | 233.94 | 229.66 | 209.61 | 166.12 | 100.84 |
| 35 | 81.28 | 66.12 | 76.18 | 54.98 | 33.84 | 24.77 | 12.38 | 84 | 257.79 | 228.55 | 237.46 | 233.11 | 213.77 | 169.51 | 103.07 |
| 36 | 81.28 | 66.12 | 76.18 | 54.98 | 33.84 | 24.77 | 12.38 | 85 | 260.37 | 231.94 | 240.98 | 236.56 | 217.93 | 172.90 | 105.30 |
| 37 | 81.28 | 66.12 | 76.18 | 54.98 | 33.84 | 24.77 | 12.38 | 86 | 262.95 | 235.32 | 244.49 | 240.01 | 222.09 | 176.29 | 107.53 |
| 38 | 81.28 | 66.12 | 76.18 | 54.98 | 33.84 | 24.77 | 12.38 | 87 | 265.53 | 238.71 | 248.01 | 243.46 | 226.25 | 179.68 | 109.76 |
| 39 | 81.28 | 66.12 | 76.18 | 54.98 | 33.84 | 24.77 | 12.38 | 88 | 268.11 | 242.09 | 251.53 | 246.91 | 230.41 | 183.07 | 111.99 |
| 40 | 90.02 | 73.80 | 84.68 | 62.72 | 40.09 | 30.44 | 16.21 | 89 | 270.69 | 245.48 | 255.05 | 250.36 | 234.57 | 186.46 | 114.22 |
| 41 | 91.34 | 74.96 | 85.96 | 63.89 | 41.10 | 31.45 | 17.12 | 90 | 273.27 | 248.86 | 258.56 | 253.81 | 238.73 | 189.85 | 116.45 |
| 42 | 92.48 | 75.96 | 87.07 | 64.91 | 42.01 | 32.39 | 18.06 | 91 | 275.85 | 252.25 | 262.08 | 257.26 | 242.89 | 193.24 | 118.68 |
| 43 | 93.52 | 76.87 | 88.08 | 65.84 | 42.89 | 33.32 | 19.03 | 92 | 278.43 | 255.63 | 265.60 | 260.71 | 247.05 | 196.63 | 120.91 |
| 44 | 94.36 | 77.62 | 88.90 | 66.61 | 43.67 | 34.21 | 20.06 | 93 | 281.01 | 259.02 | 269.12 | 264.16 | 251.21 | 200.02 | 123.14 |
| 45 | 95.06 | 78.25 | 89.58 | 67.28 | 44.39 | 35.08 | 21.13 | 94 | 283.59 | 262.41 | 272.63 | 267.61 | 255.37 | 203.41 | 125.37 |
| 46 | 95.70 | 78.84 | 90.19 | 67.90 | 45.12 | 35.98 | 22.26 | 95 | 286.17 | 265.79 | 276.15 | 271.06 | 259.53 | 206.80 | 127.60 |
| 47 | 96.37 | 79.48 | 90.81 | 68.55 | 45.90 | 36.92 | 23.46 | 96 | 288.75 | 269.18 | 279.67 | 274.51 | 263.69 | 210.19 | 129.83 |
| 48 | 97.19 | 80.25 | 91.56 | 69.33 | 46.81 | 37.98 | 24.73 | 97 | 291.33 | 272.56 | 283.19 | 277.96 | 267.85 | 213.58 | 132.06 |
| 49 | 98.23 | 81.27 | 92.50 | 70.30 | 47.91 | 39.18 | 26.08 | 98 | 293.91 | 275.95 | 286.70 | 281.41 | 272.01 | 216.97 | 134.29 |
| 50 | 99.65 | 82.64 | 93.77 | 71.58 | 49.29 | 40.58 | 27.53 | 99 | 296.49 | 279.33 | 290.22 | 284.86 | 276.17 | 220.36 | 136.52 |
| 51 | 101.59 | 84.51 | 95.50 | 73.30 | 51.03 | 42.25 | 29.09 | | | | | | | | |
| 52 | 104.21 | 87.02 | 97.85 | 75.59 | 53.26 | 44.26 | 30.77 | | | | | | | | |
| 53 | 107.70 | 90.36 | 100.98 | 78.60 | 56.08 | 46.68 | 32.60 | | | | | | | | |
| 54 | 112.27 | 94.69 | 105.09 | 82.50 | 59.62 | 49.60 | 34.58 | | | | | | | | |
| 55 | 118.12 | 100.23 | 110.37 | 87.47 | 64.01 | 53.10 | 36.73 | | | | | | | | |
| 56 | 125.91 | 107.53 | 117.41 | 93.98 | 69.61 | 57.44 | 39.19 | | | | | | | | |
| 57 | 135.36 | 116.37 | 125.97 | 101.88 | 76.33 | 62.53 | 41.84 | | | | | | | | |
| 58 | 146.71 | 127.00 | 136.27 | 111.37 | 84.30 | 68.46 | 44.69 | | | | | | | | |
| 59 | 160.22 | 139.65 | 148.54 | 122.65 | 93.71 | 75.33 | 47.76 | | | | | | | | |
| 60 | 176.18 | 154.56 | 163.03 | 135.95 | 104.71 | 83.25 | 51.07 | | | | | | | | |
| 61 | 194.86 | 172.01 | 180.02 | 151.51 | 117.50 | 92.35 | 54.63 | | | | | | | | |
| 62 | 198.04 | 174.36 | 182.25 | 155.33 | 121.76 | 95.61 | 56.38 | | | | | | | | |
| 63 | 201.22 | 176.71 | 184.47 | 159.14 | 126.01 | 98.86 | 58.13 | | | | | | | | |
| 64 | 204.40 | 179.07 | 186.70 | 162.96 | 130.27 | 102.12 | 59.88 | | | | | | | | |
| 65 | 207.57 | 181.42 | 188.93 | 166.78 | 134.53 | 105.37 | 61.62 | | | | | | | | |
| 66 | 210.75 | 183.77 | 191.15 | 170.59 | 138.78 | 108.63 | 63.37 | | | | | | | | |

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D83M
Accident-Only Disability Income Insurance Policy
Tobacco Annual Premiums per \$100 Monthly Benefit
Occupation Class 5

3 Month Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | | | |
|-----------|----------------------------|-------|------|------|------|------|
| | 0 | 7 | 14 | 30 | 60 | 90 |
| 18 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 19 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 20 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 21 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 22 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 23 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 24 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 25 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 26 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 27 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 28 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 29 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 30 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 31 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 32 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 33 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 34 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 35 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 36 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 37 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 38 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 39 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 40 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 41 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 42 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 43 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 44 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 45 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 46 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 47 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 48 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 49 | 15.46 | 12.01 | 7.53 | 3.90 | 2.81 | 1.18 |
| 50 | 16.58 | 12.59 | 7.89 | 4.68 | 3.55 | 1.86 |
| 51 | 16.58 | 12.59 | 7.89 | 4.68 | 3.55 | 1.86 |
| 52 | 16.58 | 12.59 | 7.89 | 4.68 | 3.55 | 1.86 |
| 53 | 16.58 | 12.59 | 7.89 | 4.68 | 3.55 | 1.86 |
| 54 | 16.58 | 12.59 | 7.89 | 4.68 | 3.55 | 1.86 |
| 55 | 17.89 | 13.30 | 8.33 | 5.23 | 4.08 | 2.34 |
| 56 | 17.89 | 13.30 | 8.33 | 5.23 | 4.08 | 2.34 |
| 57 | 17.89 | 13.30 | 8.33 | 5.23 | 4.08 | 2.34 |
| 58 | 17.89 | 13.30 | 8.33 | 5.23 | 4.08 | 2.34 |
| 59 | 17.89 | 13.30 | 8.33 | 5.23 | 4.08 | 2.34 |
| 60 | 17.89 | 13.30 | 8.33 | 5.23 | 4.08 | 2.34 |
| 61 | 17.89 | 13.30 | 8.33 | 5.23 | 4.08 | 2.34 |

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D83M
Accident-Only Disability Income Insurance Policy
Tobacco Annual Premiums per \$100 Monthly Benefit
Occupation Class 5

6 Month Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | | | |
|-----------|----------------------------|-------|-------|------|------|------|
| | 0 | 7 | 14 | 30 | 60 | 90 |
| 18 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 19 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 20 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 21 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 22 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 23 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 24 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 25 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 26 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 27 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 28 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 29 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 30 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 31 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 32 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 33 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 34 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 35 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 36 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 37 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 38 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 39 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 40 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 41 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 42 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 43 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 44 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 45 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 46 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 47 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 48 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 49 | 21.33 | 16.84 | 10.74 | 6.09 | 4.50 | 2.11 |
| 50 | 22.79 | 18.04 | 11.51 | 7.43 | 5.81 | 3.40 |
| 51 | 22.79 | 18.04 | 11.51 | 7.43 | 5.81 | 3.40 |
| 52 | 22.79 | 18.04 | 11.51 | 7.43 | 5.81 | 3.40 |
| 53 | 22.79 | 18.04 | 11.51 | 7.43 | 5.81 | 3.40 |
| 54 | 22.79 | 18.04 | 11.51 | 7.43 | 5.81 | 3.40 |
| 55 | 24.55 | 19.31 | 12.31 | 8.37 | 6.75 | 4.33 |
| 56 | 24.55 | 19.31 | 12.31 | 8.37 | 6.75 | 4.33 |
| 57 | 24.55 | 19.31 | 12.31 | 8.37 | 6.75 | 4.33 |
| 58 | 24.55 | 19.31 | 12.31 | 8.37 | 6.75 | 4.33 |
| 59 | 24.55 | 19.31 | 12.31 | 8.37 | 6.75 | 4.33 |
| 60 | 24.55 | 19.31 | 12.31 | 8.37 | 6.75 | 4.33 |
| 61 | 24.55 | 19.31 | 12.31 | 8.37 | 6.75 | 4.33 |

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D83M
Accident-Only Disability Income Insurance Policy
Tobacco Annual Premiums per \$100 Monthly Benefit
Occupation Class 5

12 Month Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | | | |
|-----------|----------------------------|-------|-------|-------|------|------|
| | 0 | 7 | 14 | 30 | 60 | 90 |
| 18 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 19 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 20 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 21 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 22 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 23 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 24 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 25 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 26 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 27 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 28 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 29 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 30 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 31 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 32 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 33 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 34 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 35 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 36 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 37 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 38 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 39 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 40 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 41 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 42 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 43 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 44 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 45 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 46 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 47 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 48 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 49 | 23.95 | 19.17 | 12.43 | 7.91 | 5.91 | 2.91 |
| 50 | 26.24 | 21.50 | 13.94 | 10.02 | 7.96 | 4.86 |
| 51 | 26.24 | 21.50 | 13.94 | 10.02 | 7.96 | 4.86 |
| 52 | 26.24 | 21.50 | 13.94 | 10.02 | 7.96 | 4.86 |
| 53 | 26.24 | 21.50 | 13.94 | 10.02 | 7.96 | 4.86 |
| 54 | 26.24 | 21.50 | 13.94 | 10.02 | 7.96 | 4.86 |
| 55 | 28.56 | 23.54 | 15.26 | 11.49 | 9.42 | 6.31 |
| 56 | 28.56 | 23.54 | 15.26 | 11.49 | 9.42 | 6.31 |
| 57 | 28.56 | 23.54 | 15.26 | 11.49 | 9.42 | 6.31 |
| 58 | 28.56 | 23.54 | 15.26 | 11.49 | 9.42 | 6.31 |
| 59 | 28.56 | 23.54 | 15.26 | 11.49 | 9.42 | 6.31 |
| 60 | 28.56 | 23.54 | 15.26 | 11.49 | 9.42 | 6.31 |
| 61 | 28.56 | 23.54 | 15.26 | 11.49 | 9.42 | 6.31 |

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D83M
Accident-Only Disability Income Insurance Policy
Tobacco Annual Premiums per \$100 Monthly Benefit
Occupation Class 5

24 Month Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | | | |
|-----------|----------------------------|-------|-------|-------|-------|------|
| | 0 | 7 | 14 | 30 | 60 | 90 |
| 18 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 19 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 20 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 21 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 22 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 23 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 24 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 25 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 26 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 27 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 28 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 29 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 30 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 31 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 32 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 33 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 34 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 35 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 36 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 37 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 38 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 39 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 40 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 41 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 42 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 43 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 44 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 45 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 46 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 47 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 48 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 49 | 26.07 | 21.12 | 13.93 | 9.92 | 7.30 | 3.37 |
| 50 | 30.20 | 25.47 | 16.80 | 13.41 | 10.43 | 5.96 |
| 51 | 30.20 | 25.47 | 16.80 | 13.41 | 10.43 | 5.96 |
| 52 | 30.20 | 25.47 | 16.80 | 13.41 | 10.43 | 5.96 |
| 53 | 30.20 | 25.47 | 16.80 | 13.41 | 10.43 | 5.96 |
| 54 | 30.20 | 25.47 | 16.80 | 13.41 | 10.43 | 5.96 |
| 55 | 33.49 | 28.66 | 18.90 | 15.70 | 12.55 | 7.83 |
| 56 | 33.49 | 28.66 | 18.90 | 15.70 | 12.55 | 7.83 |
| 57 | 33.49 | 28.66 | 18.90 | 15.70 | 12.55 | 7.83 |
| 58 | 33.49 | 28.66 | 18.90 | 15.70 | 12.55 | 7.83 |
| 59 | 33.49 | 28.66 | 18.90 | 15.70 | 12.55 | 7.83 |
| 60 | 33.49 | 28.66 | 18.90 | 15.70 | 12.55 | 7.83 |
| 61 | 33.49 | 28.66 | 18.90 | 15.70 | 12.55 | 7.83 |

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0MV4
Future Insurance Option (FIO) Rider
Tobacco Annual Premiums per \$100 Monthly Benefit
Occupation Class 5

2 Year Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | |
|--------------|----------------------------|------|------|------|
| | 60 | 90 | 180 | 365 |
| 18 | 2.09 | 0.93 | 0.81 | 0.72 |
| 19 | 2.09 | 0.93 | 0.81 | 0.72 |
| 20 | 2.09 | 0.93 | 0.81 | 0.72 |
| 21 | 2.09 | 0.93 | 0.81 | 0.72 |
| 22 | 2.09 | 0.93 | 0.81 | 0.72 |
| 23 | 2.09 | 0.93 | 0.81 | 0.72 |
| 24 | 2.09 | 0.93 | 0.81 | 0.72 |
| 25 | 2.09 | 0.93 | 0.81 | 0.72 |
| 26 | 2.13 | 0.93 | 0.83 | 0.74 |
| 27 | 2.17 | 0.95 | 0.85 | 0.76 |
| 28 | 2.21 | 0.98 | 0.88 | 0.79 |
| 29 | 2.26 | 1.01 | 0.92 | 0.82 |
| 30 | 2.31 | 1.04 | 0.96 | 0.86 |
| 31 | 2.36 | 1.08 | 1.01 | 0.89 |
| 32 | 2.42 | 1.14 | 1.05 | 0.94 |
| 33 | 2.48 | 1.20 | 1.11 | 0.99 |
| 34 | 2.64 | 1.28 | 1.17 | 1.04 |
| 35 | 2.79 | 1.35 | 1.24 | 1.10 |
| 36 | 2.96 | 1.44 | 1.31 | 1.16 |
| 37 | 3.11 | 1.52 | 1.38 | 1.23 |
| 38 | 3.26 | 1.61 | 1.46 | 1.30 |
| 39 | 3.40 | 1.70 | 1.55 | 1.38 |
| 40 | 3.53 | 1.80 | 1.64 | 1.46 |
| 41 | 3.65 | 1.90 | 1.73 | 1.54 |
| 42 | 3.77 | 2.01 | 1.83 | 1.63 |
| 43 | 3.87 | 2.11 | 1.94 | 1.72 |
| 44 | 3.98 | 2.22 | 2.04 | 1.82 |
| 45 | 4.09 | 2.34 | 2.16 | 1.93 |
| 46 | 4.19 | 2.47 | 2.28 | 2.04 |
| 47 | 4.30 | 2.61 | 2.42 | 2.15 |
| 48 | 4.41 | 2.75 | 2.56 | 2.27 |
| 49 | 4.55 | 2.90 | 2.70 | 2.40 |
| 50 | 4.72 | 3.06 | 2.85 | 2.54 |
| 51 | 4.91 | 3.23 | 3.02 | 2.68 |

0MV4 AR BASE RATE 07/01/2010 0001

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0MV4
Future Insurance Option (FIO) Rider
Tobacco Annual Premiums per \$100 Monthly Benefit
Occupation Class 5

5 Year Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | |
|--------------|----------------------------|------|------|------|
| | 60 | 90 | 180 | 365 |
| 18 | 2.41 | 1.20 | 1.07 | 0.95 |
| 19 | 2.41 | 1.20 | 1.07 | 0.95 |
| 20 | 2.41 | 1.20 | 1.07 | 0.95 |
| 21 | 2.41 | 1.20 | 1.07 | 0.95 |
| 22 | 2.41 | 1.20 | 1.07 | 0.95 |
| 23 | 2.41 | 1.20 | 1.07 | 0.95 |
| 24 | 2.41 | 1.20 | 1.07 | 0.95 |
| 25 | 2.41 | 1.20 | 1.07 | 0.95 |
| 26 | 2.46 | 1.27 | 1.17 | 1.04 |
| 27 | 2.51 | 1.34 | 1.26 | 1.12 |
| 28 | 2.55 | 1.41 | 1.34 | 1.19 |
| 29 | 2.60 | 1.48 | 1.40 | 1.26 |
| 30 | 2.65 | 1.56 | 1.47 | 1.31 |
| 31 | 2.83 | 1.64 | 1.55 | 1.37 |
| 32 | 3.02 | 1.72 | 1.62 | 1.44 |
| 33 | 3.24 | 1.81 | 1.69 | 1.50 |
| 34 | 3.47 | 1.91 | 1.77 | 1.57 |
| 35 | 3.71 | 2.02 | 1.86 | 1.65 |
| 36 | 3.94 | 2.14 | 1.95 | 1.73 |
| 37 | 4.18 | 2.27 | 2.06 | 1.83 |
| 38 | 4.42 | 2.41 | 2.19 | 1.94 |
| 39 | 4.65 | 2.56 | 2.32 | 2.06 |
| 40 | 4.88 | 2.73 | 2.47 | 2.19 |
| 41 | 5.11 | 2.91 | 2.63 | 2.34 |
| 42 | 5.34 | 3.11 | 2.82 | 2.51 |
| 43 | 5.56 | 3.32 | 3.01 | 2.68 |
| 44 | 5.79 | 3.54 | 3.22 | 2.87 |
| 45 | 6.03 | 3.79 | 3.45 | 3.07 |
| 46 | 6.27 | 4.04 | 3.70 | 3.29 |
| 47 | 6.53 | 4.31 | 3.95 | 3.52 |
| 48 | 6.81 | 4.60 | 4.23 | 3.76 |
| 49 | 7.12 | 4.90 | 4.51 | 4.01 |
| 50 | 7.46 | 5.22 | 4.80 | 4.28 |
| 51 | 7.84 | 5.56 | 5.10 | 4.54 |

0MV4 AR BASE RATE 07/01/2010 0001

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0MV4
Future Insurance Option (FIO) Rider
Tobacco Annual Premiums per \$100 Monthly Benefit
Occupation Class 5

10 Year Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | |
|--------------|----------------------------|------|------|------|
| | 60 | 90 | 180 | 365 |
| 18 | 5.32 | 2.02 | 1.73 | 1.54 |
| 19 | 5.32 | 2.02 | 1.73 | 1.54 |
| 20 | 5.32 | 2.02 | 1.73 | 1.54 |
| 21 | 5.32 | 2.02 | 1.73 | 1.54 |
| 22 | 5.32 | 2.02 | 1.73 | 1.54 |
| 23 | 5.32 | 2.02 | 1.73 | 1.54 |
| 24 | 5.32 | 2.02 | 1.73 | 1.54 |
| 25 | 5.32 | 2.02 | 1.73 | 1.54 |
| 26 | 5.69 | 2.21 | 1.91 | 1.70 |
| 27 | 6.02 | 2.37 | 2.05 | 1.83 |
| 28 | 6.31 | 2.50 | 2.18 | 1.94 |
| 29 | 6.57 | 2.62 | 2.29 | 2.03 |
| 30 | 6.80 | 2.73 | 2.38 | 2.12 |
| 31 | 7.03 | 2.83 | 2.47 | 2.20 |
| 32 | 7.26 | 2.93 | 2.56 | 2.28 |
| 33 | 7.49 | 3.03 | 2.66 | 2.36 |
| 34 | 7.73 | 3.15 | 2.76 | 2.46 |
| 35 | 7.99 | 3.28 | 2.87 | 2.57 |
| 36 | 8.27 | 3.43 | 3.01 | 2.68 |
| 37 | 8.57 | 3.59 | 3.16 | 2.81 |
| 38 | 8.90 | 3.78 | 3.32 | 2.95 |
| 39 | 9.25 | 3.99 | 3.50 | 3.12 |
| 40 | 9.64 | 4.22 | 3.71 | 3.30 |
| 41 | 10.05 | 4.48 | 3.94 | 3.50 |
| 42 | 10.49 | 4.76 | 4.18 | 3.72 |
| 43 | 10.95 | 5.06 | 4.44 | 3.96 |
| 44 | 11.44 | 5.38 | 4.73 | 4.20 |
| 45 | 11.94 | 5.71 | 5.02 | 4.47 |
| 46 | 12.46 | 6.07 | 5.33 | 4.75 |
| 47 | 12.99 | 6.44 | 5.65 | 5.04 |
| 48 | 13.52 | 6.81 | 5.98 | 5.32 |
| 49 | 14.05 | 7.18 | 6.31 | 5.62 |
| 50 | 14.56 | 7.55 | 6.64 | 5.90 |
| 51 | 15.05 | 7.91 | 6.95 | 6.18 |

0MV4 AR BASE RATE 07/01/2010 0001

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0MV4
Future Insurance Option (FIO) Rider
Tobacco Annual Premiums per \$100 Monthly Benefit
Occupation Class 5

To Age 67 Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | |
|--------------|----------------------------|------|------|------|
| | 60 | 90 | 180 | 365 |
| 18 | 7.60 | 2.96 | 2.59 | 2.30 |
| 19 | 7.60 | 2.96 | 2.59 | 2.30 |
| 20 | 7.60 | 2.96 | 2.59 | 2.30 |
| 21 | 7.60 | 2.96 | 2.59 | 2.30 |
| 22 | 7.60 | 2.96 | 2.59 | 2.30 |
| 23 | 7.60 | 2.96 | 2.59 | 2.30 |
| 24 | 7.60 | 2.96 | 2.59 | 2.30 |
| 25 | 7.60 | 2.96 | 2.59 | 2.30 |
| 26 | 7.96 | 3.11 | 2.74 | 2.44 |
| 27 | 8.30 | 3.26 | 2.88 | 2.56 |
| 28 | 8.63 | 3.41 | 3.01 | 2.68 |
| 29 | 8.95 | 3.54 | 3.14 | 2.79 |
| 30 | 9.27 | 3.68 | 3.26 | 2.90 |
| 31 | 9.58 | 3.82 | 3.39 | 3.01 |
| 32 | 9.89 | 3.96 | 3.51 | 3.13 |
| 33 | 10.21 | 4.12 | 3.65 | 3.25 |
| 34 | 10.52 | 4.28 | 3.79 | 3.37 |
| 35 | 10.84 | 4.45 | 3.94 | 3.51 |
| 36 | 11.17 | 4.63 | 4.10 | 3.65 |
| 37 | 11.51 | 4.82 | 4.27 | 3.80 |
| 38 | 11.85 | 5.03 | 4.45 | 3.95 |
| 39 | 12.19 | 5.25 | 4.64 | 4.12 |
| 40 | 12.54 | 5.49 | 4.83 | 4.31 |
| 41 | 12.89 | 5.73 | 5.04 | 4.49 |
| 42 | 13.25 | 5.98 | 5.26 | 4.68 |
| 43 | 13.61 | 6.24 | 5.49 | 4.89 |
| 44 | 13.96 | 6.51 | 5.72 | 5.09 |
| 45 | 14.31 | 6.78 | 5.96 | 5.31 |
| 46 | 14.62 | 7.07 | 6.21 | 5.52 |
| 47 | 14.93 | 7.35 | 6.45 | 5.74 |
| 48 | 15.23 | 7.62 | 6.69 | 5.95 |
| 49 | 15.52 | 7.90 | 6.93 | 6.16 |
| 50 | 15.80 | 8.17 | 7.16 | 6.38 |
| 51 | 16.05 | 8.42 | 7.38 | 6.57 |

0MV4 AR BASE RATE 07/01/2010 0001

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0MV5
Cost-of-Living Adjustment (COLA) Rider
Multiplicative Rating Factor
Occupation Class 5
2 Year Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | |
|--------------|----------------------------|-------|-------|-------|
| | 60 | 90 | 180 | 365 |
| 18 | 1.013 | 1.030 | 1.034 | 1.039 |
| 19 | 1.013 | 1.030 | 1.034 | 1.039 |
| 20 | 1.013 | 1.030 | 1.034 | 1.039 |
| 21 | 1.013 | 1.030 | 1.034 | 1.039 |
| 22 | 1.013 | 1.030 | 1.034 | 1.039 |
| 23 | 1.013 | 1.030 | 1.034 | 1.039 |
| 24 | 1.013 | 1.030 | 1.034 | 1.039 |
| 25 | 1.013 | 1.030 | 1.034 | 1.039 |
| 26 | 1.013 | 1.030 | 1.033 | 1.037 |
| 27 | 1.013 | 1.029 | 1.032 | 1.036 |
| 28 | 1.013 | 1.029 | 1.032 | 1.035 |
| 29 | 1.013 | 1.029 | 1.031 | 1.035 |
| 30 | 1.013 | 1.029 | 1.031 | 1.034 |
| 31 | 1.013 | 1.029 | 1.030 | 1.034 |
| 32 | 1.013 | 1.028 | 1.030 | 1.034 |
| 33 | 1.013 | 1.028 | 1.030 | 1.034 |
| 34 | 1.013 | 1.028 | 1.030 | 1.034 |
| 35 | 1.013 | 1.027 | 1.030 | 1.034 |
| 36 | 1.013 | 1.027 | 1.030 | 1.034 |
| 37 | 1.013 | 1.027 | 1.030 | 1.034 |
| 38 | 1.013 | 1.027 | 1.030 | 1.033 |
| 39 | 1.013 | 1.027 | 1.030 | 1.033 |
| 40 | 1.013 | 1.027 | 1.029 | 1.033 |
| 41 | 1.014 | 1.026 | 1.029 | 1.033 |
| 42 | 1.014 | 1.026 | 1.029 | 1.032 |
| 43 | 1.014 | 1.026 | 1.029 | 1.032 |
| 44 | 1.015 | 1.026 | 1.028 | 1.032 |
| 45 | 1.015 | 1.026 | 1.028 | 1.032 |
| 46 | 1.015 | 1.026 | 1.028 | 1.031 |
| 47 | 1.016 | 1.026 | 1.028 | 1.031 |
| 48 | 1.016 | 1.026 | 1.028 | 1.031 |
| 49 | 1.016 | 1.025 | 1.027 | 1.031 |
| 50 | 1.016 | 1.025 | 1.027 | 1.031 |
| 51 | 1.017 | 1.025 | 1.027 | 1.030 |
| 52 | 1.017 | 1.025 | 1.027 | 1.030 |
| 53 | 1.017 | 1.025 | 1.027 | 1.030 |
| 54 | 1.017 | 1.025 | 1.027 | 1.030 |
| 55 | 1.016 | 1.025 | 1.027 | 1.030 |
| 56 | 1.016 | 1.025 | 1.027 | 1.030 |
| 57 | 1.016 | 1.025 | 1.027 | 1.030 |
| 58 | 1.015 | 1.025 | 1.026 | 1.030 |
| 59 | 1.015 | 1.024 | 1.026 | 1.030 |
| 60 | 1.014 | 1.024 | 1.026 | 1.030 |
| 61 | 1.014 | 1.024 | 1.026 | 1.029 |

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0MV5
Cost-of-Living Adjustment (COLA) Rider
Multiplicative Rating Factor
Occupation Class 5
5 Year Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | |
|--------------|----------------------------|-------|-------|-------|
| | 60 | 90 | 180 | 365 |
| 18 | 1.050 | 1.100 | 1.106 | 1.120 |
| 19 | 1.050 | 1.100 | 1.106 | 1.120 |
| 20 | 1.050 | 1.100 | 1.106 | 1.120 |
| 21 | 1.050 | 1.100 | 1.106 | 1.120 |
| 22 | 1.050 | 1.100 | 1.106 | 1.120 |
| 23 | 1.050 | 1.100 | 1.106 | 1.120 |
| 24 | 1.050 | 1.100 | 1.106 | 1.120 |
| 25 | 1.050 | 1.100 | 1.106 | 1.120 |
| 26 | 1.050 | 1.100 | 1.106 | 1.120 |
| 27 | 1.050 | 1.100 | 1.106 | 1.120 |
| 28 | 1.050 | 1.100 | 1.106 | 1.119 |
| 29 | 1.050 | 1.099 | 1.104 | 1.117 |
| 30 | 1.050 | 1.097 | 1.102 | 1.115 |
| 31 | 1.050 | 1.094 | 1.100 | 1.112 |
| 32 | 1.050 | 1.092 | 1.098 | 1.110 |
| 33 | 1.050 | 1.089 | 1.095 | 1.107 |
| 34 | 1.050 | 1.086 | 1.093 | 1.105 |
| 35 | 1.050 | 1.084 | 1.091 | 1.102 |
| 36 | 1.050 | 1.081 | 1.089 | 1.100 |
| 37 | 1.050 | 1.080 | 1.088 | 1.099 |
| 38 | 1.050 | 1.078 | 1.087 | 1.097 |
| 39 | 1.050 | 1.077 | 1.086 | 1.096 |
| 40 | 1.050 | 1.077 | 1.085 | 1.096 |
| 41 | 1.050 | 1.077 | 1.085 | 1.095 |
| 42 | 1.050 | 1.077 | 1.085 | 1.095 |
| 43 | 1.050 | 1.077 | 1.085 | 1.095 |
| 44 | 1.050 | 1.077 | 1.084 | 1.095 |
| 45 | 1.050 | 1.077 | 1.084 | 1.095 |
| 46 | 1.050 | 1.077 | 1.084 | 1.095 |
| 47 | 1.050 | 1.077 | 1.084 | 1.095 |
| 48 | 1.050 | 1.077 | 1.084 | 1.095 |
| 49 | 1.050 | 1.077 | 1.084 | 1.094 |
| 50 | 1.050 | 1.077 | 1.083 | 1.094 |
| 51 | 1.050 | 1.076 | 1.083 | 1.093 |
| 52 | 1.050 | 1.075 | 1.082 | 1.092 |
| 53 | 1.050 | 1.074 | 1.081 | 1.091 |
| 54 | 1.050 | 1.073 | 1.080 | 1.089 |
| 55 | 1.050 | 1.071 | 1.078 | 1.088 |
| 56 | 1.047 | 1.069 | 1.076 | 1.086 |
| 57 | 1.044 | 1.066 | 1.074 | 1.083 |
| 58 | 1.041 | 1.063 | 1.071 | 1.080 |
| 59 | 1.038 | 1.060 | 1.069 | 1.077 |
| 60 | 1.034 | 1.056 | 1.065 | 1.073 |
| 61 | 1.030 | 1.052 | 1.061 | 1.069 |

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0MV5
Cost-of-Living Adjustment (COLA) Rider
Multiplicative Rating Factor
Occupation Class 5
10 Year Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | |
|--------------|----------------------------|-------|-------|-------|
| | 60 | 90 | 180 | 365 |
| 18 | 1.065 | 1.169 | 1.198 | 1.222 |
| 19 | 1.065 | 1.169 | 1.198 | 1.222 |
| 20 | 1.065 | 1.169 | 1.198 | 1.222 |
| 21 | 1.065 | 1.169 | 1.198 | 1.222 |
| 22 | 1.065 | 1.169 | 1.198 | 1.222 |
| 23 | 1.065 | 1.169 | 1.198 | 1.222 |
| 24 | 1.065 | 1.169 | 1.198 | 1.222 |
| 25 | 1.065 | 1.169 | 1.198 | 1.222 |
| 26 | 1.065 | 1.168 | 1.195 | 1.219 |
| 27 | 1.065 | 1.166 | 1.192 | 1.216 |
| 28 | 1.065 | 1.165 | 1.190 | 1.213 |
| 29 | 1.065 | 1.163 | 1.188 | 1.211 |
| 30 | 1.065 | 1.162 | 1.186 | 1.208 |
| 31 | 1.065 | 1.160 | 1.184 | 1.206 |
| 32 | 1.065 | 1.159 | 1.181 | 1.204 |
| 33 | 1.065 | 1.157 | 1.179 | 1.201 |
| 34 | 1.065 | 1.156 | 1.178 | 1.200 |
| 35 | 1.065 | 1.154 | 1.176 | 1.198 |
| 36 | 1.065 | 1.153 | 1.174 | 1.196 |
| 37 | 1.065 | 1.152 | 1.173 | 1.194 |
| 38 | 1.065 | 1.150 | 1.171 | 1.192 |
| 39 | 1.065 | 1.149 | 1.170 | 1.191 |
| 40 | 1.065 | 1.148 | 1.168 | 1.189 |
| 41 | 1.065 | 1.146 | 1.167 | 1.187 |
| 42 | 1.065 | 1.145 | 1.165 | 1.185 |
| 43 | 1.065 | 1.143 | 1.163 | 1.183 |
| 44 | 1.065 | 1.142 | 1.161 | 1.181 |
| 45 | 1.065 | 1.140 | 1.160 | 1.179 |
| 46 | 1.065 | 1.138 | 1.157 | 1.177 |
| 47 | 1.065 | 1.136 | 1.155 | 1.174 |
| 48 | 1.065 | 1.134 | 1.153 | 1.172 |
| 49 | 1.065 | 1.132 | 1.150 | 1.169 |
| 50 | 1.065 | 1.130 | 1.147 | 1.166 |
| 51 | 1.065 | 1.127 | 1.144 | 1.162 |
| 52 | 1.065 | 1.124 | 1.141 | 1.158 |
| 53 | 1.065 | 1.120 | 1.137 | 1.154 |
| 54 | 1.065 | 1.116 | 1.132 | 1.149 |
| 55 | 1.065 | 1.112 | 1.127 | 1.143 |
| 56 | 1.059 | 1.107 | 1.124 | 1.139 |
| 57 | 1.056 | 1.101 | 1.118 | 1.133 |
| 58 | 1.052 | 1.094 | 1.110 | 1.124 |
| 59 | 1.047 | 1.086 | 1.100 | 1.112 |
| 60 | 1.041 | 1.075 | 1.087 | 1.098 |
| 61 | 1.033 | 1.061 | 1.071 | 1.079 |

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0MV5
Cost-of-Living Adjustment (COLA) Rider
Multiplicative Rating Factor
Occupation Class 5
To Age 67 Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | |
|--------------|----------------------------|-------|-------|-------|
| | 60 | 90 | 180 | 365 |
| 18 | 1.162 | 1.417 | 1.477 | 1.536 |
| 19 | 1.162 | 1.417 | 1.477 | 1.536 |
| 20 | 1.162 | 1.417 | 1.477 | 1.536 |
| 21 | 1.162 | 1.417 | 1.477 | 1.536 |
| 22 | 1.162 | 1.417 | 1.477 | 1.536 |
| 23 | 1.162 | 1.417 | 1.477 | 1.536 |
| 24 | 1.162 | 1.417 | 1.477 | 1.536 |
| 25 | 1.162 | 1.417 | 1.477 | 1.536 |
| 26 | 1.156 | 1.398 | 1.452 | 1.509 |
| 27 | 1.150 | 1.382 | 1.434 | 1.487 |
| 28 | 1.146 | 1.370 | 1.418 | 1.470 |
| 29 | 1.142 | 1.360 | 1.406 | 1.456 |
| 30 | 1.139 | 1.350 | 1.395 | 1.444 |
| 31 | 1.137 | 1.342 | 1.386 | 1.434 |
| 32 | 1.134 | 1.334 | 1.377 | 1.424 |
| 33 | 1.131 | 1.327 | 1.368 | 1.413 |
| 34 | 1.129 | 1.319 | 1.359 | 1.404 |
| 35 | 1.127 | 1.310 | 1.350 | 1.393 |
| 36 | 1.125 | 1.301 | 1.340 | 1.382 |
| 37 | 1.123 | 1.292 | 1.331 | 1.372 |
| 38 | 1.120 | 1.283 | 1.321 | 1.360 |
| 39 | 1.118 | 1.274 | 1.310 | 1.348 |
| 40 | 1.115 | 1.264 | 1.299 | 1.335 |
| 41 | 1.113 | 1.253 | 1.287 | 1.323 |
| 42 | 1.110 | 1.243 | 1.276 | 1.310 |
| 43 | 1.107 | 1.232 | 1.264 | 1.296 |
| 44 | 1.104 | 1.222 | 1.253 | 1.284 |
| 45 | 1.100 | 1.211 | 1.241 | 1.270 |
| 46 | 1.097 | 1.201 | 1.229 | 1.257 |
| 47 | 1.094 | 1.191 | 1.218 | 1.245 |
| 48 | 1.091 | 1.181 | 1.207 | 1.232 |
| 49 | 1.087 | 1.171 | 1.195 | 1.219 |
| 50 | 1.084 | 1.162 | 1.184 | 1.207 |
| 51 | 1.080 | 1.152 | 1.174 | 1.195 |
| 52 | 1.076 | 1.143 | 1.163 | 1.183 |
| 53 | 1.072 | 1.133 | 1.152 | 1.171 |
| 54 | 1.067 | 1.124 | 1.142 | 1.159 |
| 55 | 1.063 | 1.115 | 1.132 | 1.148 |
| 56 | 1.059 | 1.107 | 1.123 | 1.139 |
| 57 | 1.056 | 1.101 | 1.118 | 1.133 |
| 58 | 1.052 | 1.094 | 1.110 | 1.124 |
| 59 | 1.047 | 1.086 | 1.100 | 1.112 |
| 60 | 1.041 | 1.075 | 1.087 | 1.098 |
| 61 | 1.033 | 1.061 | 1.071 | 1.079 |

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0MV6
Social Insurance Supplement (SIS) Benefits Rider
Tobacco Annual Premiums per \$100 Monthly Benefit
Occupation Class 5
2 Year Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | |
|-----------|----------------------------|-------|-------|-------|
| | 60 | 90 | 180 | 365 |
| 18 | 20.42 | 8.84 | 7.79 | 6.93 |
| 19 | 20.42 | 8.84 | 7.79 | 6.93 |
| 20 | 20.42 | 8.84 | 7.79 | 6.93 |
| 21 | 20.42 | 8.84 | 7.79 | 6.93 |
| 22 | 20.42 | 8.84 | 7.79 | 6.93 |
| 23 | 20.44 | 8.84 | 7.79 | 6.93 |
| 24 | 20.45 | 8.84 | 7.79 | 6.93 |
| 25 | 20.43 | 8.84 | 7.79 | 6.93 |
| 26 | 20.49 | 8.93 | 7.92 | 7.04 |
| 27 | 20.51 | 9.06 | 8.10 | 7.20 |
| 28 | 20.47 | 9.24 | 8.31 | 7.40 |
| 29 | 20.45 | 9.47 | 8.57 | 7.63 |
| 30 | 20.43 | 9.73 | 8.88 | 7.90 |
| 31 | 20.44 | 10.02 | 9.22 | 8.20 |
| 32 | 21.28 | 10.48 | 9.59 | 8.53 |
| 33 | 22.20 | 10.98 | 10.00 | 8.91 |
| 34 | 23.20 | 11.52 | 10.45 | 9.31 |
| 35 | 24.25 | 12.11 | 10.93 | 9.73 |
| 36 | 25.30 | 12.73 | 11.45 | 10.20 |
| 37 | 26.35 | 13.38 | 12.01 | 10.68 |
| 38 | 27.40 | 14.06 | 12.59 | 11.21 |
| 39 | 28.40 | 14.77 | 13.22 | 11.76 |
| 40 | 29.34 | 15.50 | 13.87 | 12.34 |
| 41 | 30.23 | 16.27 | 14.57 | 12.97 |
| 42 | 31.07 | 17.07 | 15.31 | 13.63 |
| 43 | 31.89 | 17.90 | 16.09 | 14.32 |
| 44 | 32.67 | 18.77 | 16.91 | 15.06 |
| 45 | 33.44 | 19.67 | 17.78 | 15.83 |
| 46 | 34.23 | 20.63 | 18.70 | 16.65 |
| 47 | 35.07 | 21.64 | 19.68 | 17.51 |
| 48 | 36.00 | 22.72 | 20.70 | 18.43 |
| 49 | 37.07 | 23.86 | 21.79 | 19.39 |
| 50 | 38.31 | 25.09 | 22.95 | 20.42 |
| 51 | 39.80 | 26.41 | 24.16 | 21.50 |
| 52 | 41.59 | 27.84 | 25.46 | 22.65 |
| 53 | 43.75 | 29.38 | 26.82 | 23.87 |
| 54 | 46.35 | 31.05 | 28.28 | 25.16 |
| 55 | 49.48 | 32.87 | 29.81 | 26.53 |
| 56 | 53.37 | 34.95 | 31.70 | 28.21 |
| 57 | 57.93 | 37.18 | 33.73 | 30.02 |
| 58 | 63.25 | 39.58 | 35.90 | 31.95 |
| 59 | 69.41 | 42.16 | 38.25 | 34.04 |
| 60 | 76.52 | 44.94 | 40.76 | 36.28 |
| 61 | 84.68 | 47.92 | 43.47 | 38.69 |

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0MV6
Social Insurance Supplement (SIS) Benefits Rider
Tobacco Annual Premiums per \$100 Monthly Benefit
Occupation Class 5
5 Year Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | |
|-----------|----------------------------|-------|-------|-------|
| | 60 | 90 | 180 | 365 |
| 18 | 21.13 | 9.78 | 8.51 | 7.57 |
| 19 | 21.13 | 9.78 | 8.51 | 7.57 |
| 20 | 21.13 | 9.78 | 8.51 | 7.57 |
| 21 | 21.13 | 9.78 | 8.51 | 7.57 |
| 22 | 21.13 | 9.78 | 8.51 | 7.57 |
| 23 | 21.15 | 9.78 | 8.51 | 7.57 |
| 24 | 21.16 | 9.78 | 8.51 | 7.57 |
| 25 | 21.14 | 9.78 | 8.51 | 7.57 |
| 26 | 21.26 | 10.11 | 9.04 | 8.04 |
| 27 | 21.36 | 10.48 | 9.53 | 8.48 |
| 28 | 21.38 | 10.89 | 9.98 | 8.89 |
| 29 | 21.43 | 11.34 | 10.42 | 9.27 |
| 30 | 21.49 | 11.83 | 10.85 | 9.66 |
| 31 | 22.52 | 12.38 | 11.30 | 10.06 |
| 32 | 23.73 | 12.97 | 11.77 | 10.48 |
| 33 | 25.06 | 13.61 | 12.27 | 10.92 |
| 34 | 26.48 | 14.31 | 12.81 | 11.41 |
| 35 | 27.97 | 15.07 | 13.41 | 11.93 |
| 36 | 29.49 | 15.90 | 14.06 | 12.52 |
| 37 | 31.03 | 16.78 | 14.78 | 13.16 |
| 38 | 32.57 | 17.74 | 15.58 | 13.87 |
| 39 | 34.09 | 18.77 | 16.46 | 14.64 |
| 40 | 35.57 | 19.88 | 17.41 | 15.50 |
| 41 | 37.02 | 21.06 | 18.46 | 16.43 |
| 42 | 38.45 | 22.34 | 19.60 | 17.44 |
| 43 | 39.89 | 23.70 | 20.84 | 18.54 |
| 44 | 41.33 | 25.15 | 22.17 | 19.73 |
| 45 | 42.80 | 26.70 | 23.59 | 21.00 |
| 46 | 44.34 | 28.35 | 25.12 | 22.36 |
| 47 | 45.99 | 30.11 | 26.74 | 23.79 |
| 48 | 47.80 | 31.98 | 28.45 | 25.32 |
| 49 | 49.83 | 33.97 | 30.25 | 26.93 |
| 50 | 52.13 | 36.08 | 32.14 | 28.61 |
| 51 | 54.76 | 38.31 | 34.11 | 30.36 |
| 52 | 57.82 | 40.67 | 36.16 | 32.18 |
| 53 | 61.37 | 43.17 | 38.28 | 34.07 |
| 54 | 65.51 | 45.81 | 40.47 | 36.02 |
| 55 | 70.33 | 48.60 | 42.71 | 38.01 |
| 56 | 76.15 | 51.68 | 45.12 | 40.16 |
| 57 | 82.82 | 54.89 | 47.54 | 42.31 |
| 58 | 90.43 | 58.22 | 49.95 | 44.46 |
| 59 | 99.11 | 61.67 | 52.34 | 46.58 |
| 60 | 108.96 | 65.25 | 54.68 | 48.66 |
| 61 | 120.10 | 68.93 | 56.95 | 50.68 |

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0MV6
Social Insurance Supplement (SIS) Benefits Rider
Tobacco Annual Premiums per \$100 Monthly Benefit
Occupation Class 5
10 Year Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | |
|-----------|----------------------------|-------|-------|-------|
| | 60 | 90 | 180 | 365 |
| 18 | 33.45 | 12.26 | 10.30 | 9.17 |
| 19 | 33.45 | 12.26 | 10.30 | 9.17 |
| 20 | 33.45 | 12.26 | 10.30 | 9.17 |
| 21 | 33.45 | 12.26 | 10.30 | 9.17 |
| 22 | 33.45 | 12.26 | 10.30 | 9.17 |
| 23 | 33.48 | 12.26 | 10.30 | 9.17 |
| 24 | 33.48 | 12.26 | 10.30 | 9.17 |
| 25 | 33.46 | 12.26 | 10.30 | 9.17 |
| 26 | 35.15 | 13.13 | 11.09 | 9.87 |
| 27 | 36.59 | 13.87 | 11.77 | 10.48 |
| 28 | 37.81 | 14.52 | 12.36 | 11.00 |
| 29 | 38.94 | 15.11 | 12.89 | 11.47 |
| 30 | 40.00 | 15.66 | 13.39 | 11.92 |
| 31 | 41.04 | 16.20 | 13.87 | 12.35 |
| 32 | 42.08 | 16.76 | 14.37 | 12.79 |
| 33 | 43.15 | 17.36 | 14.89 | 13.26 |
| 34 | 44.29 | 18.01 | 15.46 | 13.76 |
| 35 | 45.53 | 18.74 | 16.09 | 14.32 |
| 36 | 46.90 | 19.55 | 16.80 | 14.94 |
| 37 | 48.41 | 20.46 | 17.58 | 15.65 |
| 38 | 50.10 | 21.48 | 18.45 | 16.42 |
| 39 | 51.93 | 22.60 | 19.43 | 17.29 |
| 40 | 53.93 | 23.86 | 20.50 | 18.24 |
| 41 | 56.08 | 25.22 | 21.67 | 19.29 |
| 42 | 58.39 | 26.72 | 22.96 | 20.43 |
| 43 | 60.87 | 28.32 | 24.33 | 21.65 |
| 44 | 63.48 | 30.03 | 25.80 | 22.96 |
| 45 | 66.21 | 31.85 | 27.37 | 24.35 |
| 46 | 69.04 | 33.75 | 29.00 | 25.81 |
| 47 | 71.97 | 35.74 | 30.71 | 27.33 |
| 48 | 74.95 | 37.79 | 32.47 | 28.90 |
| 49 | 77.96 | 39.88 | 34.27 | 30.50 |
| 50 | 80.98 | 41.99 | 36.10 | 32.12 |
| 51 | 83.96 | 44.11 | 37.92 | 33.75 |
| 52 | 86.89 | 46.21 | 39.72 | 35.35 |
| 53 | 89.69 | 48.24 | 41.48 | 36.91 |
| 54 | 92.35 | 50.20 | 43.17 | 38.42 |
| 55 | 94.81 | 52.04 | 44.76 | 39.83 |
| 56 | 97.33 | 53.89 | 46.35 | 41.26 |
| 57 | 99.47 | 55.52 | 47.75 | 42.51 |
| 58 | 103.55 | 58.22 | 50.08 | 44.57 |
| 59 | 108.97 | 61.67 | 53.05 | 47.22 |
| 60 | 116.64 | 65.25 | 55.01 | 48.97 |
| 61 | 124.53 | 68.93 | 57.03 | 50.76 |

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0MV6
Social Insurance Supplement (SIS) Benefits Rider
Tobacco Annual Premiums per \$100 Monthly Benefit
Occupation Class 5
To Age 67 Benefit Period

Unisex

| Issue Age | Elimination Periods (Days) | | | |
|-----------|----------------------------|-------|-------|-------|
| | 60 | 90 | 180 | 365 |
| 18 | 40.46 | 15.17 | 13.03 | 11.60 |
| 19 | 40.46 | 15.17 | 13.03 | 11.60 |
| 20 | 40.46 | 15.17 | 13.03 | 11.60 |
| 21 | 40.46 | 15.17 | 13.03 | 11.60 |
| 22 | 40.46 | 15.17 | 13.03 | 11.60 |
| 23 | 40.48 | 15.17 | 13.03 | 11.60 |
| 24 | 40.48 | 15.17 | 13.03 | 11.60 |
| 25 | 40.47 | 15.17 | 13.03 | 11.60 |
| 26 | 41.98 | 15.86 | 13.68 | 12.17 |
| 27 | 43.40 | 16.51 | 14.29 | 12.71 |
| 28 | 44.70 | 17.15 | 14.87 | 13.23 |
| 29 | 45.99 | 17.78 | 15.45 | 13.75 |
| 30 | 47.28 | 18.43 | 16.02 | 14.26 |
| 31 | 48.57 | 19.09 | 16.62 | 14.79 |
| 32 | 49.88 | 19.79 | 17.23 | 15.33 |
| 33 | 51.20 | 20.53 | 17.87 | 15.90 |
| 34 | 52.56 | 21.32 | 18.55 | 16.51 |
| 35 | 53.97 | 22.16 | 19.27 | 17.15 |
| 36 | 55.44 | 23.07 | 20.04 | 17.84 |
| 37 | 56.99 | 24.04 | 20.86 | 18.57 |
| 38 | 58.62 | 25.07 | 21.74 | 19.35 |
| 39 | 60.31 | 26.17 | 22.68 | 20.18 |
| 40 | 62.05 | 27.35 | 23.67 | 21.06 |
| 41 | 63.85 | 28.59 | 24.72 | 22.00 |
| 42 | 65.71 | 29.90 | 25.82 | 22.98 |
| 43 | 67.64 | 31.26 | 26.98 | 24.01 |
| 44 | 69.60 | 32.69 | 28.18 | 25.08 |
| 45 | 71.58 | 34.17 | 29.43 | 26.19 |
| 46 | 73.58 | 35.69 | 30.72 | 27.34 |
| 47 | 75.59 | 37.25 | 32.04 | 28.52 |
| 48 | 77.60 | 38.83 | 33.38 | 29.71 |
| 49 | 79.59 | 40.43 | 34.74 | 30.92 |
| 50 | 81.65 | 42.07 | 36.14 | 32.17 |
| 51 | 84.61 | 44.21 | 37.96 | 33.79 |
| 52 | 87.46 | 46.30 | 39.75 | 35.38 |
| 53 | 90.19 | 48.35 | 41.50 | 36.94 |
| 54 | 92.74 | 50.30 | 43.18 | 38.43 |
| 55 | 95.10 | 52.14 | 44.76 | 39.84 |
| 56 | 97.53 | 53.98 | 46.35 | 41.26 |
| 57 | 99.47 | 55.52 | 47.75 | 42.51 |
| 58 | 103.55 | 58.22 | 50.08 | 44.57 |
| 59 | 108.97 | 61.67 | 53.05 | 47.22 |
| 60 | 116.64 | 65.25 | 55.01 | 48.97 |
| 61 | 124.53 | 68.93 | 57.03 | 50.76 |

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form OMV7
Hospital Confinement Indemnity Benefits Rider
Tobacco Annual Premiums by Daily Benefit Amount
All Occupation Classes

Unisex

| Issue Age | Daily Benefit Amount | | | |
|-----------|----------------------|--------|--------|--------|
| | 125 | 250 | 350 | 500 |
| 18 | 32.94 | 67.19 | 95.91 | 139.64 |
| 19 | 32.94 | 67.19 | 95.91 | 139.64 |
| 20 | 32.94 | 67.19 | 95.91 | 139.64 |
| 21 | 32.94 | 67.19 | 95.91 | 139.64 |
| 22 | 32.94 | 67.19 | 95.91 | 139.64 |
| 23 | 32.94 | 67.19 | 95.91 | 139.64 |
| 24 | 32.94 | 67.19 | 95.91 | 139.64 |
| 25 | 32.94 | 67.19 | 95.91 | 139.64 |
| 26 | 33.95 | 69.26 | 98.87 | 143.96 |
| 27 | 34.91 | 71.22 | 101.65 | 148.02 |
| 28 | 35.83 | 73.10 | 104.35 | 151.93 |
| 29 | 36.75 | 74.98 | 107.03 | 155.84 |
| 30 | 37.70 | 76.92 | 109.80 | 159.87 |
| 31 | 38.71 | 78.96 | 112.72 | 164.12 |
| 32 | 39.78 | 81.17 | 115.87 | 168.70 |
| 33 | 40.97 | 83.57 | 119.31 | 173.72 |
| 34 | 42.27 | 86.23 | 123.09 | 179.23 |
| 35 | 43.80 | 89.34 | 127.54 | 185.70 |
| 36 | 45.64 | 93.12 | 132.94 | 193.56 |
| 37 | 47.69 | 97.28 | 138.88 | 202.21 |
| 38 | 49.93 | 101.87 | 145.42 | 211.73 |
| 39 | 52.40 | 106.89 | 152.59 | 222.18 |
| 40 | 55.09 | 112.38 | 160.43 | 233.60 |
| 41 | 58.02 | 118.37 | 168.98 | 246.03 |
| 42 | 61.21 | 124.86 | 178.24 | 259.52 |
| 43 | 64.64 | 131.87 | 188.25 | 274.09 |
| 44 | 68.34 | 139.42 | 199.01 | 289.77 |
| 45 | 72.03 | 146.95 | 209.76 | 305.42 |
| 46 | 75.71 | 154.45 | 220.48 | 321.02 |
| 47 | 79.59 | 162.37 | 231.79 | 337.49 |
| 48 | 83.68 | 170.70 | 243.67 | 354.80 |
| 49 | 87.95 | 179.41 | 256.10 | 372.90 |
| 50 | 92.39 | 188.48 | 269.04 | 391.74 |
| 51 | 97.00 | 197.88 | 282.46 | 411.28 |
| 52 | 101.76 | 207.58 | 296.32 | 431.45 |
| 53 | 106.65 | 217.55 | 310.55 | 452.18 |
| 54 | 111.65 | 227.76 | 325.12 | 473.38 |
| 55 | 117.11 | 238.90 | 341.02 | 496.54 |
| 56 | 128.18 | 261.48 | 373.26 | 543.47 |
| 57 | 140.38 | 286.37 | 408.77 | 595.19 |
| 58 | 153.84 | 313.84 | 447.98 | 652.28 |
| 59 | 168.74 | 344.24 | 491.37 | 715.46 |
| 60 | 175.67 | 358.37 | 511.56 | 744.85 |
| 61 | 182.57 | 372.45 | 531.64 | 774.09 |

OMV7 AR BASE RATE 07/01/2010 0001

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0MV8
Critical Illness Benefits Rider
Tobacco Annual Premiums by Benefit Amount
All Occupation Classes

Unisex

| Issue Age | Benefit Amount | | | |
|--------------|----------------|--------|--------|----------|
| | 5,000 | 10,000 | 15,000 | 25,000 |
| 18 | 42.56 | 86.77 | 132.70 | 225.44 |
| 19 | 42.56 | 86.77 | 132.70 | 225.44 |
| 20 | 42.56 | 86.77 | 132.70 | 225.44 |
| 21 | 42.56 | 86.77 | 132.70 | 225.44 |
| 22 | 42.56 | 86.77 | 132.70 | 225.44 |
| 23 | 42.56 | 86.77 | 132.70 | 225.44 |
| 24 | 42.56 | 86.77 | 132.70 | 225.44 |
| 25 | 42.56 | 86.77 | 132.70 | 225.44 |
| 26 | 44.92 | 91.59 | 140.07 | 237.95 |
| 27 | 47.22 | 96.30 | 147.30 | 250.21 |
| 28 | 49.55 | 101.03 | 154.52 | 262.50 |
| 29 | 51.90 | 105.86 | 161.90 | 275.01 |
| 30 | 54.37 | 110.86 | 169.57 | 288.05 |
| 31 | 56.95 | 116.17 | 177.66 | 301.81 |
| 32 | 59.72 | 121.80 | 186.26 | 316.41 |
| 33 | 62.65 | 127.81 | 195.49 | 332.13 |
| 34 | 65.86 | 134.34 | 205.46 | 349.04 |
| 35 | 69.30 | 141.37 | 216.23 | 367.31 |
| 36 | 73.02 | 148.98 | 227.85 | 387.06 |
| 37 | 77.04 | 157.16 | 240.38 | 408.34 |
| 38 | 81.36 | 166.00 | 253.89 | 431.31 |
| 39 | 86.01 | 175.48 | 268.39 | 455.94 |
| 40 | 91.01 | 185.63 | 283.92 | 482.31 |
| 41 | 96.29 | 196.45 | 300.47 | 510.45 |
| 42 | 101.96 | 207.96 | 318.08 | 540.34 |
| 43 | 107.90 | 220.15 | 336.69 | 571.96 |
| 44 | 114.21 | 232.99 | 356.34 | 605.31 |
| 45 | 120.80 | 246.44 | 376.91 | 640.29 |
| 46 | 127.69 | 260.51 | 398.42 | 676.82 |
| 47 | 134.89 | 275.16 | 420.81 | 714.85 |
| 48 | 142.31 | 290.31 | 443.97 | 754.22 |
| 49 | 149.97 | 305.95 | 467.90 | 794.85 |
| 50 | 157.85 | 321.97 | 492.45 | 836.53 |
| 51 | 165.88 | 338.36 | 517.50 | 879.10 |
| 52 | 174.06 | 355.05 | 543.01 | 922.43 |
| 53 | 182.32 | 371.91 | 568.79 | 966.23 |
| 54 | 190.62 | 388.88 | 594.75 | 1,010.34 |
| 55 | 198.96 | 405.89 | 620.73 | 1,054.46 |
| 56 | 210.96 | 430.36 | 658.18 | 1,118.03 |
| 57 | 223.28 | 455.54 | 696.66 | 1,183.44 |
| 58 | 235.91 | 481.28 | 736.06 | 1,250.38 |
| 59 | 248.78 | 507.58 | 776.28 | 1,318.64 |
| 60 | 261.84 | 534.20 | 817.05 | 1,387.90 |
| 61 | 269.74 | 550.29 | 841.63 | 1,429.65 |

0MV8 AR BASE RATE 07/01/2010 0001

SERFF Tracking Number: MUTM-126712245 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
 Company Tracking Number: MELANIE SCHULTZ
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Disability Income Insurance
 Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M

Supporting Document Schedules

| | Item Status: | Status Date: |
|---|---------------------|---------------------|
| Satisfied - Item: Flesch Certification | Approved-Closed | 08/06/2010 |
| Comments: | | |
| Attachment: AR Read Cert.pdf | | |

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| Satisfied - Item: Application | Approved-Closed | 08/06/2010 |
| Comments: Please see applications attached under the Forms Schedule tab. | | |

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| Satisfied - Item: Outline of Coverage | Approved-Closed | 08/06/2010 |
| Comments: Please see outlines of coverage attached under the forms schedule tab. | | |

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| Satisfied - Item: Credit Card Certification | Approved-Closed | 08/06/2010 |
| Comments: | | |
| Attachment: AR Credit Card Cert.pdf | | |

| | Item Status: | Status Date: |
|---|---------------------|---------------------|
| Satisfied - Item: Certificate of Compliance with Rule 19 | Approved-Closed | 08/06/2010 |
| Comments: | | |
| Attachment: | | |

SERFF Tracking Number: MUTM-126712245 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
Company Tracking Number: MELANIE SCHULTZ
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Disability Income Insurance
Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M
AR Certif of Compliance with Rule 19 rev 06.24.1010.pdf

| | Item Status: | Status |
|---|---------------------|-------------------------|
| Satisfied - Item: Memorandums of Variable Material | Approved-Closed | Date: 08/06/2010 |
| Comments: | | |
| Attachments: | | |
| MA5962-03 Memo of Variability.pdf | | |
| MA5964-03 Memo of Variability.pdf | | |

CERTIFICATION

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

| <u>Form</u> | <u>Description</u> | <u>Score</u> |
|--|---|--------------|
| D81M-[22915, 22916, 22917, 22918, 22919] | LTD Income Policy | 40.4 |
| D82M-[22920, 22921, 22922, 22923, 22924] | STD Income Policy | 41.7 |
| D83M-[22925, 22926, 22927, 22928, 22929] | Accident-Only STD Policy | 44.9 |
| OMV4M | Future Insurability Option Rider | 53.6 |
| OMV5M | Cost-of-Living Adj. Rider | 46.3 |
| OMV6M | SIS (Social Ins. Supp.) Ben. Rider | 40.8 |
| OMV7M | Hosp. Conf. Indemnity Ben. Rider | 42.4 |
| OMV8M | Critical Illness Benefits Rider | 40.5 |
| OMV9M | Benefit Increase Rider | 50.3 |
| OMW1M | Discretionary Authority Rider | 40* |
| M27508 | Outline of Coverage for D81M | 40* |
| M27509 | Outline of Coverage for D82M | 40* |
| M27510 | Outline of Coverage for D83M | 40* |
| MA5962-03 | Application for Disability Income Insurance | 40* |
| MA5964-03 | Conversion Application for Disability Income Ins. | 40* |

*when scored with base policy

Date: July 16, 2010



Daniel J. Kennelly
Vice President & Chief Compliance Officer

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.



SIGNATURE

July 16, 2010

DATE

Mutual of Omaha Insurance Company

COMPANY

CC-1

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Mutual of Omaha Insurance Company

Form Number(s): D81M-[22915, 22916, 22917, 22918, 22919],
D82M-[22920, 22921, 22922, 22923, 22924],
D83M-[22925, 22926, 22927, 22928, 22929], OMV4M,
OMV5M, OMV6M, OMV7M, OMV8M, OMV9M, OMW1M,
MA5962-03, MA5964-03, M27508, M27509, M27510

I hereby certify, to the best of my knowledge and belief, that the filing above meets the requirements of
Arkansas Rule and Regulation 19, Unfair Sex Discrimination In The Sale of Insurance.



Signature of Company Officer

Daniel J. Kennelly

Name

Vice President & Chief Compliance Officer

Title

July 16, 2010

Date

Memorandum of Variability
Explanation of Variable Statements and Fields
For Mutual of Omaha Insurance Company
Application Form
MA5962-03

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 letters bracketed represent section numbers, **[B]** etc. The section numbers are subject to change based on the different sections of the application that may vary depending on marketing layout.

| PAGE 1 | |
|---|--|
| <i>Variable Statements/Fields</i> | <i>How or When Used</i> |
| 1 <input type="checkbox"/> ACCIDENT ONLY DISABILITY INSURANCE 2 <input type="checkbox"/> SHORT-TERM DISABILITY INSURANCE | Either 1 or 2 will print depending on marketing layout. |
| 3 [Underwriting Program: <input type="checkbox"/> Guaranteed Standard Issue(GSI)] <input type="checkbox"/> Simplified Issue (SI)] | Ether 1 or 2 will print depending on marketing layout. |
| 4 [E-mail address] | Will print depending on marketing layout. |
| 5 <input type="checkbox"/> Other (Please explain)] | Will print depending on marketing layout. |
| PAGE 2 | |
| 6 [SECTION [B] Complete for Guaranteed Standard Issue (GSI) or Simplified Issue (SI)] | Entire section will print or will be excluded depending on marketing layout. The "Do you have any part-time or off-season occupation?" question will not be asked unless claims experience is poor. |
| 7 [SECTION [C] Complete only if applying for Simplified Issue Accident Only Disability insurance] | Entire section will print or will be excluded depending on marketing layout. |
| PAGE 3 | |
| 8 [SECTION [D] Complete only if applying for Simplified Issue SHORT-TERM DISABILITY or LONG-TERM DISABILITY] | Entire section will print or will be excluded depending on marketing layout. The "Are you pregnant?" question will not be asked unless claims experience is poor. |
| PAGE 4 | |
| 9 [ACCIDENT ONLY DISABILITY INSURANCE Monthly Benefit Amount \$ _____ Elimination Period: <input type="checkbox"/> 0 Days] <input type="checkbox"/> 7 Days] <input type="checkbox"/> 14 Days] <input type="checkbox"/> 30 Days] <input type="checkbox"/> 60 Days] <input type="checkbox"/> 90 Days] Benefit Period: <input type="checkbox"/> 3 Months] <input type="checkbox"/> 6 Months] <input type="checkbox"/> 12 Months] <input type="checkbox"/> 24 Months] Optional Riders: <input type="checkbox"/> Hospital Confinement Accident Indemnity Benefit Rider <input type="checkbox"/> \$125] <input type="checkbox"/> \$250] <input type="checkbox"/> \$350] <input type="checkbox"/> \$500]] <input type="checkbox"/> Accident Medical Expense Rider Maximum Benefit: <input type="checkbox"/> \$0,000] <input type="checkbox"/> \$0,000] <input type="checkbox"/> \$0,000] <input type="checkbox"/> \$00,000]]] | The entire block is variable and within the block certain options are variable and will print depending on marketing and printing layout. For the Accident Medical Expense Rider, we will offer benefit amounts anywhere from \$1,000 to \$10,000, in increments of \$500. The Elimination Period is the initial number of days of total disability or partial disability that must pass before benefits are available. The Benefit Period is the maximum length of time total disability benefits or partial disability benefits are payable. For the optional riders, a combination will |

| | |
|--|---|
| | print depending on a range of benefits offered. |
| <p>10 [SHORT-TERM DISABILITY INSURANCE Monthly Benefit Amount \$ _____ Elimination Period [Accident/Sickness]: <input type="checkbox"/> 0/7 Days] <input type="checkbox"/> 7 Days] <input type="checkbox"/> 0/14 Days] <input type="checkbox"/> 14 Days] <input type="checkbox"/> 30 Days] <input type="checkbox"/> 60 Days] <input type="checkbox"/> 90 Days] Benefit Period: <input type="checkbox"/> 3 Months] <input type="checkbox"/> 6 Months] <input type="checkbox"/> 12 Months] <input type="checkbox"/> 24 Months] Optional Riders: <input type="checkbox"/> Hospital Confinement Indemnity Benefits Rider <input type="checkbox"/> \$125] <input type="checkbox"/> \$250] <input type="checkbox"/> \$350] <input type="checkbox"/> \$500]] <input type="checkbox"/> Critical Illness Benefits Rider (check one option) <input type="checkbox"/> \$5,000] <input type="checkbox"/> \$10,000] <input type="checkbox"/> \$15,000] <input type="checkbox"/> \$25,000]]]</p> | <p>The entire block is variable and within the block certain options are variable and will print depending on marketing and printing layout. The Elimination Period is the initial number of days of total disability or partial disability that must pass before benefits are available. The Benefit Period is the maximum length of time total disability benefits or partial disability benefits are payable. For the optional riders, a combination will print depending on a range of benefits offered.</p> |
| <p>11 [LONG-TERM DISABILITY INSURANCE Monthly Benefit Amount \$ _____ [SIS Monthly Benefit Amount \$ _____] Elimination Period: <input type="checkbox"/> 60 Days] <input type="checkbox"/> 90 Days] <input type="checkbox"/> 180 Days] <input type="checkbox"/> 365 Days] Benefit Period: <input type="checkbox"/> 2 Years] <input type="checkbox"/> 5 Years] <input type="checkbox"/> 10 Years] <input type="checkbox"/> To Age 67] Optional Riders: <input type="checkbox"/> SIS (Social Insurance Supplement) Benefits Rider Do you have any dependent children age 17 or under? <input type="checkbox"/> yes or <input type="checkbox"/> No Are you covered under the Social Security Act? <input type="checkbox"/> yes or <input type="checkbox"/> No] <input type="checkbox"/> Hospital Confinement Indemnity Benefits Rider (check one option) <input type="checkbox"/> \$125] <input type="checkbox"/> \$250] <input type="checkbox"/> \$350] <input type="checkbox"/> \$500]] <input type="checkbox"/> Critical Illness Benefits Rider (check one option) <input type="checkbox"/> \$5,000] <input type="checkbox"/> \$10,000] <input type="checkbox"/> \$15,000] <input type="checkbox"/> \$25,000]]] <input type="checkbox"/> Extended Proportionate Disability Benefits Rider] <input type="checkbox"/> Future Purchase Option (FIPO) Rider] <input type="checkbox"/> Extended Own.-Occ Disability Defin. Amend. Rider] <input type="checkbox"/> Non-Cancellable Amendment Rider] <input type="checkbox"/> Cost-of-Living Adjustment (COLA) Rider]]]</p> | <p>The entire block is variable and within the block certain options are variable and will print depending on marketing and printing layout. The Elimination Period is the initial number of days of total disability or partial disability that must pass before benefits are available. The Benefit Period is the maximum length of time total disability benefits or partial disability benefits are payable. For the optional riders, a combination will print depending on a range of benefits offered.</p> |
| PAGE 5 | |
| <p>12 [1.] [No Cash With App (Effective Date = Issue Date). . .] [2.] [Cash With App (Effective Date = Application Date)...]</p> | <p>The number for each billing option may vary depending on marketing layout. A combination of billing options will print if more than one payment method is provided depending on marketing layout. The number of months premium to be collected is variable.</p> |
| <p>13 [3.] [Payroll Deduction (PRD) / Employer List Bill] [Requested Effective Date]</p> | <p>Will print depending on payment method offered.</p> |
| <p>14 <input type="checkbox"/> Bill Me Direct <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual]</p> | <p>Will print depending on payment method offered.</p> |
| <p>15 [4.] [Credit Card <input type="checkbox"/> By signing this application, I authorize the initial premium for this coverage to be automatically billed...] [Renewal Premiums: <input type="checkbox"/> [Monthly] [BSP] <input type="checkbox"/> Quarterly</p> | <p>A combination will print depending on payment method.</p> |

| | |
|---|--|
| <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual]] <input type="checkbox"/> By signing this application, I authorize the renewal premiums for this coverage to be automatically billed...] | |
|---|--|

PAGE 7

| | |
|--|---|
| <p>16 [I/We certify that during an interview with the Proposed Insured(s), I/We asked each question exactly as written and recorded the answers provided by the Proposed Insured(s) completely and accurately. <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain.) _____ I conducted said interview in person <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain.) _____]</p> | <p>This certification will print when a paper application is used for an agent face-to-face interview or for a full e-application.</p> |
| <p>17 [I/We certify that I/we recorded completely and accurately the answers provided by the Proposed Insured(s), during an interview..... <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain.) _____ I conducted said interview in person <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain.) _____]</p> | <p>This certification will print for a fulfillment center (aka drop ticked) process. This language allows us to have an interview that is not face-to-face and it allows for an agent to leave some of the questions blank.</p> |

Memorandum of Variability
Explanation of Variable Statements and Fields
For Mutual of Omaha Insurance Company
Application Form
MA5964-03

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 letters bracketed represent section numbers, **[B]** etc. The section numbers are subject to change based on the different sections of the application that may vary depending on marketing layout.

| PAGE 1 | |
|--|---|
| <i>Variable Statements/Fields</i> | <i>How or When Used</i> |
| 1 [E-mail address] | Will print depending on marketing layout. |
| PAGE 2 | |
| 2 [ACCIDENT ONLY DISABILITY INSURANCE Monthly Benefit Amount \$ _____ Elimination Period: [<input type="checkbox"/> 0 Days] [<input type="checkbox"/> 7 Days] [<input type="checkbox"/> 14 Days] <input type="checkbox"/> 30 Days] [<input type="checkbox"/> 60 Days] [<input type="checkbox"/> 90 Days] Benefit Period: [<input type="checkbox"/> 3 Months] [<input type="checkbox"/> 6 Months] [<input type="checkbox"/> 12 Months] <input type="checkbox"/> 24 Months] Optional Riders: <input type="checkbox"/> Hospital Confinement Accident Indemnity Benefit Rider <input type="checkbox"/> \$125] [<input type="checkbox"/> \$250] [<input type="checkbox"/> \$350] [<input type="checkbox"/> \$500]] <input type="checkbox"/> Accident Medical Expense Rider Maximum Benefit: [<input type="checkbox"/> \$0,000] [<input type="checkbox"/> \$0,000] [<input type="checkbox"/> \$0,000] [<input type="checkbox"/> \$00,000]]] | <p>The entire block is variable and within the block certain options are variable and will print depending on marketing and printing layout.</p> <p>For the Accident Medical Expense Rider, we will offer benefit amounts anywhere from \$1,000 to \$10,000, in increments of \$500.</p> <p>The Elimination Period is the initial number of days of total disability or partial disability that must pass before benefits are available.</p> <p>The Benefit Period is the maximum length of time total disability benefits or partial disability benefits are payable.</p> <p>For the optional riders, a combination will print depending on a range of benefits offered.</p> |
| 3 [SHORT-TERM DISABILITY INSURANCE Monthly Benefit Amount \$ _____ Elimination Period [Accident/Sickness]: [<input type="checkbox"/> 0/7 Days] <input type="checkbox"/> 7 Days] [<input type="checkbox"/> 0/14 Days] [<input type="checkbox"/> 14 Days] [<input type="checkbox"/> 30 Days] <input type="checkbox"/> 60 Days] [<input type="checkbox"/> 90 Days] Benefit Period: [<input type="checkbox"/> 3 Months] [<input type="checkbox"/> 6 Months] [<input type="checkbox"/> 12 Months] <input type="checkbox"/> 24 Months] Optional Riders: <input type="checkbox"/> Hospital Confinement Indemnity Benefits Rider <input type="checkbox"/> \$125] [<input type="checkbox"/> \$250] [<input type="checkbox"/> \$350] [<input type="checkbox"/> \$500]] <input type="checkbox"/> Critical Illness Benefits Rider (check one option) <input type="checkbox"/> \$5,000] [<input type="checkbox"/> \$10,000] [<input type="checkbox"/> \$15,000] [<input type="checkbox"/> \$25,000]]] | <p>The entire block is variable and within the block certain options are variable and will print depending on marketing and printing layout.</p> <p>The Elimination Period is the initial number of days of total disability or partial disability that must pass before benefits are available.</p> <p>The Benefit Period is the maximum length of time total disability benefits or partial disability benefits are payable.</p> <p>For the optional riders, a combination will print depending on a range of benefits offered.</p> |
| 4 [LONG-TERM DISABILITY INSURANCE Monthly Benefit Amount \$ _____ [SIS Monthly Benefit Amount \$ _____] Elimination Period: [<input type="checkbox"/> 60 Days] [<input type="checkbox"/> 90 Days] <input type="checkbox"/> 180 Days] [<input type="checkbox"/> 365 Days] Benefit Period: [<input type="checkbox"/> 2 Years] [<input type="checkbox"/> 5 Years] [<input type="checkbox"/> 10 Years] | <p>The entire block is variable and within the block certain options are variable and will print depending on marketing and printing layout.</p> <p>The Elimination Period is the initial number of days of total disability or partial disability</p> |

| | |
|--|--|
| <p>Insured(s), during an interview..... <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain.)_____</p> <p>I conducted said interview in person <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain.)_____]</p> | <p>language allows us to have an interview that is not face-to-face and it allows for an agent to leave some of the questions blank.</p> |
|--|--|

SERFF Tracking Number: MUTM-126712245 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46222
 Company Tracking Number: MELANIE SCHULTZ
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Disability Income Insurance
 Project Name/Number: 2010 Mutual Disability Income Multi-Life/D81M

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date: | Schedule | Schedule Item Name | Replacement Creation Date | Attached Document(s) |
|----------------|----------|--------------------------|---------------------------|---|
| 07/16/2010 | Form | Outline of Coverage D81M | 07/21/2010 | M27508--Outline for D81M.pdf (Superseded) |
| 07/16/2010 | Form | Outline of Coverage D82M | 07/21/2010 | M27509--Outline for D82M.pdf (Superseded) |
| 07/16/2010 | Form | Outline of Coverage D83M | 07/21/2010 | M27510--Outline for D83M.pdf (Superseded) |

**MUTUAL OF OMAHA INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NEBRASKA, 68175
(402) 342-7600**

**LONG-TERM DISABILITY INCOME INSURANCE COVERAGE
OUTLINE OF COVERAGE
FOR
POLICY FORM D81M**

Read Your Policy Carefully

This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Disability Income Insurance Coverage

Policies of this category are designed to provide, to persons insured, coverage for disabilities resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

Pre-existing Condition Limitation

Your policy may contain a pre-existing condition limitation. If applicable, we will not pay benefits for loss resulting from a pre-existing condition, unless such loss occurs after the waiting period shown on the policy schedule has expired.

Total Disability Benefits

If you are Totally Disabled because of a Sickness or Injury, we will pay the Total Disability Monthly Benefit. Total Disability benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Totally Disabled for as long as the Benefit Period.

Proportionate Disability Benefits

If you are Proportionately Disabled because of Sickness or Injury and incur a 20% or greater Loss of Monthly Income, we will pay a percentage of your Total Disability Monthly Benefit that is proportionate to your lost income.

Presumptive Total Disability Benefits

We will automatically pay Total Disability Benefits under your policy and any Social Insurance Supplement Benefits Rider for the full length of the Benefit Period upon proof of your presumptive Total Disability. Benefits are payable even if you return to work at any occupation. The Elimination Period will be waived. Regular Medical Care will not be required. You will be presumed to be permanently Totally Disabled if Sickness or Injury results in the complete and irrecoverable loss of your:

- (a) speech;
- (b) hearing in both ears;
- (c) sight in both eyes; or
- (d) the use of both hands, both feet or one hand and one foot.

Transplant Donor Benefits

If you become Totally Disabled or Proportionately Disabled as the result of a transplant of part of your body to the body of another person, we will pay benefits under your policy and any Social Insurance Supplement Benefits Rider on the same basis as any other Sickness.

Terminal Illness Benefit

If you are diagnosed with a Terminal Illness, you can elect to receive an accelerated payment of the remaining Total Disability Monthly Benefits due in a lump sum amount. This Terminal Illness Benefit may accelerate up to 12 months of the current benefits payable under your policy and any Social Insurance Supplement Benefits Rider.

Survivor Benefit

Upon your death, we will pay a survivor benefit to your designated Beneficiary, if Total or Proportionate Disability benefits were payable; and the Benefit Period was not exhausted.

Rehabilitation Benefit

While you are receiving Total Disability or Proportionate Disability benefits, we may pay for a vocational rehabilitation program.

Guaranteed Renewable to Age 67, Conditionally Renewable Thereafter to Age 75

You are guaranteed the right to continue your coverage until Age 67. During that time, we cannot cancel your policy as long as you pay the required premium when it is due. After Age 67, you may continue your coverage to Age 75 provided you maintain Full-Time Employment and pay the necessary premium when due.

Premium Changes

Your policy's premium may change before Age 67, but only if the same change is made to all policies of this form issued to persons of the same Class. After Age 67, the premium will increase every year because the premium rate is then based upon your attained age. The premium may also change for other reasons after Age 67, but only if we make the same change on a Class basis. We will give you at least 45 days advance written notice before any premium change. In no event will the premium increase during the first 12 months following the Policy Date.

Exclusions and Limitations

Benefits are not payable for:

- (a) loss that begins while this policy is not in force;
- (b) loss resulting from an act of declared or undeclared war;
- (c) loss sustained while serving in the armed forces (upon notice to us of entry into the armed forces, the unearned portion of the premium will be refunded);
- (d) loss caused by intentionally self-inflicted injury (while sane in Colorado);
- (e) loss resulting from commission or attempted commission of a felony;
- (f) loss caused by suicide or attempted suicide, while sane or insane (sane only in Colorado and Missouri);
- (g) loss resulting from your being legally intoxicated or under the influence of an illegal substance or a narcotic (except for narcotics given on the advice of and taken as prescribed by a Physician); or
- (h) loss due to voluntarily induced abortion.

10-Month Waiting Period for Normal Pregnancy

When Normal Childbirth or Normal Pregnancy occurs more than 10 months after the Policy Date, we will pay benefits on the same basis as any other Sickness.

Complications of Pregnancy Limitation

We will pay benefits for Complications of Pregnancy on the same basis as any other Sickness. If the pregnancy had its inception before the Policy Date, it is subject to any applicable pre-existing condition limitation.

Substance Abuse Limitation

Benefits payable for Substance Abuse are limited to a lifetime maximum of 24 months.

Mental or Nervous Disorder Limitation

Benefits payable for Mental or Nervous Disorders are limited to a lifetime maximum of 24 months.

Benefit Reduction When Association Group Membership or Self-Employment Ends (Policy Form D81-20897 Only)

This policy form was issued to you because you are self-employed or a member of a franchise/association group. If your franchise/association membership ends, the organization ceases to endorse this product, or you stop being self-employed, you may continue this coverage. Premiums will not increase as a result of this change. However, all benefits payable for loss beginning after such time will be reduced by 15%.

**MUTUAL OF OMAHA INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NEBRASKA, 68175
(402) 342-7600**

**SHORT-TERM DISABILITY INCOME INSURANCE COVERAGE
OUTLINE OF COVERAGE
FOR
POLICY FORM D82M**

Read Your Policy Carefully

This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Disability Income Insurance Coverage

Policies of this category are designed to provide, to persons insured, coverage for disabilities resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

Pre-existing Condition Limitation

Your policy may contain a pre-existing condition limitation. If applicable, we will not pay benefits for loss resulting from a pre-existing condition, unless such loss occurs after the waiting period shown on the policy schedule has expired.

Total Disability Benefits

If you are Totally Disabled because of a Sickness or Injury, we will pay the Total Disability Monthly Benefit. Total Disability benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Totally Disabled for as long as the Benefit Period.

Partial Disability Benefits

If you are Partially Disabled because of a Sickness or Injury, we will pay 50% of the Total Disability Monthly Benefit. Partial Disability benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Partially Disabled for the lesser of six months or the balance of the Benefit Period.

Presumptive Total Disability Benefits

We will automatically pay Total Disability Benefits for the full length of the Benefit Period upon proof of your presumptive Total Disability. Benefits are payable even if you return to work at any occupation. The Elimination Period will be waived. Regular Medical Care will not be required. You will be presumed to be permanently Totally Disabled if Sickness or Injury results in the complete and irrecoverable loss of your:

- (a) speech;
- (b) hearing in both ears;
- (c) sight in both eyes; or
- (d) the use of both hands, both feet or one hand and one foot.

Transplant Donor Benefits

If you become Totally Disabled or Partially Disabled as the result of a transplant of part of your body to the body of another person, we will pay benefits on the same basis as any other Sickness.

Terminal Illness Benefit

If you are diagnosed with a Terminal Illness, you can elect to receive an accelerated payment of the remaining Total Disability Monthly Benefits due in a lump sum amount. This Terminal Illness Benefit may accelerate up to 12 months of the current benefits payable under your policy.

Survivor Benefit

Upon your death, we will pay a survivor benefit to your designated Beneficiary, if Total or Proportionate Disability benefits were payable; and the Benefit Period was not exhausted.

Rehabilitation Benefit

While you are receiving Total Disability or Partial Disability benefits, we may pay for a vocational rehabilitation program.

Guaranteed Renewable to Age 67, Conditionally Renewable Thereafter to Age 75

You are guaranteed the right to continue your coverage until Age 67. During that time, we cannot cancel your policy as long as you pay the required premium when it is due. After Age 67, you may continue your coverage to Age 75 provided you maintain Full-Time Employment and pay the necessary premium when due.

Premium Changes

Your policy's premium may change before Age 67, but only if the same change is made to all policies of this form issued to persons of the same Class. After Age 67, the premium will increase every year because the premium rate is then based upon your attained age. The premium may also change for other reasons after Age 67, but only if we make the same change on a Class basis. We will give you at least 45 days advance written notice before any premium change. In no event will the premium increase during the first 12 months following the Policy Date.

Exclusions and Limitations

We will not pay benefits for:

- (a) loss that begins while this policy is not in force;
- (b) loss resulting from an act of declared or undeclared war;
- (c) loss sustained while serving in the armed forces (upon notice to us of entry into the armed forces, the unearned portion of the premium will be refunded);
- (d) loss caused by intentionally self-inflicted injury (while sane in Colorado);
- (e) loss resulting from commission or attempted commission of a felony;
- (f) loss caused by suicide or attempted suicide, while sane or insane (sane only in Colorado and Missouri);
- (g) loss resulting from your being legally intoxicated or under the influence of an illegal substance or a narcotic (except for narcotics given on the advice of and taken as prescribed by a Physician);
- (h) loss resulting from Substance Abuse;
- (i) loss resulting from Mental or Nervous Disorders; or
- (j) loss due to voluntarily induced abortion.

Workers' Compensation Limitation

Benefits payable for loss for which benefits are provided under any state or federal workers' compensation, employer's liability or occupational disease law will be reduced by 50%.

10-Month Waiting Period for Normal Pregnancy

When Normal Childbirth or Normal Pregnancy occurs more than 10 months after the Policy Date, we will pay benefits on the same basis as any other Sickness.

Complications of Pregnancy Limitation

We will pay benefits for Complications of Pregnancy on the same basis as any other Sickness. If the pregnancy had its inception before the Policy Date, it is subject to any applicable pre-existing condition limitation.

Benefit Reduction When Association Group Membership or Self-Employment Ends (Policy Form D82-20899 Only)

This policy form was issued to you because you are self-employed or a member of a franchise/association group. If your franchise/association membership ends, the organization ceases to endorse this product, or you stop being self-employed, you may continue this coverage. Premiums will not increase as a result of this change. However, all benefits payable for loss beginning after such time will be reduced by 15%.

MUTUAL OF OMAHA INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NEBRASKA, 68175
(402) 342-7600

ACCIDENT-ONLY SHORT-TERM DISABILITY INCOME INSURANCE COVERAGE

**THIS POLICY COVERS ACCIDENTS ONLY
IT DOES NOT PAY BENEFITS FOR LOSS RESULTING FROM SICKNESS**

**OUTLINE OF COVERAGE
FOR
POLICY FORM D83M**

Read Your Policy Carefully

This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

Accident Disability Income Insurance Coverage

Policies of this category are designed to provide, to persons insured, coverage for disabilities resulting from a covered accident ONLY, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

Total Disability Benefits

If you are Totally Disabled because of an Injury, we will pay the Total Disability Monthly Benefit. Total Disability benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Totally Disabled for as long as the Benefit Period.

Partial Disability Benefits

If you are Partially Disabled because of an Injury, we will pay 50% of the Total Disability Monthly Benefit. Partial Disability benefits begin after the Elimination Period has been satisfied. Benefits are payable while you remain Partially Disabled for the lesser of six months or the balance of the Benefit Period.

Presumptive Total Disability Benefits

We will automatically pay Total Disability Benefits for the full length of the Benefit Period upon proof of your presumptive Total Disability. Benefits are payable even if you return to work at any occupation. The Elimination Period will be waived. Regular Medical Care will not be required. You will be presumed to be permanently Totally Disabled if an Injury results in the complete and irrecoverable loss of your:

- (a) speech;
- (b) hearing in both ears;
- (c) sight in both eyes; or
- (d) the use of both hands, both feet or one hand and one foot.

Survivor Benefit

Upon your death, we will pay a survivor benefit to your designated Beneficiary, if Total or Proportionate Disability benefits were payable; and the Benefit Period was not exhausted.

Guaranteed Renewable to Age 67

You are guaranteed the right to continue your coverage until Age 67. During that time, we cannot cancel your policy as long as you pay the required premium when it is due.

Premium Changes

Your policy's premium may change, but only if the same change is made to all policies of this form issued to persons of the same Class. We will give you at least 45 days advance written notice before any premium change. In no event will the premium increase during the first 12 months following the Policy Date.

Exclusions

We will not pay benefits for:

- (a) loss that begins while this policy is not in force;
- (b) loss resulting from an act of declared or undeclared war;
- (c) loss sustained while serving in the armed forces (upon notice to us of entry into the armed forces, the unearned portion of the premium will be refunded);
- (d) loss caused by intentionally self-inflicted injury (while sane in Colorado);
- (e) loss resulting from commission or attempted commission of a felony;
- (f) loss caused by suicide or attempted suicide, while sane or insane (sane only in Colorado and Missouri);
- (g) loss resulting from your being legally intoxicated or under the influence of an illegal substance or a narcotic (except for narcotics given on the advice of and taken as prescribed by a Physician); or
- (h) loss resulting directly or indirectly from disease or bodily infirmity.

Workers' Compensation Limitation

Benefits payable for loss for which benefits are provided under any state or federal workers' compensation, employer's liability or occupational disease law will be reduced by 50%.

Benefit Reduction When Association Group Membership or Self-Employment Ends (Policy Form D83-20901 Only)

This policy form was issued to you because you are self-employed or a member of a franchise/association group. If your franchise/association membership ends, the organization ceases to endorse this product, or you stop being self-employed, you may continue this coverage. Premiums will not increase as a result of this change. However, all benefits payable for loss beginning after such time will be reduced by 15%.