

SERFF Tracking Number: MUTM-126723316 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 46595  
Company Tracking Number: MIKE DILORENZO  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: 2010 Group Term Life Re-Write - 7000CI-U-EZ 10  
Project Name/Number: 2010 Group Term Life Re-Write/7000CI-U-EZ 10

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: 2010 Group Term Life Re-Write SERFF Tr Num: MUTM-126723316 State: Arkansas  
- 7000CI-U-EZ 10

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved- State Tr Num: 46595  
Closed

Sub-TOI: L04G.500 Other

Co Tr Num: MIKE DILORENZO State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Mary Cleasby, June

Disposition Date: 08/25/2010

Rodgers, Mike DiLorenzo, Lisa

Koch

Date Submitted: 08/24/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2010 Group Term Life Re-Write

Status of Filing in Domicile: Authorized

Project Number: 7000CI-U-EZ 10

Date Approved in Domicile: 08/03/2010

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer, Association

Filing Status Changed: 08/25/2010

Explanation for Other Group Market Type:

State Status Changed: 08/25/2010

Deemer Date:

Created By: Mary Cleasby

Submitted By: Mary Cleasby

Corresponding Filing Tracking Number:

Filing Description:

RE: NAIC #: 261-69868 FEIN: 47-0322111

United of Omaha Life Insurance Company

Group Life Insurance

7000CI-U-EZ 10, et al.

Enclosed for filing with your department are copies of the following group term life insurance forms:

SERFF Tracking Number: MUTM-126723316 State: Arkansas  
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FORM NUMBER	DESCRIPTION
7000CI-U-EZ 10	Certificate
7024SP-EZ 10	Standard Provisions
7000GS-EZ 10	Schedule
7001GD-EZ 10	Definitions
7023PC-L-EZ 10	Payment of Claims
12455PP-EZ 10	Premium Payments
1008GI-EZ 10	Life Insurance Benefits
9536GI-EZ 10	Living Benefits (Accelerated Benefit)
12456ADD-EZ 10	Accidental Death and Dismemberment Benefits Rider
7017GI-EZ 10	Eligibility

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

These forms comprise our new group term life benefits product to produce a group certificate booklet. They will not replace any previously approved forms. We request approval of these forms on a general-use basis. A group policyholder will utilize incorporation master policy 7000GM-U-EZ 2001, approved by your department on June 18, 2001.

Your review and approval of this filing will be appreciated. Please feel free to contact me with any questions or concerns.

Sincerely,

Mike DiLorenzo  
Senior Product and Advertising Compliance Analyst  
Regulatory Affairs  
Phone: 402-351-5979  
Fax: 402-351-5298  
E-mail: [mike.dilorenzo@mutualofomaha.com](mailto:mike.dilorenzo@mutualofomaha.com)

## Company and Contact

### Filing Contact Information

Mike DiLorenzo, Senior Product & Advertising [mike.dilorenzo@mutualofomaha.com](mailto:mike.dilorenzo@mutualofomaha.com)

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**Compliance Analyst**

Mutual of Omaha 402-351-5979 [Phone]  
 Mutual of Omaha Plaza 402-351-5298 [FAX]  
 Omaha, NE 68175

**Filing Company Information**

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

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$500.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$500.00	08/24/2010	38989631

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/25/2010	08/25/2010

*SERFF Tracking Number:*      *MUTM-126723316*                      *State:*                      *Arkansas*  
*Filing Company:*              *United of Omaha Life Insurance Company*      *State Tracking Number:*      *46595*  
*Company Tracking Number:*      *MIKE DILORENZO*  
*TOI:*                      *L04G Group Life - Term*                      *Sub-TOI:*                      *L04G.500 Other*  
*Product Name:*              *2010 Group Term Life Re-Write - 7000CI-U-EZ 10*  
*Project Name/Number:*      *2010 Group Term Life Re-Write/7000CI-U-EZ 10*

## **Disposition**

Disposition Date: 08/25/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Memorandum of Variability		Yes
Supporting Document	Actuarial Memorandum		No
Supporting Document	Fee Schedule		Yes
Form	Certificate		Yes
Form	Standard Provisions		Yes
Form	Schedule		Yes
Form	Definitions		Yes
Form	Payment of Claims		Yes
Form	Premium Payments		Yes
Form	Life Insurance Benefits		Yes
Form	Living Benefits (Accelerated Benefit)		Yes
Form	Accidental Death and Dismemberment Benefits Rider		Yes
Form	Eligibility		Yes

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## Form Schedule

### Lead Form Number: 7000CI-U-EZ 10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	7000CI-U-EZ 10	Certificate	Certificate	Initial		0.000	7000CI-U-EZ 10 Certificate Page.pdf
	7024SP-EZ 10	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Standard Provisions	Initial		0.000	7024SP-EZ 10 Standard Provisions.pdf
	7000GS-EZ 10	Schedule Pages	Schedule	Initial		0.000	7000GS-EZ 10 Schedule.pdf
	7001GD-EZ 10	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Definitions	Initial		0.000	7001GD-EZ 10 Definitions.pdf
	7023PC-L-EZ 10	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Payment of Claims	Initial		0.000	7023PC-L-EZ 10 Payment of Claims.pdf
	12455PP-EZ 10	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Premium Payments	Initial		0.000	12455PP-EZ 10 Premium Payments.pdf
	1008GI-EZ	Certificate	Life Insurance	Initial		0.000	1008GI-EZ 10

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10	Amendmen Benefits				Life Benefits.pdf
	t, Insert				
	Page,				
	Endorseme				
	nt or Rider				
9536GI-EZ 10	Certificate Living Benefits	Initial	0.000	9536GI-EZ 10	Living Benefits.pdf
	Amendmen (Accelerated Benefit)				
	t, Insert				
	Page,				
	Endorseme				
	nt or Rider				
12456ADD- EZ 10	Certificate Accidental Death and	Initial	0.000	12456ADD- EZ 10 [AR]	AD&D Benefits Rider.pdf
	Amendmen Dismemberment				
	t, Insert Benefits Rider				
	Page,				
	Endorseme				
	nt or Rider				
7017GI-EZ 10	Certificate Eligibility	Initial	0.000	7017GI-EZ 10	Eligibility.pdf
	Amendmen				
	t, Insert				
	Page,				
	Endorseme				
	nt or Rider				

# CERTIFICATE OF INSURANCE

## UNITED OF OMAHA LIFE INSURANCE COMPANY

Home Office:  
[Mutual of Omaha Plaza]  
[Omaha, Nebraska 68175]

United of Omaha Life Insurance Company certifies that Group Policy Number [GVTL]-[XXXX] (the Policy) has been issued to [Policyholder Legal Name] (the [Policyholder]).

Insurance is provided for [Employee]s of the [Policyholder] subject to the terms and conditions of the Policy.

Please read this Certificate carefully. The benefits described in this Certificate are effective only if You[ and Your Dependent(s), if applicable,] are eligible for the insurance, become insured and remain insured as described in this Certificate and according to the terms and conditions of the Policy.

If the provisions of this Certificate and those of the Policy do not agree, the provisions of the Policy will apply. The Policy is part of a contract between United of Omaha Life Insurance Company and the [Policyholder], and may be amended, changed or terminated without Your consent or notice to You.

This Certificate replaces any certificate previously issued under the Policy.

UNITED OF OMAHA LIFE INSURANCE COMPANY



Chairman of the Board



Corporate Secretary

## **STANDARD PROVISIONS**

### **INSURANCE CONTRACT**

The insurance contract consists of:

- a) the Policy;
- b) the Policyholder's signed application attached to the Policy; and
- c) any signed application for You[ or Your Dependents].

Statements in an application are considered representations and not warranties. We will not use any statements in an Insured Person's application to deny a claim or to contest the validity of this insurance unless We provide You or Your beneficiary with a copy of that application.

### **CHANGES IN THE INSURANCE CONTRACT**

The insurance contract may be changed (including reducing or terminating benefits or increasing premium costs) any time We and the Policyholder both agree to a change. No one else has the authority to change the insurance contract. A change in the insurance contract:

- a) does not require the consent of any Insured Person or beneficiary; and
- b) must be:
  1. in writing;
  2. made a part of the Policy; and
  3. signed by Our authorized representative in Our home office.

A change may affect any class of Insured Persons included in the Policy.

### **INCONTESTABILITY**

We will not use any statements in an Insured Person's application to contest the validity of this insurance after it has been in-force during the lifetime of the Insured Person for two years.

### **LEGAL ACTIONS**

No legal action can be brought until at least 60 days after We have been given written proof of loss. No legal action can be brought more than three years after the date written proof of loss is required.

## SCHEDULE

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

### CLASSIFICATION(S)

[Insert Booklet Class Description]

### LIFE INSURANCE FOR YOU (THE [EMPLOYEE])

[  
Your amount of life insurance is [\$50,000].]

[  
Your amount of life insurance is an amount equal to [1] times Your Annual Earnings[[ plus] [\$1,000]], but in no event[ less than [\$10,000] or] more than [\$500,000]. Your amount of life insurance will be rounded to the [next higher] multiple of [\$1,000].]

[  
You may elect to be insured for an amount of life insurance[ from [\$10,000] to [\$500,000], in increments of [\$10,000]][ equal to [\$50,000]].[ In no event shall Your amount of life insurance exceed [5] times Your Annual Earnings, rounded to the [next higher] multiple of [\$10,000].]

[  
You may elect to be insured for an amount of life insurance [ from [1] to [5] times Your Annual Earnings, in increments of [1] times Your Annual Earnings,][ equal to [1] times Your Annual Earnings] but in no event less than [\$10,000] or more than [\$500,000]. Your amount of life insurance will be rounded to the [next higher] multiple of [\$10,000].]

[  
The total amount of insurance You have under the Policy and under any other group term life insurance policy with Us may not exceed Your maximum amount of life insurance of [\$500,000].]

[Your amount of life insurance is subject to any reductions indicated in the Benefit Reductions provision in this Schedule. ]If You have questions regarding the amount of Your life insurance, You may contact the [Policyholder][ or [V]].

### LIFE INSURANCE FOR YOUR DEPENDENT(S)

[  
Your Spouse's amount of life insurance is [\$5,000].]

[  
You may elect to have Your Spouse insured for an amount of life insurance[ from [\$5,000] to [\$100,000], in increments of [\$5,000]][ equal to [\$25,000]][, provided the amount elected does not exceed [100] percent of Your amount of life insurance].]

[  
Your Spouse's amount of life insurance is subject to any reductions indicated in the Benefit Reductions provision in this Schedule.]

[  
The amount of life insurance for Your eligible Dependent child(ren) is based on the age of the Dependent, as follows:

<b>Age of Dependent Child</b>	<b>Amount of Life Insurance</b>
Six months and older.....	[\$2,000]
14 days to less than six months.....	[\$500]
Less than 14 days.....	[\$500]

[  
You may elect to have Your eligible Dependent child(ren) insured for an amount of life insurance[ from [\$2,000] to [\$10,000], in increments of [\$1,000]][ equal to [\$10,000]][, provided the amount elected does not exceed [100] percent of Your amount of life insurance].]

If You have questions regarding the amount of life insurance for Your Dependent(s), You may contact the [Policyholder][ or [V]].]

### ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE FOR YOU

[  
Your amount of accidental death and dismemberment (AD&D) insurance is equal to Your amount of life insurance.]

[  
Your amount of accidental death and dismemberment (AD&D) insurance is [\$50,000].]

[  
Your amount of accidental death and dismemberment (AD&D) insurance is equal to [1] times Your amount of life insurance, but in no event more than [\$500,000], rounded to the [next higher] multiple of [\$1,000].]

[  
You may elect to be insured for an amount of accidental death and dismemberment (AD&D) insurance that is equal to Your amount of life insurance.]

[  
You may elect to be insured for an amount of accidental death and dismemberment (AD&D) insurance[ from [\$10,000] to [\$500,000], in increments of [\$10,000]][ equal to [\$50,000]]. [In no event shall Your amount of AD&D insurance exceed [5] times Your Annual Earnings, rounded to the [next higher] multiple of [\$10,000].]

[  
You may elect to be insured for an amount of accidental death and dismemberment (AD&D) insurance[ from [1] to [5] times Your Annual Earnings, in increments of [1] times Your Annual Earnings][ equal to [1] times Your Annual Earnings], but in no event less than [\$10,000] or more than [\$500,000]. Your amount of AD&D insurance will be rounded to the [next higher] multiple of [\$10,000].]

Your amount of AD&D insurance is also referred to as the Principal Sum.[ Your amount of AD&D insurance is subject to any reductions indicated in the Benefit Reductions provision of this Schedule.] If You have questions regarding the amount of Your AD&D insurance, You may contact the [Policyholder][ or [V]] .]

[

## **ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE FOR YOUR DEPENDENT(S)**

[  
Your Spouse's amount of accidental death and dismemberment (AD&D) insurance is equal to Your Spouse's amount of life insurance.]

[  
You may elect to have Your Spouse insured for an amount of accidental death and dismemberment (AD&D) insurance that is equal to Your Spouse's amount of life insurance.]

[  
You may elect to have Your Spouse insured for an amount of accidental death and dismemberment (AD&D) insurance [ from [\$5,000] to [\$100,000], in increments of [\$5,000]][ equal to [\$25,000]][, provided the amount elected does not exceed [100] percent of Your amount of accidental death and dismemberment (AD&D) insurance].]

[  
Your Spouse's amount of AD&D insurance is subject to any reductions indicated in the Benefit Reductions provision of this Schedule.]

[  
The amount of accidental death and dismemberment (AD&D) insurance for Your Dependent child(ren) is equal to the amount of life insurance for Your Dependent child(ren).]

[  
You may elect to have Your eligible Dependent child(ren) insured for an amount of accidental death and dismemberment (AD&D) insurance equal to the amount of life insurance for Your Dependent child(ren).]

[  
You may elect to have Your eligible Dependent child(ren) insured for an amount of accidental death and dismemberment (AD&D) insurance[ from [\$2,000] to [\$10,000], in increments of [\$1,000]][ equal to [\$10,000]][, provided the amount elected does not exceed [100] percent of Your amount of accidental death and dismemberment (AD&D) insurance].]

The amount of AD&D insurance is also referred to as the Principal Sum. If You have questions regarding the amount of AD&D insurance for Your Dependent(s), You may contact the [Policyholder][ or [V]] .]

[

## **GUARANTEE ISSUE AMOUNT(S) AND EVIDENCE OF INSURABILITY**

### **Guarantee Issue Amount For You**

Your Guarantee Issue Amount is[ [5] times Your Annual Earnings or ][\$100,000][, whichever is less][, unless You were insured under a Prior Plan. If You were insured under a Prior Plan, Your Guarantee Issue Amount is equal to the amount of insurance that was in-force for You under a Prior Plan the day before the Policy Effective Date].

### **Guarantee Issue Amount For Your Spouse**

The Guarantee Issue Amount for Your Spouse is[[50]% of Your elected amount of life insurance or ][\$50,000][, whichever is less][, unless Your Spouse was insured under a Prior Plan. If Your Spouse was insured under a Prior Plan, the Guarantee

Issue Amount for Your Spouse is equal to the amount of insurance that was in-force for Your Spouse under a Prior Plan the day before the Policy Effective Date].]

[

**Guarantee Issue Amount For Your Dependent Child(ren)**

The Guarantee Issue Amount for Your Dependent child(ren) is[[50]% of Your elected amount of life insurance or ][\$10,000][, whichever is less][, unless Your Dependent child(ren) were insured under a Prior Plan. If Your Dependent child(ren) were insured under a Prior Plan, the Guarantee Issue Amount for Your Dependent child(ren) is equal to the amount of insurance that was in-force for Your Dependent child(ren) under a Prior Plan the day before the Policy Effective Date].]

Insurance for You[ and Your Dependent(s), if applicable,] is only available on a guarantee issue basis:

- a) during Your First Enrollment Period;
- b) during a Subsequent Enrollment Period; or
- c) as otherwise stated or allowed in the Policy.

[Guarantee Issue Amount(s) is/are subject to any reductions indicated in the Benefit Reductions provision of this Schedule. ] [In addition, guarantee issue is only available if the total number of [Employee]s insured under the Policy attains or remains above [10] [Employee]s or [25%] of the eligible [Employee]s, whichever is greater. If the total number falls below the required level, the Guarantee Issue Amount(s) may be reduced or rescinded.]

Evidence of Insurability is required for:

- a) insurance elected more than [31] days after the date the [Employee][ or Dependent] becomes eligible;
- b) any amount of insurance elected in excess of a Guarantee Issue Amount for the [Employee][ or Dependent];
- c) any increase in the amount of insurance after the initial election of insurance for the [Employee][ or Dependent] , unless during a Subsequent Enrollment Period or as otherwise stated or allowed in the Policy;
- d) a[n] [Employee][ or Dependent] who was eligible for insurance under a Prior Plan but did not elect such insurance; or
- e) a[n] [Employee][ or Dependent] whose amount of insurance elected under the Policy is in excess of the amount of insurance that was in-force under a Prior Plan the day before the Policy Effective Date, unless during a Subsequent Enrollment Period or as otherwise stated or allowed in the Policy.

If Evidence of Insurability is required for items a), d) or e) above, We may require that such evidence be provided at Your expense.

[

Evidence of Insurability will be waived for any Dependent child whose amount of insurance is [\$10,000] or less.]]

[

**BENEFIT REDUCTIONS**

[

As You[ or Your Spouse, if applicable,] grow older, the amount of life[ and AD&D] insurance for You[ and Your Spouse] will be reduced according to the following schedule:

<b>At the [ Attained] Age of :</b>	<b>The[ Original] Amount of Insurance Will Reduce</b>
<b>[to]:</b>	
[65].....	[65%]
[[70].....	[45%]
[[75] .....	[30%]
[[80] .....	[20%]
[[85] .....	[15%]
[[90] .....	[10%]
[V]	

Reductions become effective on[ the Policy Anniversary that coincides with or follows][ the first day of the Policy month that[ coincides with or] follows] the day You reach the specified age. Any reduced amount of insurance will round to the nearest dollar.

If You[ or Your Spouse, if applicable,] are age [65] or older on the date insurance becomes effective, the amount of insurance elected will be reduced as shown above. [Thereafter, the amount of life[ and AD&D] insurance will continue to reduce in accord with the schedule above.]]

[

When You[ or Your Spouse] reach the [Attained Age] of [90] insurance under the Policy ends, effective on[ the Policy Anniversary that coincides with or follows][ the first day of the Policy month that[ coincides with or] follows] the day You[ or Your Spouse] reach the specified age.]]

## GENERAL DEFINITIONS

The following capitalized terms have the meanings assigned in this section. These terms are used throughout the Policy.

[  
*Annual Earnings* means Your gross annual earnings received from the [Policyholder][ or [V]] [and in effect immediately prior to the date of [loss], as determined by the [Policyholder][ or [V]].][during the Calendar Year immediately prior to the date of [loss], as verified by Your W-2 or 1099 form(s).][during the tax year immediately prior to the date of [loss], as reported on Your K-1, W-2 or S-Corporation Federal Tax Return. It includes Your regular income plus any guaranteed payments or compensation received from the [Policyholder][ or [V]].][under Your annual contract in effect the year immediately prior to the date of [loss].].]

[  
Your annual earnings include [commissions,][ bonuses,][ overtime pay,][ other extra compensation,] [[Employee] contributions to deferred compensation plans,][ and][ shift differential] received from the [Policyholder][ or [V]].]

[  
Your annual earnings do not include [commissions,][ bonuses,][ overtime pay,][ other extra compensation,][ shift differential,] or[ [Employee] or [Policyholder][ or [V]] contributions to deferred compensation plans received from the [Policyholder][ or [V]].]

[  
V]

[  
*Attained Age* means the age of the Insured Person as of the Policy Anniversary that coincides with or follows the Insured Person's birthday. For example, if an Insured Person's 50<sup>th</sup> birthday is on [March 1, 2010] and the Policy Anniversary is [January 1], the Insured Person will reach the attained age of 50 on [January 1, 2011].]

[  
*Calendar Year* means the 12-month period beginning on January 1 of each year and ending on December 31 of the same year.]

*Certificate* means this document that describes the benefits, terms, conditions, exclusions and limitations of the insurance provided under the Policy.

[  
*Dependent* means a citizen, permanent resident or lawful resident of the United States[or Canada] who, as indicated by evidence acceptable to Us, is:]

- a) [Your Spouse][;]
- b) [Your natural born or legally adopted child;
- c) Your stepchild[ or child of Your domestic or civil union partner or equivalent] living in Your home; or
- d) any other child who lives with You in a regular parent/child relationship and who qualifies as Your "dependent" as defined in the United States Internal Revenue Code].

A dependent does not include:

- a) [anyone insured under the Policy as a[n] [Employee];]
- b) anyone who is a member of the Armed Forces, National Guard or Reserves of any state or country on active duty (except for temporary duty of [31] days or less);
- c) [Your divorced, legally separated or former Spouse;
- d) Your Spouse[ who has reached the[Attained Age] of [70] or older;][ after You reach the [Attained Age] of [70];]
- e) [a child less than 14 days old;]
- f) [a child who has reached the [Attained Age] of [26][, or the [Attained Age] of [30] if a Student,] unless the child is Incapacitated;
- g) Your married child(ren);
- h) Your child if the child has been legally adopted by another person; or
- i) a child:
  1. temporarily living in Your home;
  2. placed in Your home by a social service agency which retains control over the child; or
  3. who has a natural parent in a position to exercise parental responsibility and control.]]

[  
*Employee*] means a person who is:

- a) a citizen or permanent resident of the United States[ or Canada];
- b) [lawfully and legally able to work in the United States pursuant to applicable federal and state laws;]
- c) [receiving compensation from the [Policyholder][ or [V]] for work performed for the [Policyholder][ or [V]] at:
  1. the [Policyholder][ or [V]] 's usual place of business;
  2. an alternative work site at the direction of the [Policyholder][ or [V]]; or
  3. a location to which the employee must travel to perform the job;][ and]

d) [V].

A[n] [employee] does not include a person[:]

- a) who resides outside the United States[ or Canada] for a period in excess of [12] consecutive months unless written approval has been received from Our authorized representative in Our home office[;][ or]
- b) [working on a seasonal or temporary basis;][ or]
- c) [performing services for the [Policyholder][ or [V]][ as an independent contractor, including persons reporting income on a 1099 form][ or][ subject to the terms of a leasing agreement between the [Policyholder][ or [V]] and a leasing organization]].]

[  
*Evidence of Insurability* means proof of good health acceptable to Us. This proof may be obtained through questionnaires, physical exams or written documentation, as required by Us.]

[  
*First Enrollment Period* means the [31]-day period following the day the [Employee][ or Dependent] becomes eligible for insurance under the Policy or any Prior Plan.]

[  
*Guarantee Issue Amount* means the amount of life insurance We may issue without requiring Evidence of Insurability.]

*Hospital* means an accredited facility licensed by the proper authority of the area in which it is located to provide care and treatment for the condition causing confinement. A hospital does not include a facility or institution or part of a facility or institution which is licensed or used principally as a clinic, convalescent home, rest home, nursing home or home for the aged, halfway house or board and care facilities.

[  
*Incapacitated* means that a Dependent child is continuously incapable of self-sustaining employment by reason of intellectual disability, developmental disability, mental illness or physical handicap.]

[  
*Injured* means the occurrence of an Injury.

*Injury, Injuries* means an accidental bodily injury that requires treatment by a Physician. It must result in loss independently of Sickness and other causes.

[  
*Insured Person(s)* means You and/or Your Dependent(s) who are insured under the Policy.]

*Our, We, Us* means United of Omaha Life Insurance Company.

*Physician* means any of the following licensed practitioners:

- a) a doctor of medicine (MD), osteopathy (DO), podiatry (DPM) or chiropractic (DC);
- b) a licensed doctoral clinical psychologist;
- c) a Master's level counselor and licensed or certified social worker who is acting under the supervision of a doctor of medicine or a licensed doctoral clinical psychologist;
- d) a licensed physician's assistant (PA) or nurse practitioner (NP); or
- e) where required by law, any other licensed practitioner of a healing art who is acting within the scope of his/her license.

A physician does not include:

- a) [a naturopathic doctor;]
- b) [an acupuncturist;]
- c) [a physician in training;]
- d) [V;] or
- e) You, Your Spouse or a child, brother, sister or parent of You or Your Spouse or any person who lives with You.

*Plan Administrator* means the person or entity designated as the plan administrator for the [Policyholder][ or [V]]'s group life insurance plan.

*Policy* means the group policy issued to the [Policyholder][ or [V]] by Us, including this Certificate.

*Policy Anniversary* means [January 1] of each Policy Year.

*Policy Effective Date* means [January 1, 2011].

*Policy Year* means the period commencing on the Policy Effective Date and ending on the next succeeding Policy Anniversary and, thereafter, each 12-month period commencing on the Policy Anniversary.

[  
*Prior Plan* means any policy or plan of benefits:

- a) replaced by insurance under part or all of the Policy; and
- b) in effect and maintained or sponsored by the [Policyholder][ or [V]] on the day before the Policy Effective Date.]

[  
*Retiree* means a former [Employee] of the [Policyholder][ or [V]] who is a citizen or permanent resident of the United States[ or Canada] and[:]

- a) [has reached Social Security Normal Retirement Age;]
- b) [is at least age [65];]
- c) [has completed [5] consecutive years of full time[, or part time] [employment] with the [Policyholder][ or [V]] immediately prior to retirement;]
- d) [participates in a pension plan maintained or sponsored by the [Policyholder][ or [V]];]
- e) [whose age plus years of active full time[, or part time] [employment] with the [Policyholder][ or [V]] equal at least [V] ;][ and]
- f) [V].]

*Schedule* means the section of the Certificate identified as the “Schedule”.

*Sickness* means a disease, disorder or condition that requires treatment by a Physician.

[  
*Spouse* means the person to whom You are legally married[, or Your domestic partner, civil union partner or equivalent,] as recognized and allowed by federal law, or by state law in Your state of residence.[ A spouse may include Your[ same sex] domestic or civil union partner or equivalent if:

- a) You submit to the [Policyholder][ or [V]] a written declaration of partnership signed by You and Your partner in a form acceptable to Us; or
- b) You submit evidence acceptable to Us that all applicable requirements of the state, city and/or county in which You reside regarding the establishment of a domestic or civil union partnership have been met[; or]
- c) [V].]

[  
*Student* means Your Dependent child who attends an accredited[ high school,] trade school, college, university or other institution of higher learning and is enrolled full-time[ or part time] as indicated by evidence acceptable to Us.[ Student includes a Dependent child who would otherwise qualify as a student but cannot maintain full-time[ or part time] enrollment due to Sickness or Injury.]]

[  
*Subsequent Enrollment Period* means any period of up to [31] consecutive calendar days designated for enrollment under the Policy by the [Policyholder][ or [V]] and agreed to in writing by Our authorized representative in Our home office.]

*Written Request* means a request that is signed, dated and submitted to the [Policyholder][ or [V]]. The request must be on a form We supply or be in a form and content acceptable to Us.

*You, Your[, Insured Person]* means the [Employee] who is insured under the Policy.

## PAYMENT OF CLAIMS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

### CLAIM FORMS

Before benefits are paid, We must be given written proof of loss as described in this section.

### HOW TO OBTAIN PLAN BENEFITS

Forward the completed claim form to:  
[Policyholder Claim Contact Name]  
[Policyholder Claim Contact Address 1]  
[Policyholder Claim Contact Address 2]  
[Policyholder Claim Contact City, State Zip]

### CLAIM ASSISTANCE

For assistance with filing a claim or an explanation of how a claim was paid, contact:  
[Mutual of Omaha Insurance Company  
Mutual of Omaha Plaza  
Omaha, Nebraska 68175  
Call Toll-Free: 1-800-775-8805]

### PROOF OF LOSS

The Insured Person or the beneficiary has [90] days from the date of loss to furnish Us with a completed claim form and other information needed to prove loss. Failure to furnish such proof within this time period shall not invalidate nor reduce any claim if:

- a) it was not reasonably possible to give proof within that [90]-day period; and
- b) proof is furnished as soon as reasonably possible, but not later than one year after the date of loss, unless the Insured Person or the beneficiary is not legally capable.

We may occasionally require an Insured Person to be examined by a Physician of Our choice to assist in determining whether benefits are payable. We will pay for these examinations. We will not require more than a reasonable number of examinations. Where not prohibited by law, We may also require an autopsy. We will pay for this autopsy.

### PAYMENT OF CLAIMS

Benefits will be paid after We receive acceptable written proof of loss. Benefits will be paid only if We determine that the claimant is entitled to benefits under the terms of the Policy. We may require supporting information which may include, but which is not limited to, the following:

- a) clinical records;
- b) charts;
- c) x-rays; and
- d) other diagnostic aids.

Benefits will be paid to the Insured Person or the beneficiary in accord with the Life Insurance Benefits section[ and/or Accidental Death and Dismemberment Benefits Rider].

[V]

### MODE OF PAYMENT

Life insurance benefits will be available in one lump sum.[ Accidental death and dismemberment benefits will be available in one lump sum unless otherwise indicated in the Accidental Death and Dismemberment Benefits Rider.]

[ Unless prohibited by applicable law, if the benefits are in excess of [\$10,000], We may make the benefits available through a personalized checkbook, debit card or other payment mechanism. The checkbook, debit card or other payment mechanism will allow access to any or all of the benefits. Benefits will be deemed paid by Us upon issuance of the checkbook, debit card or other payment mechanism.

We will credit interest on the benefits held by Us at a rate to be determined by Us. The interest rate may vary. A statement of account activity will be provided to the Insured Person or beneficiary.]

## **REFUND TO US**

If it is found that We paid more benefits than We should have paid under the Policy, We will have the right to a refund from You or the recipient of benefits.

We also have a right to recover any payments due to:

- a) fraud or misrepresentation; or
- b) any error We make in processing a claim.

You or the recipient of benefits must reimburse Us in full. We will determine the method by which the repayment is to be made.

## **AUTHORITY TO INTERPRET POLICY**

By purchasing the Policy, the Policyholder grants Us the discretion and the final authority to construe and interpret the Policy. This means that 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, that a person is entitled to them. In making any decision, We may rely on the accuracy and completeness of any information furnished by the [Policyholder][ or [V]], an Insured Person 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 Policyholder further grants Us the authority to delegate to third parties, including, without limitation, [Mutual of Omaha Insurance Company] and any third party administrator with whom We have contracted to provide claims administration and other administrative services, the discretionary authority granted in the Policy. The Policyholder expressly grants such third party the full discretionary authority granted to Us under this Policy.

The Insured Person or beneficiary has the right to request a review of Our decision. If, after exercising the Policy's review procedures, the Insured Person or beneficiary's claim for benefits is denied or ignored, in whole or in part, the Insured Person or beneficiary may file suit and a court will review the Insured Person or beneficiary's eligibility or entitlement to benefits under the Policy.

The Policyholder, as Plan sponsor, agrees that the Policyholder 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.

[ Policy benefits will be paid only if We determine, in Our discretion, that the claimant is entitled to benefits under the terms of the Policy (see the Authority to Interpret Policy provision in the ERISA Summary Plan Description for information included with the Certificate).]

## PREMIUM PAYMENTS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.  
[

### PAYMENT OF PREMIUMS THROUGH PAYROLL DEDUCTION

[  
You are responsible for the payment of premiums for insurance[ for You and/or Your Dependent(s)] under the Policy.[ The premium owed by You equals the total premium for all Insured Person(s).]

[  
You are responsible for the payment of Your share of the premiums for insurance[ for You and/or Your Dependents] under the Policy.[ The premium owed by You equals the total premium for all Insured Person(s).]

Premiums will be automatically deducted from Your paychecks by the [Policyholder][ or [V]], then remitted to Us, as authorized by You during the enrollment process. Please contact the [Policyholder][ or [V]] for information regarding Your paycheck deductions.

Payment of premium does not guarantee eligibility for coverage.]

[

### PAYMENT OF PREMIUMS THROUGH ELECTRONIC FUNDS TRANSFER

You are responsible for the payment of premiums for insurance[ for You and/or Your Dependents] under the Policy.[ The premium owed by You equals the total premium for all Insured Person(s).]

Premiums will be automatically deducted from an account You designate through electronic funds transfer (EFT). The first premium is due to Us on [MM/DD/YYYY]. Subsequent premiums are due on the[ [first] day of each subsequent month][ V].

If there is an error or problem with the EFT process, or if there are insufficient funds in the account You designate, premium payments must be made to Our home office or to a location We designate, using a payment method We accept.

Payment of premium does not guarantee eligibility for coverage.]

[

### OPTIONS FOR PAYMENT OF PREMIUM FOR CONTINUED INSURANCE

When insurance is continued We must receive premium payment when due for insurance to remain effective, unless otherwise stated or allowed in the Policy. [Except when insurance is continued under the Continuation of Insurance Under Portability provision,] [p]remium payment may be made in the following ways:

- a) the [Policyholder][ or [V]] may pay the premiums;[ or]
- b) You may pay premium to the [Policyholder][ or [V]] who will then submit premium to Us; or
- c) You may pay premium directly to Us].

[

Contact the [Policyholder][ or [V]] to determine which option is available to You.]

[

Contact the [Policyholder][ or [V]] to determine whether option a) or b) is available to You. If neither option is available, You should contact the [Policyholder][ or [V]] for information regarding the process for submitting premium directly to Us.]

[

When insurance is continued under the Continuation of Insurance Under Portability provision, You must submit premium directly to Our home office or to a location We designate. We must receive premium payment when due for insurance to remain effective.]

Payment of premium does not guarantee eligibility for coverage.]

### GRACE PERIOD

All premiums must be paid within the grace period. There is a grace period of [31] days for payment of premiums. This means that, except for the initial premium, if premium is not paid on or before the date it is due, the premium must be paid in the [31]-day period that follows. We will consider premium to be paid on the date We receive it.

Insurance[ for You and/or Your Dependents] will stay in force during the grace period, unless You or the [Policyholder][ or [V]] provides Us with written notice that insurance[ for You and/or Your Dependents] will terminate during the grace period. If We receive such notice, insurance will terminate [ for You and/or Your Dependents] on the date requested.

If any premium due is not paid during the grace period, insurance[ for You and/or Your Dependents] will end on the last day of the grace period. If insurance ends, it may be reinstated as described in the Reinstatement of Insurance provision.

## **PREMIUM CHANGES**

If You request a change in the amount of insurance[ for You and/or Your Dependents], [the [Policyholder][ or [V]] ][We] will provide You with notice of Your new premium amount upon request.

If there is a change in the amount of the premium for insurance[ for You and/or Your Dependents] in accordance with the terms of the Policy, [the [Policyholder][ or [V]] ][We] will provide You with notice of the change at least [31] days prior to the date of the change.

Premium amounts will change if[:]

- a) [You[ or Your Spouse] reach the [Attained Age] of the next higher age band in the premium rate structure for the Policy;]
- b) [You[ or Your Spouse] reach an [Attained Age] at which benefits are reduced as described in the Benefit Reductions provision in the Schedule;] or]
- c) premium rates under the Policy are changed.

## LIFE INSURANCE BENEFITS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

### BENEFITS

In the event of death while insured under the Policy, We will pay the amount of life insurance in effect at the time of death for You [or any of Your Dependent(s), if applicable]. [Benefits payable by reason of Your death will be paid to Your beneficiary.] [Benefits payable by reason of the death of Your Dependent(s), if applicable, will be paid to You.]

[

### BENEFICIARY DESIGNATION

At the time You elect(ed) insurance under the Policy or any Prior Plan, a beneficiary should be designated. Beneficiary records will be kept by the Policyholder, Plan Administrator or the office where beneficiary records for the Policy are kept. The most current beneficiary designation in effect under a Prior Plan will be accepted as a beneficiary designation under this Policy.

If You have not designated a beneficiary, or no beneficiary survives You, in the event of Your death, benefits will be paid to:

- a) Your surviving Spouse; if none, then to
- b) Your surviving natural and/or adopted child(ren), in equal shares; if none, then to
- c) Your surviving parent(s), in equal shares; if none, then to
- d) [Your surviving brother and sisters, in equal shares; if none, then to]
- e) Your estate.

Certain states are community property states. If You live in a community property state and You designate someone other than Your Spouse as a beneficiary, state law may require that Your Spouse consent to such designation. If You do not obtain Your Spouse's consent to the designation, then such designation may not be effective. Community property states as of the Policy Effective Date include: [Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin].

[

You are the beneficiary of Your Dependent(s) benefits. If You are not living at the time of the death of any of Your Dependent(s), the following will apply:

1. [In the event of the death of Your Spouse, benefits will be paid to Your Spouse's estate.]
2. [In the event of the death of any of Your Dependent child(ren), benefits will be paid to Your Spouse, if Your Spouse is living. If Your Spouse is not living, benefits will be paid in equal shares to the deceased child's living siblings. If there are no living siblings, benefits will be paid to the estate of the deceased child.]

Any benefits paid to a minor may be paid to the legally appointed guardian of the minor.]

[

V]

[

### BENEFICIARY CHANGE

Your beneficiary may be changed, subject to any restrictions or limitations in the Policy. To make a change, a Written Request should be provided to the Policyholder, Plan Administrator or to the office where beneficiary records for the Policy are kept. If You do not know where the records are kept, then You may send the Written Request to Us. When received by the Policyholder, the change will take effect as of the date the Written Request is signed. The change will not apply to any payments or other action taken by Us before the Written Request was received.]

[

V]

[

### RIGHT OF IRREVOCABLE ASSIGNMENT

The rights provided to You under the Policy for life insurance are owned by You, unless You have previously irrevocably assigned these rights to someone else, or You irrevocably assign Your rights to an assignee. You should consult with a legal counsel prior to making an assignment.

We will recognize an assignee as the owner of the rights assigned only when:

- a) the irrevocable assignment is in writing and acceptable to Us; and
- b) a signed or certified copy of the assignment has been received and approved by Us.

The assignment will not apply to any payments or other action taken by Us before the assignment was received and recorded in Our home office. We are not responsible for any legal, tax or other implications of any assignment.]

## **FACILITY OF PAYMENT**

We may pay an amount of up to [\$500] to any person or entity that has incurred expenses related to Your death and subsequent burial[, or to the death and subsequent burial of any of Your Dependent(s), if applicable].

An amount, if paid, will be deducted from the amount of life insurance benefits payable.

[

## **LIFE INSURANCE BENEFITS EXCLUSION**

We will not pay benefits for a death which results from suicide[, while sane or insane,] within [two years] from the date insurance begins (under the Policy or any Prior Plan). Instead, We will refund the total of the premiums paid for insurance under the Policy.

If death results from suicide[, while sane or insane,] within [two years] from the effective date of any increase in the amount of insurance under the Policy, benefits in the amount of the increase will not be paid. Instead, We will refund the total of the premiums paid under the Policy for said increase in insurance.]

## LIVING BENEFITS (ACCELERATED BENEFIT)

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

[ This section only applies to the life insurance offered by the Policy. Accidental death and dismemberment (AD&D) insurance is not included under this section.]

**The benefits received under this section may be taxable. Receipt of Living Benefits may adversely affect eligibility for Medicaid or other government benefits or entitlements. You should consult Your personal tax advisor or the Social Security Administration before requesting Living Benefits.**

### DEFINITIONS

*Living Benefits* means an advance payment of part of Your[ or Your Spouse's] life insurance death benefit.

*Terminal Condition* means an Injury or Sickness [that is expected to result in[ Your][ the] death[ of You or Your Spouse] within the next [12] months as certified by an attending Physician's written statement.][that is expected to result in[ Your][ the] death[ of You or Your Spouse] within a specified number months as certified by an attending Physician's written statement, as follows:

- a) For Living Benefits of less than \$250,000, death is expected to occur within [12] months; or
- b) For Living Benefits of \$250,000 or more, death is expected to occur within [6] months.]

### ABOUT LIVING BENEFITS

If You [or Your Spouse ]incur a Terminal Condition while insured under the Policy, You[, Your Spouse] or Your legal representative may submit a Written Request for Living Benefits.

The maximum amount of Living Benefits available is [75] percent of the amount of life insurance[ for You or Your Spouse] in effect at the time of the request or [\$100,000], whichever is less. The minimum amount is [10]% of the amount of life insurance in effect[ for You or Your Spouse] at the time of the request or [\$1,000], whichever is greater.

We will pay Living Benefits to You or Your Spouse in a lump sum, provided You[ or Your Spouse ] are living at the time payment is made.

The amount of life insurance benefits payable[ for You or Your Spouse] in the event of death will be reduced by the amount of Living Benefits paid[ for You or Your Spouse]. [ Life insurance on other Insured Persons, if any, is not affected by payment of Living Benefits[ for You or Your Spouse]. [ Payment of Living Benefits has no effect on accidental death and dismemberment (AD&D) insurance benefits.]

### APPLYING FOR LIVING BENEFITS

To apply for Living Benefits, You[, Your Spouse] or Your legal representative must provide Us:

- a) a Written Request for Living Benefits;
- b) satisfactory proof of Your[ or Your Spouse's] Terminal Condition, including an attending Physician's written statement; and
- c) a statement of consent from any beneficiary(ies).[ If Living Benefits are being requested for Your Spouse, You must provide a statement of consent.]

You[ or Your Spouse] will receive information at the time of benefit payment about the amount of life insurance remaining in force after payment of Living Benefits.

### CONDITIONS OF LIVING BENEFITS

Living Benefits are subject to the following conditions:

- a) Living Benefits are payable for You[ or Your Spouse] only once under the Policy;
- b) You can request Living Benefits in any [\$1,000] increment, subject to the limits specified in this section;
- c) Premium must continue to be paid on the full amount of life insurance[, unless subject to waiver of premium under the Continuation of Insurance for Total Disability with Waiver of Premium provision];

- d) The amount of insurance You[ or Your Spouse] may obtain under the Conversion provision will be reduced by the amount of Living Benefits paid[ for You or Your Spouse]; [and]
- e) [The[ Continuation of Insurance Under] Portability provision is not available[ for You or Your Spouse] after payment of Living Benefits].

#### **WHEN LIVING BENEFITS ARE NOT AVAILABLE**

Living Benefits are not available:

- a) when You[ or Your Spouse ]have irrevocably assigned life insurance under the Policy;
- b) if such benefits were paid under a Prior Plan;
- c) when all or a portion of the life insurance benefits under the Policy are to be paid to a former Spouse as part of a divorce agreement or pursuant to a court order;
- d) for any Terminal Condition caused by a suicide attempt or an intentionally self-inflicted Injury;
- e) during any Conversion[ or Portability] Period;
- f) if the required premium is due and unpaid on the date the Written Request for Living Benefits is made;
- g) if requested after insurance under the Policy ends; or
- h) if requested after the Policy terminates.

## ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS RIDER

This rider is made a part of group Policy [V]. It is subject to all of the Policy provisions which are not inconsistent with the provisions of this rider.

This rider is effective the later of [V] or the day You [and/or Your Spouse] become insured under the Policy.

Capitalized terms used in this rider have the meanings assigned to them in this rider or in the other sections of the Policy.

### DEFINITIONS

*Accident* means a sudden, unexpected and unforeseeable event, independent of Sickness. Accident does not include Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, or bacterial or viral infection, regardless of how contracted. Accident does include bacterial infection that is the natural and foreseeable result of an accidental bodily Injury or accidental food poisoning.

[  
*Airbag* means any factory-installed, inflatable, supplemental restraint device which meets published federal safety standards.]

[  
*Automobile* means a licensed private passenger motor vehicle for use on public roadways.]

[  
*Childcare* means care provided for children on a regular basis for daily periods of less than [24] hours, whether the care is for daytime or nighttime hours. This care must be provided by an adult other than a person who is part of the Insured Person's Family.]

[  
*Coma, Comatose* means the Insured Person is in a profound stupor or state of complete and total unconsciousness with a Glasgow Coma Score of eight (8) points or less, as a result of an Injury.]

[  
*Family* means Spouse, former Spouse, children, parents, grandparents, grandchildren, brothers, sisters and the spouses of such individuals.]

[  
*Felonious Assault* means an external, sudden, unexpected and unforeseeable physical assault by another person. The assault must involve the use of force or violence with intent to cause harm and must be a felony. A felonious assault is considered to be an Accident.]

[  
*Home* means the Insured Person's primary place of residence.]

[  
*Home Alteration and Vehicle Modification* means:  
a) modifications or assistive devices for one motor vehicle (not including motorized wheelchairs or scooters); or  
b) internal or external structural modifications to one building, for example: widening of doorframes, replacement doors, ramps, modifications to walkways, stairs or hand rails.]

*Intoxicated* means having a blood alcohol level, at the time of the Accident, which equals or exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the loss occurs.

[  
*Loss of a Hand or Foot* means Severance of at least four whole fingers from one hand or Severance of the foot above the ankle joint.]

[  
*Loss of Hearing* means total and permanent loss of hearing in both ears which cannot be corrected by any means.]

[  
*Loss of Sight* means total and permanent loss of sight of the eye which cannot be corrected by any means.]

[  
*Loss of Speech* means total and permanent loss of audible communication which cannot be corrected by any means.]

[  
*Loss of a Thumb and Index Finger* means Severance at or proximal to the metacarpophalangeal joints (the joints that connect the fingers and the hand).]

[  
*Paralysis* means total and permanent loss of use of a limb without Severance. This loss must be determined by a Physician to be complete and irreversible.]

*Participation in a Riot* means actively participating in a tumultuous disturbance of the peace by three or more persons assembling together of their own authority with intent to mutually assist one another in an illegal or legal act.

[*Seat Belt* means a factory-installed lap and shoulder seat belt or other restraint device which meets published federal safety standards.]

[*Severance* means the complete separation and dismemberment of the part from the body.

[*Traveling on Business of the [Policyholder][ or [V]]* means any trip made by You on assignment by or with authorization of the [Policyholder][ or [V]] for the purpose of furthering the business of the [Policyholder][ or [V]]. If this trip is made on a private aircraft, then the aircraft must:

- a) have a current and valid Federal Aviation Administration of the United States (FAA) standard airworthiness certificate; and
- b) be operated by a person holding a current and valid FAA pilot’s certificate authorizing him or her to operate the aircraft.]

**EXPOSURE AND DISAPPEARANCE**

An Insured Person will be presumed to have died, for the purposes of accidental death and dismemberment insurance, if after the forced landing, stranding, sinking or wrecking of a vehicle:

- a) the Insured Person disappears;
- b) the Insured Person’s body is not found; and
- c) a valid death certificate is issued by a court of appropriate jurisdiction.

**BENEFITS**

**Basic Benefits**

In the event of a loss while insured under the Policy, We will pay accidental death and dismemberment benefits based upon the amount of the Principal Sum in effect at the time of the loss for You [or any of Your Dependent(s), if applicable]. [Benefits for Your insurance will be payable to the beneficiary for life insurance under the Policy, unless otherwise indicated in a benefit provision included in this section.][ Benefits for Your Dependent(s), if applicable, will be payable to You unless otherwise indicated in a benefit provision in this section.]

If an Insured Person is Injured or dies as a result of an Accident, We will pay the benefit shown in the following Table. If an Accident causes more than one loss shown in the Table, We will pay only the largest benefit.

**Accidental Death and Dismemberment Benefits Table (the “Table”)**

<b>Loss</b>	<b>Benefit</b>
Loss of Life	Principal Sum
[Loss of Both Hands	[Principal Sum]]
[Loss of Both Feet	[Principal Sum]]
[Loss of Entire Sight of Both Eyes	[Principal Sum]]
[Loss of One Hand and One Foot	[Principal Sum]]
[Loss of One Hand and Entire Sight of One Eye	[Principal Sum]]
[Loss of One Foot and Entire Sight of One Eye	[Principal Sum]]
[Loss of Speech and Hearing (both ears)	[Principal Sum]]
[Loss of Entire Sight of One Eye	[One-half Principal Sum]]
[Loss of Speech or Hearing (both ears)	[One-half Principal Sum]]
[Loss of One Hand or One Foot	[One-half Principal Sum]]
[Loss of Thumb and Index Finger of same Hand	[One-fourth Principal Sum]]
[Quadriplegia (Paralysis of both upper and lower limbs)	[Principal Sum]
Triplegia (Paralysis of three limbs)	[Three-quarters Principal Sum]
Paraplegia (Paralysis of both lower limbs)	[One-half Principal Sum]
Hemiplegia (Paralysis of an upper and a lower limb)	[One-half Principal Sum]
Uniplegia (Paralysis of a limb)	[One-fourth Principal Sum]]

[V

[V]]

[  
**Airbag Benefit**

We will pay a benefit amount of [10]% of the Principal Sum, up to a maximum of [\$10,000] if:

- a) an Insured Person was Injured in an Accident while driving or riding in the front seat of an Automobile directly behind an Airbag;
- b) the Insured Person's death resulted from such Injury; and
- c) a copy of the police accident report is submitted with the claim.

We will not pay this benefit if the Accident occurs when the:

- a) Automobile was being used for racing, stunting, or exhibition work;
- b) Airbag was disengaged; or
- c) Insured Person was breaking any laws of the jurisdiction in which the Accident occurred.

This benefit amount is payable in addition to any other applicable benefits under the Policy.]

[  
**Common Carrier Benefit**

We will pay a benefit amount of [20]% of the Principal Sum, up to a maximum of [\$250,000] if:

- a) an Insured Person was Injured in an Accident while riding as a fare-paying passenger in any public [air, land or water] conveyance provided by a common carrier primarily for passenger service; and
- b) the Insured Person's death resulted from such Injury.

We will not pay this benefit if the Insured Person was an operator or member of the crew on the common carrier conveyance at the time of the Injury. This benefit amount is payable in addition to any other applicable benefits under the Policy.]

[  
**Repatriation of Remains Benefit**

We will pay for expenses reasonably incurred to prepare, embalm or cremate the Insured Person's body and return the body or remains to a mortuary near the Insured Person's current Home, up to a maximum of [\$5,000] if:

- a) an Insured Person's death occurs more than 100 miles away from the Insured Person's current Home;
- b) We are contacted prior to the preparation and transportation of the Insured Person's body or remains; and
- c) We pre-authorize the services and transportation.

This benefit does not include the transportation expense of anyone accompanying the body or remains, visitation expenses or funeral expenses. This benefit amount is payable in addition to any other applicable benefits under the Policy.]

[  
**Seat Belt Benefit**

We will pay a benefit amount of [10]% of the Principal Sum, up to a maximum of [\$25,000] if:

- a) an Insured Person was Injured in an Accident while driving or riding in an Automobile and wearing a Seat Belt;
- b) the Insured Person's death resulted from such Injury; and
- c) a copy of the police accident report is submitted with the claim.

We will not pay this benefit if the Accident occurs when the:

- a) Automobile was being used for racing, stunting, or exhibition work;
- b) Seat Belt was used to restrain more than one person;
- c) Automobile is equipped with an automatic Seat Belt and the lap belt is not fastened; or
- d) Insured Person is breaking any laws of the jurisdiction in which the Accident occurred.

This benefit amount is payable in addition to any other applicable benefits under the Policy.]

[  
**Childcare Benefit**

We will pay a monthly benefit amount of [5]% of the Principal Sum, up to a maximum of [\$5,000] a year. The benefit is payable for each Dependent child under the age of [12], and may be paid to You, Your Spouse or the Dependent child's legally appointed guardian, as applicable. The benefit amount will be paid at the end of the month for up to [2] year(s) if:

- a) You[ or Your Spouse] are Injured in an Accident and that Injury results in death;
- b) You, Your Spouse or the Dependent child's legally appointed guardian incurs expenses for Childcare services within [365] days of Your[ or Your Spouse's] death as a result of employment, education or training; and
- c) We receive satisfactory proof of the Childcare expense incurred by You, Your Spouse or the Dependent child's legally appointed guardian.

If both parents of a Dependent child are insured under the Policy, benefits under this provision will be limited to payment under only one parent. [If there is no Dependent child, the beneficiary will be paid [\$1,000]. ]This benefit amount is payable in addition to any other applicable benefits under the Policy.]

[  
**Child Education Benefit**

We will pay a benefit amount of [5]% of the Principal Sum, up to a maximum of [\$5,000] a year. This benefit will be paid at the end of each school term for each Student for up to [4] consecutive year(s). This benefit may be paid to the Student or, if a minor child, to the Student's legally appointed guardian, if:

- a) You[ or Your Spouse] are Injured in an Accident and that Injury results in death;
- b) a Dependent child is or becomes a Student within [1] year(s) after Your[ or Your Spouse's] death;
- c) the Student continues to be enrolled for each consecutive term; and
- d) a copy of the Student's most recent grade report and tuition statement is submitted with the claim.

If both parents of a Student are insured under the Policy, benefits under this provision will be limited to payment under only one parent. [If there is no Student, the beneficiary will be paid [\$1,000]. ]This benefit amount is payable in addition to any other applicable benefits under the Policy.

[  
For purposes of this benefit, the term Student does not include a Dependent child attending high school.]

[  
**Continuation of Coverage for Your [Spouse][Dependents]**

We will continue accidental death and dismemberment insurance under the Policy without payment of premium if:

- a) You are Injured in an Accident and that Injury results in death; and
- b) at the time of Your death, Your[ Spouse][ and/or][ Dependent child(ren)] were insured under the Policy.

Insurance continued under this provision ends on the earliest of the day:

- a) the Policy terminates;
- b) that is [12] months after the day that insurance would otherwise end for Your [ Spouse][ or][ Dependent child] under the Policy; or
- c) Your[ Spouse][ or][ Dependent child] becomes insured for accidental death and dismemberment insurance under the [Continuation of Insurance Under ][Portability] provision.]

[  
**Spouse Education Benefit**

We will pay a benefit amount of up to [\$3,000] a year to Your Spouse for education at an accredited trade school, college, university or other institution of higher learning. This benefit will be payable at the end of each school term for up to [4] consecutive year(s) if:

- a) You are Injured in an Accident and that Injury results in Your death;
- b) Your Spouse is enrolled or becomes enrolled at an accredited institution for the purpose of attaining or refreshing the skills needed for employment within [1] year(s) after Your death;
- c) Your Spouse is enrolled full-time[ or part time] as indicated by evidence acceptable to Us.
- d) Your Spouse continues to be enrolled for each consecutive term; and
- e) a copy of Your Spouse's most recent grade report and tuition statement is submitted with the claim.

[If there is no Spouse, the beneficiary will be paid [\$1,000]. ]This benefit amount is payable in addition to any other applicable benefits under the Policy.]

[  
**Coma Benefit**

We will pay a monthly benefit amount of [5]% of the Principal Sum. Benefits will be payable to the Insured Person's legal representative or legally appointed guardian at the end of the month for up to [20] months if:

- a) the Insured Person was Injured in an Accident and, as a result, becomes Comatose within [31] consecutive days of the Injury; and
- b) the Insured Person remains Comatose for [31] consecutive days.

If the Insured Person's Glasgow Coma Score temporarily becomes nine (9) points or higher and then reverts to eight (8) points or less, this will not cause a discontinuance in the benefit payment if the lapses and subsequent Coma recurrences are due to the same Injury.

Benefits will be payable until the earlier of:

- a) the end of the month in which the Insured Person is no longer Comatose; or

- b) the end of the month in which the Insured Person dies.】

[  
**Felonious Assault Benefit**

We will pay a benefit amount of [20]% of the Principal Sum, up to a maximum of [\$25,000] if:

- a) an Insured Person is Injured as a result of a Felonious Assault and that Injury results in a loss shown in the Table;
- b) a copy of the police report is submitted with the claim; and
- c) the Felonious Assault was not committed[:
  - 1. on the premises of the [Policyholder][ or [V]]; or]
  - 2. by a Family member.

This benefit amount is payable in addition to any other applicable benefits under the Policy.】

[  
**Home Alteration and/or Vehicle Modification Benefit**

We will reimburse Home Alteration and/or Vehicle Modification expenses for up to [[10]% of the Principal Sum, up to a maximum of] [\$10,000]. The benefit is payable to the individual who incurs the expense, if:

- a) the Insured Person is Injured in an Accident and that Injury results in a loss shown in the Table;
- b) the expenses are incurred within [20] months after the Injury;
- c) a Physician certifies that the Home Alteration and/or Vehicle Modification is needed to accommodate a physical disability of the Insured Person;
- d) the Home Alteration and/or Vehicle Modification is in compliance with any requirements established by the appropriate government authority;
- e) the Home Alteration and/or Vehicle Modification expenses do not exceed the usual level of charges for similar alterations and/or modifications in the location where the expense is incurred; and
- f) appropriate documentation of the expenses incurred is submitted with the claim.

This benefit amount is payable in addition to any other applicable benefits under the Policy.】

[  
**Hospital Confinement Daily Income Benefit**

We will pay a benefit equal to 1/30<sup>th</sup> of [1]% of the amount of the Principal Sum for each day confined in a Hospital, up to a maximum of [\$5,000] per month. This benefit will begin after [8] day(s) of hospitalization. Benefits will be payable to the Insured Person or to the Insured Person's legal representative or legally appointed guardian, as applicable. Benefits will be paid at the end of the month for up to [12] months if:

- a) the Insured Person is Injured in an Accident and that Injury requires Hospital confinement for treatment;
- b) the Injury that requires the Insured Person's Hospital stay occurs while insured for this benefit; and
- c) acceptable Hospital records are submitted with the claim.

This benefit amount is payable in addition to any other applicable benefits under the Policy.】

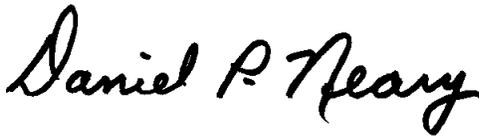
## **EXCLUSIONS**

We will not pay for any loss which:

- a) [arises out of or in the course of any employment with any employer or for which the Insured Person is entitled to benefits under any workers' compensation or occupational disease law, or receives any settlement from a workers' compensation carrier;]
- b) [results[, whether the Insured Person is sane or insane,] from:
  - 1) an intentionally self-inflicted Injury or Sickness; or
  - 2) suicide or attempted suicide;]
- c) [results from the Insured Person's Participation in a Riot or in the commission of a felony;]
- d) [results from an act of declared or undeclared war or armed aggression;]
- e) [is incurred while the Insured Person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable;]
- f) [is not permanent, unless specifically provided;]
- g) [occurs more than 365 days after the Injury[, except that this 365 day limit will not apply if the Insured Person is Comatose or being kept alive by an artificial support system at the end of the 365 days];]
- h) [does not result from an Accident;]
- i) [is caused by intentional, self-infliction of carbon monoxide poisoning emanating from a motor vehicle;]

- j) [results from Injuries the Insured Person receives in any aircraft while operating, riding as a passenger, boarding or leaving, unless riding as a passenger in a commercial aircraft on a regularly-scheduled flight or while You are Traveling on Business of the [Policyholder][ or [V]].]
- k) [results from an Injury received while riding in any aircraft engaged in:
  - 1) racing;
  - 2) endurance tests;
  - 3) acrobatic or stunt flying;]
- l) [is caused by the Insured Person, and is a result of Injuries received while under the influence of any controlled drug, unless administered on the advice of a Physician;]
- m) [is caused by the Insured Person and is a result of Injuries the Insured Person receives while voluntarily Intoxicated.]

**UNITED OF OMAHA LIFE INSURANCE COMPANY**



**Chairman of the Board and Chief Executive Officer**

## ELIGIBILITY

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

### DEFINITIONS

[  
*Actively Eligible, Active Eligibility* means a[n] [Member] is:

- a) eligible for insurance according to the [Policyholder][ or [V]]'s rules of eligibility as approved by Our authorized representative in Our home office; and
- b) eligible for insurance under the Policy in accordance with the terms and conditions of this Eligibility section.

If the [Policyholder][ or [V]]'s rules of eligibility for insurance conflict with any of the terms and conditions of this Eligibility section, the terms and conditions of this Eligibility section shall control. Any changes to the [Policyholder][ or [V]]'s rules of eligibility after the Policy Effective Date will not be effective for purposes of becoming or remaining eligible for insurance under the Policy unless such changes have been approved by Our authorized representative in Our home office.]

[  
*Actively Working, Active Work* means a[n] [Employee] is performing the normal duties of his or her regular job for the [Policyholder][ or [V]] on a regular and continuous basis [[30] or more hours each [week]][[V]. A[n] [Employee] will be considered to be actively working on any day that is a regular paid holiday or day of vacation, or regular or scheduled non-working day, provided the [Employee] was actively working on the last preceding regular work day.]

[  
*Activities of Daily Living* means the basic activities of daily living consisting of the following self-care tasks:

- a) personal hygiene (bathing, grooming, shaving and oral care);
- b) dressing and undressing (putting on and taking off all items of clothing and any necessary braces or artificial limbs);
- c) eating (the ability to feed oneself);
- d) transferring (from bed to chair, and back; from sitting to standing, and back);
- e) continence (controlling bladder and bowel function);
- f) toileting (the ability to use a restroom); and
- g) moving around (as opposed to being bedridden).]

[  
*Disability Elimination Period* means the period of time that must be satisfied before You are eligible to continue benefits, beginning on the date Your Injury or Sickness occurred. The length of the disability elimination period is shown in the Continuation of Insurance for Total Disability[ with Waiver of Premium] provision.]

*Eligibility Waiting Period* means a continuous period of Active [Work] that a[n] [Employee] must satisfy before becoming eligible for insurance as described in the When a[n] [Employee] Becomes Eligible for Insurance (Eligibility Waiting Period) provision.

[  
*Life Event* means:

- a) a change in Your legal marital status or partnership;
- b) a change in the number of Your Dependents[; or]
- c) a significant cost or coverage change under any other employer or group sponsored life plan under which You[ or Your Dependent(s)] are covered[; or]
- d) [V].]

[  
*Partial Disability, Partially Disabled* means that, because of an Injury or Sickness lasting longer than [12] months, You are unable to satisfy the minimum hours of work requirement of the Active [Work] definition, but are able to satisfy all other requirements of the Active [Work] definition.]

[  
*Recurrent Disability* means a Total Disability which is related to or due to the same cause(s) of a prior Total Disability for which You were approved for coverage under the Continuation of Insurance for Total Disability[ with Waiver of Premium] provision of the Policy.]

[  
*Social Security Normal Retirement Age* means Your normal retirement age under the United States Social Security Act. The Social Security Normal Retirement Age table is available online at [www.ssa.gov/OACT/ProgData/nra.html](http://www.ssa.gov/OACT/ProgData/nra.html) or any other online web-site address which replaces this address.]

[  
*Total Disability, Totally Disabled* means that because of an Injury or Sickness You are [completely and continuously unable to perform any work or engage in any occupation][unable to perform the duties of Your regular occupation during the first [1] year(s) following the date Your Injury or Sickness occurred. After [1] year(s), it means You are unable to perform the duties of any occupation for which You are reasonably fitted by education, training or experience].]

[

**WHEN A[N] [EMPLOYEE] BECOMES ELIGIBLE FOR INSURANCE (ELIGIBILITY WAITING PERIOD)**

[

A[n] [Employee] who is Actively [Working] on the Policy Effective Date becomes eligible for insurance under the Policy on the Policy Effective Date.

[A[n] [Employee] who is hired][ An individual that becomes a[n] [Member]] after the Policy Effective Date becomes eligible for insurance under the Policy on the day the [Employee] begins Active [Work].]

[

A[n] [Employee] who has completed an Eligibility Waiting Period of [30] [days] on or before the Policy Effective Date becomes eligible for insurance under the Policy on the Policy Effective Date.

A[n] [Employee] who is not eligible for insurance under the Policy on the Policy Effective Date, or[ a[n] [Employee] who is hired][ an individual that becomes a[n] [Member]] after the Policy Effective Date, becomes eligible for insurance under the Policy on the day following completion of an Eligibility Waiting Period of 30] [days].]

[

V]

[

If a[n] [Employee] is hired as a part-time[ or temporary] [employee] and subsequently changes to a regular full-time [Employee], any period of time spent as a part-time[ or temporary] [employee] will be used to satisfy the Eligibility Waiting Period.]

The day on which a[n] [Employee] becomes eligible for insurance under the Policy may not be the same as the day on which insurance begins. The When Insurance Begins provision describes the day on which insurance begins.]

[

**WHEN A RETIREE BECOMES ELIGIBLE FOR INSURANCE (ELIGIBILITY WAITING PERIOD)**

[

A Retiree who was covered under a Prior Plan on the day before the Policy Effective Date will be eligible for insurance under the Policy on the Policy Effective Date.

A Retiree who was covered under a Prior Plan immediately prior to retirement and retires on or after the Policy Effective Date becomes eligible for insurance under the Policy on the day of retirement.]

[

V]

[

A Retiree who retired prior to [Month, Day YYYY] is not eligible for insurance under the Policy.]

The day on which a Retiree becomes eligible for insurance under the Policy may not be the same as the day on which insurance begins. The When Insurance Begins provision describes the day on which insurance begins.]

[

**ADDITIONAL COVERAGE REQUIREMENT**

A[n] [Employee] must elect [V] insurance maintained or sponsored by the [Policyholder][ or [V]] in order to be eligible for insurance under the Policy. If the [Employee] does not elect [V] insurance maintained or sponsored by the [Policyholder][ or [V]], the [Employee] may not elect insurance under the Policy. If the [Employee]'s [V] insurance maintained or sponsored by the [Policyholder][ or [V]] ends, insurance under the Policy shall also end.]

[

**WHEN A DEPENDENT BECOMES ELIGIBLE**

A Dependent becomes eligible for insurance under the Policy on the later of:

- a) the day You become eligible for insurance under the Policy; or
- b) the day You acquire the Dependent[, provided You elect insurance for yourself under the Policy].

[

If both You and Your Spouse are eligible for insurance under the Policy as [Employees] of the [Policyholder][ or [V]], neither You nor Your Spouse may elect insurance as a Dependent of the other person.]

[

If both You and Your Spouse are eligible for insurance under the Policy as [Employees] of the [Policyholder][ or [V]], You or Your Spouse may also elect insurance as a Dependent of the other person.]

[  
If both You and Your Spouse are eligible for insurance under the Policy as [Employees] of the [Policyholder][ or [V]], either You or Your Spouse, but not both, may elect insurance for Your Dependent child(ren) under the Policy.]

[  
If both You and Your Spouse are eligible for insurance under the Policy as [Employees] of the [Policyholder][ or [V]], both You and Your Spouse may elect insurance for Your Dependent child(ren) under the Policy.]

In order to insure an eligible Dependent child, You must insure all of Your eligible Dependent child(ren). You must elect the same amount of insurance for each eligible Dependent child.

The day on which a Dependent becomes eligible for insurance under the Policy may not be the same as the day on which insurance begins. The When Insurance Begins provision describes the day on which insurance begins.]

[

## **CONTINUITY OF INSURANCE UPON TRANSFER OF INSURANCE CARRIER**

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

If the Policy replaces a Prior Plan, the Policy will provide insurance for a[n] [Employee] who:

- a) was insured under the Prior Plan on the day before the Policy Effective Date;
- b) is otherwise eligible under the Policy, but is not Actively [Working] on the Policy Effective Date due to Injury or Sickness;
- c) is not eligible for benefits or continuation of insurance under any provision of the Prior Plan;
- d) is not a retired [Employee];
- e) is not Totally Disabled on the Policy Effective Date; and
- f) is approved by Our authorized representative in Our home office for insurance under this provision.

Insurance under this provision is subject to the following conditions:

- a) insurance under the Policy may not exceed Your amount of insurance under the Prior Plan on the day before the Policy Effective Date;
- b) the benefit payable under the Policy will be the amount which would have been paid by the Prior Plan had insurance remained in-force under the Prior Plan, less the amount of any benefit payable under the Prior Plan;
- c) the [Policyholder][ or [V]] must notify Us in writing prior to the Policy Effective Date of the amount of Your insurance under the Prior Plan on the day before the Policy Effective Date;
- d) insurance is subject to uninterrupted payment of premium to Us when due; and
- e) insurance is subject to any reductions shown in the Schedule and all other terms and conditions of the Policy.

[

If insurance is provided for the [Employee], insurance may also be provided for any eligible Dependent(s).]

We reserve the right to request any information We need from the [Policyholder][ or [V]] to determine whether the conditions necessary to be eligible for insurance under this provision have been satisfied.

Insurance under this provision will end on the earliest of:

- a) the day the [Employee] returns to Active [Work] for the [Policyholder] or [V]] or begins employment with any other employer;
- b) the last day the [Employee] would have been insured under the Prior Plan, if the Prior Plan had not ended or terminated;
- c) the day the [Employee]'s insurance under the Policy ends for any reason shown in the When Insurance Ends provision; or
- d) the last day of the 12th month following the Policy Effective Date.

If a[n] [Employee] is eligible for insurance under this provision, the [Employee] will not be eligible for insurance under any continuation provision[ or the Portability provision] in this Certificate.]

If Your insurance under this provision ends and You have not returned to Active [Work], You[ and Your Dependent(s)] may be able to obtain insurance under the Conversion provision.

Persons who are not eligible for insurance under this provision may be eligible to apply for conversion of insurance under the Prior Plan and should contact the [Policyholder][ or [V]] for additional information.]

## WHEN INSURANCE BEGINS

[ An eligible [Employee] must enroll for insurance by submitting a Written Request for insurance for the [Employee][ and any Dependent(s)]. The Written Request must be submitted to the [Policyholder][ or [V]] within [31] days following the day the [Employee][ or Dependent(s)] become(s) eligible[ for the Retiree to be insured under the Policy]. [ If the Written Request for insurance is not submitted within [31] days following the day the [Employee][ or Dependent(s)] become(s) eligible for insurance, We will require Evidence of Insurability. ]

An eligible [Employee] will become insured[ for an amount of insurance that is not in excess of the Guarantee Issue Amount] on[ the first day of the month that[ coincides with or] follows] the latest of the day:

- a) the [Employee] begins Active [Work];
- b) the [Employee] submits a Written Request to enroll for insurance, if applicable[; or
- c) We approve Evidence of Insurability, if required].

[ If the [Employee] is not Actively [Working] on the day insurance would otherwise begin, insurance will begin on[ the first day of the month that[ coincides with or] follows] the day the [Employee] returns to Active [Work]. ]

[ An eligible Dependent will become insured[ for an amount of insurance that is not in excess of the Guarantee Issue Amount] on the latest of the day:

- a) the [Employee] becomes insured;
- b) the [Employee] acquires the eligible Dependent; or
- c) the [Employee] submits a Written Request to enroll the Dependent for insurance, if applicable[; or
- d) We approve Evidence of Insurability, if required]. ]

[ An eligible [Employee][ or eligible Dependent] will become insured for an amount of insurance in excess of the Guarantee Issue Amount on the first day of the month that[ coincides with or] follows the day We approve Evidence of Insurability. ]

[ V ]

[

## EXCEPTIONS TO WHEN INSURANCE BEGINS

This provision does not apply if the [Employee] is eligible for coverage under the Continuity of Insurance Upon Transfer of Insurance Carrier provision.

Insurance for a[n] [Employee][ or Dependent] who is:

- a) [Totally Disabled [(with respect to the [Employee])];]
- b) confined in a Hospital as an inpatient;
- c) confined in any institution or facility other than a Hospital; or
- d) confined at home and under the care or supervision of a Physician;

on the day insurance is to begin will not take effect until[ the first day of the month that[ coincides with or] follows] the day after the [Employee][ has completed one full day of Active [Work]][ or Dependent][ is no longer confined].

[ Insurance for a[n] [Employee] who is not Actively [Working] on the Policy Effective Date due to Injury or Sickness will not take effect until[ the first day of the month that[ coincides with or] follows] the day after the [Employee] has completed one full day of Active [Work]. ]

[ In addition, insurance for a[n] [Employee] or a Dependent who is unable to perform two or more Activities of Daily Living (ADLs), whether or not confined, will not take effect until[ the first day of the month that[ coincides with or] follows] the day the [Employee] or Dependent has performed all ADLs for at least [15] consecutive days. ]

[ Insurance for a Dependent child who became Incapacitated prior to reaching the age of [26][, or age [30] if a Student,] will begin in accordance with the When Insurance Begins provision, provided the child otherwise meets the definition of Dependent. ]

[

## THE FIRST ENROLLMENT PERIOD

A[n] [Employee] may elect insurance for him/herself[ and any Dependent(s)] during the First Enrollment Period.

[

If a[n] [Employee] does not elect insurance during the [Employee]'s[ or Dependent's] First Enrollment Period, future elections may only be made in accordance with the Subsequent Enrollment Periods provision, or as otherwise provided under the When Election Changes Are Permitted provision.]]

[

## **SUBSEQUENT ENROLLMENT PERIODS**

A[n] [Employee] may elect, drop, increase, decrease or change insurance for the [Employee][ or any Dependent(s)]during a Subsequent Enrollment Period.]

[

## **WHEN ELECTION CHANGES ARE PERMITTED**

[

A[n] [Employee] may elect, drop, increase, decrease or change insurance as allowed by the [Policyholder][ or [V]]. Any election of or increase in insurance for a[n] [Employee][ or Dependent] will require Evidence of Insurability unless otherwise stated or allowed in the Policy.]

[

### **Life Events**

Within [31] days of a Life Event, You may submit a Written Request to change insurance.

If You experience a Life Event and You are currently insured under the Policy, insurance for You[ and any Dependent(s)] may be issued up to the Guarantee Issue Amount without Evidence of Insurability. For any amount of insurance over the Guarantee Issue Amount, or if the Written Request is submitted more than [31] days after the date of a Life Event, We will require Evidence of Insurability.

A[n] [Employee] who experiences a Life Event who previously declined insurance under the Policy must submit Evidence of Insurability for any change of insurance to be considered by Us.]

[

The [Policyholder][ or [V]] has chosen to provide these insurance benefits under a Section 125 cafeteria plan. A cafeteria plan permits You to elect to pay Your share of the cost of insurance with pre-tax dollars and permits You to change Your election(s) only when specific life events occur, other than during an annual enrollment period. You may make an election change by submitting a Written Request to the [Policyholder][ or [V]] within [31] days from the date of a life event.

Life events are described in the [Policyholder][ or [V]]'s cafeteria plan. Contact the [Policyholder][ or [V]] for information regarding the election changes that are permissible under the [Policyholder][ or [V]]'s cafeteria plan.]

[

### **Annual Increase Option**

You may submit a Written Request to increase the amount of insurance[ for You and/or Your Spouse] once a year, provided the new amount of insurance does not exceed the maximum benefit amount[ for You and/or Your Spouse] shown in the Schedule. You may increase Your amount of insurance by[ up to] [[[\$V]][[V] times Your Annual Earnings][, in increments as shown in the Schedule].] You may increase Your Spouse's amount of insurance by[ up to] [\$V][, in increments as shown in the Schedule].]

[If the amount of insurance requested exceeds the Guarantee Issue Amount, Evidence of Insurability will be required. If Evidence of Insurability is required for this provision, such evidence will only be required once and will serve as acceptable proof for any future requests to increase the amount of insurance under this provision. ]This election may be made once a year within a time period designated by the [Policyholder][ or [V]] and approved by Our authorized representative in Our home office.]]

## **CHANGES TO INSURANCE BENEFITS**

Any allowable change in Your[ or Your Dependent's] classification or amount of insurance, whether requested by You or the [Policyholder][ or [V]], or as a result of the terms of the Policy, will take effect on[ the later of the][ the first day of the month that[ coincides with or] follows the] date of the request or the change[, or the first day of the month that[ coincides with or] follows the day We approve Evidence of Insurability, if required by Us].

[

For any increase in insurance, We will use the [Policyholder][ or [V]]'s records and/or the premium We have received to verify that the amount of insurance being requested is the appropriate insurance amount for which the Insured Person is eligible under the terms of the Policy.

If You are not Actively [Working] on the day any increase in insurance would otherwise take effect, the increase will become effective[ the first day of the month that[ coincides with or] follows] the day You return to Active [Work].]

[  
V]

## REINSTATEMENT OF INSURANCE

You may be eligible to reinstate insurance that has ended[ for You and/or Your Dependent(s)] in accordance with this provision. You must submit a Written Request to reinstate insurance within [31] days of Your return to Active [Work]. [We will require Evidence of Insurability if the amount of insurance being requested exceeds the amount of insurance in effect on the [Employee]'s last day of Active [Work].]

Reinstated insurance will take effect on[ the later of the][ the first day of the month that[ coincides with or] follows] the date of the Written Request[, or the first day of the month that[ coincides with or] follows the day We approve Evidence of Insurability, if required by Us]. If You are not Actively [Working] on the day the reinstated insurance would otherwise take effect, insurance will become effective on[ the first day of the month that[ coincides with or] follows ]the day You return to Active [Work].

[  
V]

The following reinstatement options are available:

### **Non-Payment of Premium or Voluntary Termination of Insurance**

If insurance ended due to Your non-payment of premium or voluntary termination of insurance, We will require Evidence of Insurability to reinstate insurance.]

### **Involuntary Reduction in Hours**

If insurance ended because the [Employee] was no longer Actively [Working] due to an involuntary reduction of hours worked, insurance may be reinstated without satisfying another Eligibility Waiting Period if the [Employee] returns to Active [Work] and there was no break in employment with the [Policyholder][ or [V]] after the date insurance ended.]

### **Rehired [Employee] Due to Layoff or Termination**

If insurance ended because the [Employee] was no longer Actively [Working] due to layoff or termination of employment with the [Policyholder][ or [V]], insurance may be reinstated without satisfying another Eligibility Waiting Period if the [Employee] is rehired and returns to Active [Work] within [90] [days] from the date employment ended.]

### **Rehired [Employee] Due to Leave of Absence**

If insurance ended due to an approved leave of absence, including military leave, insurance may be reinstated within [12] [months] from the date employment ended without satisfying another Eligibility Waiting Period upon return to Active [Work].]

### **Reinstated [Member]**

If insurance ended due to Your loss of Active Eligibility status with the [Policyholder][ or [V]], We will require Evidence of Insurability to reinstate insurance.]

[  
V]

### **Transfer From[ Portability or ]Conversion**

If insurance was[ continued or] obtained under the[ Continuation of Insurance Under][ Portability or ]Conversion provision[s] while a[n] [Employee] was not Actively [Working], insurance may be reinstated up to the amount of insurance that was in effect on the last day of Active [Work]. Any insurance provided through the[ Continuation of Insurance Under][ Portability or ]Conversion provision[s] will terminate upon reinstatement of insurance as an Actively [Working] [Employee].

## WHEN INSURANCE ENDS

Insurance will end[ on the earliest of the day][ on the last day of the month in which the earliest of the following events occurs]:

- a) an Insured Person is no longer eligible for insurance under the Policy;
- b) [insurance ends in accordance with the Additional Coverage Requirement provision;]
- c) [You reach the [Attained Age] of [65];]
- d) an Insured Person begins active duty in the Armed Forces, National Guard or Reserves of any state or country (except for temporary active duty of [31] days or less); or
- e) You return to employment with the [Policyholder][ or [V]].

Insurance will also end:

- a) on the day the Policy terminates; or
- b) in accordance with the Grace Period provision.

## **NOTICE TO YOU WHEN INSURANCE ENDS**

The Policyholder is required to notify You when insurance under the Policy ends if:

- a) You[ or any of Your Dependent(s)] cease to be eligible for insurance under the Policy; or
- b) the Policy is discontinued and is not replaced by another policy or plan with no interruption in coverage.

Notice shall be provided within [15] days from the date insurance ends for You[ or any of Your Dependent(s)], and shall include information about any options available to continue or obtain insurance.

## **EXCEPTIONS TO WHEN INSURANCE ENDS**

If insurance for You[ and/or Your Dependents] ends, You[ and/or Your Dependents] may be able to[ continue or] obtain insurance under[ the Conversion provision.][ one of the following provisions:]

- a) [Continuation of Insurance for[ Layoff, Reduction in Hours, Leave or Severance]
- b) [Continuation of Insurance for Injury or Sickness]
- c) [Continuation of Insurance for Partial Disability]
- d) [Continuation of Insurance for Total Disability][ with Waiver of Premium]
- e) [V]
- f) [Continuation of Insurance Under ][Portability]
- g) Conversion

### **[ CONTINUATION OF INSURANCE FOR[ LAYOFF, REDUCTION IN HOURS, LEAVE OR SEVERANCE]**

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

You may be able to continue insurance[ for You and Your Dependent(s)] from the day You cease to be Actively [Working] in the event of[:]

- a) [a temporary involuntary layoff;]
- b) [a labor dispute;]
- c) [a temporary involuntary reduction in work hours to less than[30] hours each [week], but not less than [20] hours each [week];[ or]
- d) [a leave of absence approved by the [Policyholder][ or [V]] due to[:]
  1. [Your eligibility to receive or Your receipt of worker's compensation or occupational disease payments; or]
  2. any personal reason].

In addition, the federal Family Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Contact the [Policyholder][ or [V]] for additional information regarding any other continuation options that may be available.

**[** You may also be able to continue insurance from the day You cease to be Actively [Working] if You are entitled to and receive paid severance from the [Policyholder][ or [V]]. Contact the [Policyholder][ or [V]] to determine if this continuation option is available.]

Any insurance continued under this provision will be subject to the following conditions:

- a) insurance may not be continued beyond the earliest of:
  1. [[12] [weeks];]
  2. [[12] [weeks] for Your temporary involuntary layoff;]
  3. [[12] [weeks] for a labor dispute;]
  4. [[12] [weeks] for Your temporary involuntary reduction in work hours;]
  5. [[12] [weeks] for Your leave of absence;][ or]
  6. the time period allowed by FMLA, USERRA or applicable federal or state law that allows for continuation[; or
  7. the time period during which You receive paid severance].
- b) the amount of insurance may not be increased while insurance is continued under this provision;

- c) We receive notification of the approved[ layoff, reduction in hours, leave or severance] from the [Policyholder][ or [V]] within [31] days from the date You cease Active [Work]; and
- d) We continue to receive premium payment when due (premiums must be paid by You or on Your behalf).

Insurance under this provision will end on[ the last day of the month which coincides with or follows] the earliest of the day:

- a) the time period in a) in the preceding paragraph has been satisfied;
- b) [Your temporary involuntary layoff becomes permanent, if insurance is continued under this provision due to Your temporary involuntary layoff;]
- c) You return to Active [Work];
- d) You begin full-time employment with an employer other than the [Policyholder][ or [V]]; or
- e) the Policy terminates.

Insurance under this provision will also end in accordance with the Grace Period provision.

If continued insurance under this provision ends and You have not returned to Active [Work], You[ and Your Dependent(s)] may be able to continue or obtain insurance under the[ Continuation of Insurance for Injury or Sickness provision][,][ Continuation of Insurance Under][ Portability provision][ or] Conversion provision.

[ If Your leave is due to an Injury or Sickness which may result in Your Total Disability, We must receive notification of Your potential Total Disability on Our total disability claim form[ within [9] months of the date Your Injury or Sickness occurred, or] as soon as reasonably possible.]

See the Options for Payment of Premium for Continued Insurance provision for premium payment options.]

[

## **CONTINUATION OF INSURANCE FOR INJURY OR SICKNESS**

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

When Your insurance ends due to Your Injury or Sickness, You may be able to continue insurance under this provision. In such circumstances, the total continuation period under this provision and the Continuation of Insurance for [ Layoff, Reduction in Hours, Leave or Severance] provision, if You were previously insured under this provision, shall not exceed [12] months. [Insurance may be continued for You and Your Dependent(s).]

Insurance may be continued under this provision if the following conditions are satisfied:

- a) We receive notification of Your Injury or Sickness from the [Policyholder][ or [V]] within [31] days from the date You cease Active [Work] or Your insurance would otherwise end; and
- b) We continue to receive timely premium payment when due (premiums must be paid by You or on Your behalf).

The amount of insurance may not be increased while insured under this provision.

Insurance under this provision will end on the earliest of[ the last day of the month which coincides with or follows] the day:

- a) that is [12] months from the day You cease Active [Work];
- b) You return to Active [Work]; or
- c) You begin full-time employment with an employer other than the [Policyholder][ or [V]].

Insurance under this provision will also end in accordance with the Grace Period provision.

If continued insurance under this provision ends and You have not returned to Active [Work], You[ and Your Dependent(s)] may be able to continue or obtain insurance under the[ Continuation of Insurance for Partial Disability provision][,][Continuation of Insurance for Total Disability[ with Waiver of Premium] provision][,][ Continuation of Insurance Under][ Portability provision][ or] Conversion provision.

[

If Your leave is due to an Injury or Sickness which may result in Your Total Disability, We must receive notification of Your potential Total Disability on Our total disability claim form[ within [9] months of the date Your Injury or Sickness occurred, or] as soon as reasonably possible.]

See the Options for Payment of Premium for Continued Insurance provision of this Certificate for premium payment options.]

[

## **CONTINUATION OF INSURANCE FOR PARTIAL DISABILITY**

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

When You are no longer eligible to continue insurance under the Continuation of Insurance for Injury or Sickness provision, You may be able to continue insurance under this provision due to Your Partial Disability.[ Insurance may be continued for You and Your Dependent(s).]

Insurance may be continued under this provision if the following conditions are satisfied:

- a) You are Partially Disabled, but not Totally Disabled;
- b) We receive notification of Your Partial Disability from the [Policyholder][ or [V]] within [31] days from the date You are no longer eligible to continue insurance under the Continuation of Insurance for Injury or Sickness provision; and
- c) We continue to receive timely premium payment when due (premiums must be paid by You or on Your behalf).

The amount of insurance may not be increased while insured under this provision.

Insurance under this provision will end on the earliest of[ the last day of the month which coincides with or] follows the day:

- a) You return to Active [Work];
- b) Your Injury or Sickness results in Your Total Disability and You are eligible to continue insurance under the Continuation of Insurance for Total Disability[ with Waiver of Premium] provision;
- c) You begin full-time employment with an employer other than the [Policyholder][ or [V]]; or
- d) the Policy terminates.

Insurance under this provision will also end in accordance with the Grace Period provision.

If Your insurance under this provision ends and You have not returned to Active [Work], You[ and Your Dependent(s)] may be able to obtain insurance under the [Continuation of Insurance for Total Disability[ with Waiver of Premium] provision],[ Continuation of Insurance Under][ Portability provision][ or] Conversion provision.

If Your Partial Disability may result in Your Total Disability, We must receive notification of Your potential Total Disability on Our total disability claim form[ within [9] months of the date Your Injury or Sickness occurred, or] as soon as reasonably possible.

See the Options for Payment of Premium for Continued Insurance provision of this Certificate for premium payment options.]

[

### **CONTINUATION OF INSURANCE FOR TOTAL DISABILITY [WITH WAIVER OF PREMIUM]**

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

[

This provision only allows for continuation of life insurance under the Policy. Accidental death and dismemberment insurance may not be continued under this provision.]

[When Your insurance ends under the Continuation of Insurance for Injury or Sickness provision[ or Continuation of Insurance for Partial Disability provision,] You may be able to continue insurance under this provision due to Your Total Disability.][You may be able to continue insurance under this provision from the day You cease to be Actively [Working] due to Your Total Disability.][ After satisfaction of the Disability Elimination Period, and upon][ Upon] submission of proof of Total Disability acceptable to Us, Your insurance may be continued without payment of premium until insurance ends in accordance with this provision.[ Insurance may be continued for You and Your Dependent(s).]

We must receive notification of Your potential Total Disability on Our total disability claim form within [9] months of the date Your Injury or Sickness occurred, or as soon as reasonably possible.

Insurance may be continued under this provision if the following conditions are satisfied:

- a) You are Totally Disabled;
- b) You were under age [60] at the time You become Totally Disabled;
- c) [the Disability Elimination Period is satisfied;][ and]
- d) proof of Total Disability is provided to Us (as described below in this provision); and
- e) We continue to receive premium when due (premiums must be paid by You or on Your behalf)].

The amount of insurance may not be increased while insured under this provision.

[ Insurance may only be continued for You. If You are able to continue insurance under this provision, Your Dependent(s) may be able to obtain insurance under the[ Continuation of Insurance Under][ Portability provision or] Conversion provision.]

If You are age [60] or older and become Totally Disabled, You[ and Your Dependent(s)] may be able to obtain insurance under the[ Continuation of Insurance Under][ Portability provision or] Conversion provision.

[ See the Options for Payment of Premium for Continued Insurance provision for premium payment options.]

### **About the Disability Elimination Period**

The Disability Elimination Period is a period of [9] consecutive months.[ Any period of time in which You are insured under the Continuation of Insurance for Injury or Sickness provision will be apply toward satisfaction of the Disability Elimination Period.][ Your insurance will continue during the Disability Elimination Period provided premiums are paid by You or on Your behalf when due.][ Your insurance will continue during the Disability Elimination Period without payment of premium.]]

[ See the Options for Payment of Premium for Continued Insurance provision for premium payment options.]

### **Proof of Total Disability**

You must submit to Us acceptable proof of Total Disability approved by Our authorized representative in Our home office[ before the end of the Disability Elimination Period or as soon as reasonably possible thereafter].

In order to confirm that You are Totally Disabled, We have the right to have You examined by a Physician of Our choice at Our expense.

If You are approved for continuation of insurance under this provision, We will periodically require proof of continuing Total Disability. We may have You examined by a Physician of Our choice at any time during the first two years of Total Disability and once a year thereafter at Our expense. If an additional examination is required due to questionable or disputed results of an examination, any additional examination may be at Your expense.

### **When Continuation of Insurance for Total Disability is Approved**

We will notify You in writing if Your proof of Total Disability is approved by Us.[ Any premium paid for Your insurance from the day You ceased to be Actively [Working] will be refunded in a lump sum within 31 days of Your approval.]

Once You are approved for insurance under this provision, a Recurrent Disability will be treated as part of Your prior claim and You will not be required to satisfy another Disability Elimination Period if:

- a) You were continuously insured under the Policy for the period between Your prior claim and Your Recurrent Disability; and
- b) Your Recurrent Disability occurs within [6] months of the end of Your prior claim.

### **When Continuation of Insurance for Total Disability is Not Approved**

We will notify You in writing if Your proof of Total Disability is not approved by Us. If at any time while You are insured under this provision We determine that You are no longer Totally Disabled, We will notify You in writing that You are no longer eligible to continue insurance under this provision.

If You are ineligible for insurance under this provision or Your insurance under this provision ends, You[ and Your Dependent(s)] will have [31] days from the date of Our notice to submit a Written Request for insurance under the[ Continuation of Insurance Under][ Portability provision or] Conversion provision, if You have not returned to Active [Work][ or You are not eligible for insurance under the Continuation of Insurance for Partial Disability provision].

### **When Insurance Under this Provision Ends**

Insurance under this provision will end on the earliest of[ the last day of the month which coincides with or follows] the day[:]

- a) You return to Active [Work][; or
- b) You are eligible to continue insurance under the Continuation of Insurance for Partial Disability provision].

Insurance under this provision will end on the earliest of the day:

- a) You are no longer Totally Disabled;
- b) that is 90 days after the date of Our request to You for proof of Total Disability if such proof has not been received by Us;
- c) You fail to obtain an examination from a Physician of Our choice as described in the Proof of Total Disability provision by a date established by Us;

- d) [You reach[ Your Social Security Normal Retirement Age][ age [65]];
- e) [that is [5] years from the day insurance under this provision began;][ or]
- f) You begin full-time employment with an employer other than the [Policyholder][ or [V]]]; or
- g) the Policy terminates].

[ Insurance under this provision will also end in accordance with the Grace Period provision.]]

[

## **CONTINUATION OF INSURANCE UNDER PORTABILITY**

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

You may be able to continue insurance[ for You and Your Dependent(s)] under this provision if You are under age [70] when insurance ends for any of the following reasons:

- a) You cease to be Actively [Working] and are not eligible for insurance under any other continuation provision in this Certificate;
- b) Your employment with the [Policyholder][ or [V]] ends; or
- c) You retire.

[

In addition to the above reasons, Your Spouse may be able to continue insurance[, including insurance for Dependent child(ren),] under this provision if Your Spouse is under age [70] when insurance ends for any of the following reasons:

- a) [You reach the [Attained Age] of [70], but Your Spouse is under age [70];]
- b) [You continue insurance under the Continuation of Insurance for Total Disability[ with Waiver of Premium] provision;]
- c) divorce or legal separation of You and Your Spouse; or
- d) Your death.]

[

In the event Your Spouse continues insurance, Dependent child(ren) may be insured under You or Your Spouse, but not both.]

[

If You are eligible for insurance under this provision and are not eligible for insurance under any other continuation provision, You must elect insurance under this provision in order for Your Dependent(s) to be eligible.]

The amount of insurance[ for each Insured Person] may not be increased while insured under this provision.

[

If You[ or Your Spouse] have received benefits under the Living Benefits (Accelerated Benefits) provision, You[ or Your Spouse] are not eligible to obtain insurance under this provision. If ineligible for this reason, You[ or Your Spouse] may be able to obtain insurance under the Conversion provision.]

If You obtain insurance under this provision, You[ and Your Dependent(s)] will not be eligible to continue insurance under any other continuation provision.

### **When Insurance Under this Provision Ends**

Insurance under this provision will end[ on the earliest of the day][ on the last day of the month in which the earliest of the following events occurs]:

- a) [You or Your Spouse reach age [70];]
- b) You return to employment with the [Policyholder][ or [V]];
- c) You obtain coverage under any other employer or group sponsored life plan;
- d) You or Your Spouse begin active duty in the Armed Forces, National Guard or Reserves of any state or country (except for temporary active duty of [31] days or less); or
- e) the Policy terminates.

[

In addition to the items above, insurance for a Dependent child will end[ on the earliest of the day][ on the last day of the month in which the earliest of the following events occurs]:

- a) the Dependent child is no longer eligible for insurance under the Policy; or
- b) the Dependent child begins active duty in the Armed Forces, National Guard or Reserves of any state or country (except for temporary active duty of [31] days or less).]

Insurance under this provision will also end in accordance with the Grace Period provision.

If continued insurance under this provision ends, You[, Your Spouse or Dependent child(ren)] may be able to obtain insurance under the Conversion provision.

### Notice of the Right to Continue Insurance Under this Provision

The portability period is the period of time that is [31] days from the date insurance under the Policy ends (“Portability Period”). When insurance under the Policy ends, notice of the right to continue insurance under this provision will be given. If notice is not given at least 15 days from the end of the Portability Period, an extension of the period of time in which to request continued insurance under this provision will be allowed. Any extension of the Portability Period will expire on the earlier of:

- a) 15 days after notice has been received; or
- b) 60 days after the end of the Portability Period, even if notice is not received.

### How to Request Continued Insurance Under this Provision

You or Your Spouse must submit a Written Request for insurance under this provision. The Written Request and the initial premium due must be submitted within the Portability Period.

See the Options for Payment of Premium for Continued Insurance provision for premium payment options.]

[

### PORTABILITY

You have the right to continue receiving group life[ and accidental death and dismemberment] insurance under this provision if You are under age [70] when insurance would otherwise end for any of the following reasons:

- a) You cease to be Actively [Working] and are not eligible for insurance under any other continuation provision in this Certificate;
- b) Your [employment] with the [Policyholder][ or [V]] ends;
- c) You retire; or
- d) the Policy terminates and the [Policyholder][ or [V]] does not obtain group life coverage within [31] days.

[

In addition to the above reasons, Your Spouse has the right to continue receiving group insurance[, including insurance for Dependent child(ren),] under this provision if Your Spouse is under age [70] when insurance would otherwise end for any of the following reasons:

- a) [You reach the [Attained Age] of [70], but Your Spouse is under age [70];]
- b) [You continue insurance under the Continuation of Insurance for Total Disability[ with Waiver of Premium] provision;]
- c) divorce or legal separation of You and Your Spouse; or
- d) Your death.]

[

If Your Spouse continues to receive insurance under this provision, Dependent child(ren) may be insured under You or Your Spouse, but not both.]

[

If You continue to receive insurance under this provision and You are not eligible for insurance under any other continuation provision of the Policy, You must continue insurance under this provision in order for Your Dependent(s) to be eligible.]

If an Insured Person requests to continue to receive group insurance under this provision, the amount of insurance[ for each Insured Person] shall not exceed the lesser of:

- a) the amount in effect under the Policy on the day insurance ended; or
- b) [\$500,000][ for You and [\$250,000] for Your Dependents].

[

An Insured Person may request to continue to receive insurance in an amount in excess of the amount described in the preceding paragraph, but not to exceed [\$500,000], if Evidence of Insurability is provided.]

The amount of insurance may not be increased after insurance continues under this provision[, unless Evidence of Insurability is provided].

[

If You[ or Your Spouse] have received benefits under the Living Benefits (Accelerated Benefits) provision, You[ or Your Spouse] are not eligible to continue group insurance under this provision. If group insurance will not continue for this reason, You[ or Your Spouse] may be able to obtain insurance under the Conversion provision.]

If You continue to receive group insurance under this provision, You[ and Your Dependent(s)] can not continue insurance under any other continuation provision of the Policy.

### The Group Term Life Insurance Portability Policy

Group insurance continued under this provision is available under another group term life insurance policy (the “Portability Policy”) issued by Us, as available at the time insurance under this provision is requested. If You or Your Spouse become insured under the Portability Policy, You or Your Spouse will receive a [copy of] the Portability Policy.

The Portability Policy may not provide all the same benefits or have all the same terms and conditions that are included in the Policy. In addition, the premium rates charged for insurance under the Portability Policy may not be the same as the premium rates charged for insurance under the Policy. The benefits and premium rates of Our Portability Policy are described on Our portability request form. You may contact the [Policyholder][, [V]] or Us to obtain Our portability request form.

We may change the benefits and conditions of the Portability Policy and associated premium rates at any time. We will provide notice of any change at least [31] days before the change is effective.

[The continued group insurance coverage under the Portability Policy is available as a result of portability rights that arise solely from the Policy, as arranged for You as an employee welfare benefit subject to the Employee Retirement Income Security Act of 1974, as amended.]

### **Notice of the Right to Continue Group Insurance Under this Provision**

The portability period is the period of time that is [31] days from the date insurance under the Policy ends (“Portability Period”). When insurance under the Policy ends, notice of the right to continue receiving insurance under this provision will be given. If notice is not given at least 15 days before the end of the Portability Period, an extension of the period of time in which to apply for a Portability Policy will be allowed. Any extension of the Portability Period will expire on the earlier of:

- a) 15 days after notice has been received; or
- b) 60 days after the end of the Portability Period, even if notice is not received.

### **How to Continue Group Insurance Under this Provision**

You or Your Spouse must submit a Written Request for insurance under the Portability Policy. The Written Request and the initial premium due must be submitted within the Portability Period.]

## **CONVERSION**

This provision allows for conversion of life insurance. Conversion insurance is not available for accidental death and dismemberment insurance.

### **When[ Employment or Class] Membership Ends or the Amount of Insurance Reduces**

If group life insurance ends because Your[ employment or] membership in a class (as shown under Classification(s) on the Schedule) ends or Your benefit amount reduces, You may apply for an individual policy of life insurance other than term insurance (“Conversion Policy”).[ If group life insurance for any of Your Dependent(s) ends or reduces due to Your death, divorce, legal separation or failure to satisfy any other eligibility condition, Your Dependent(s) may also apply for a Conversion Policy.]

The Conversion Policy issued under this provision will be:

- a) any type of individual policy of life insurance then customarily issued by Us for purposes of conversion, except term insurance;
- b) issued without any supplemental benefits; and
- c) for an amount of life insurance that is up to the amount of life insurance that ended or was reduced.

Premium shall be based on the standard premium rate for the Conversion Policy according to the amount of insurance, class of risk, gender and age of the applicant on the date the Conversion Policy takes effect.

The Conversion Policy will become effective on the later of the date of issue or [31] days after the date insurance under the Policy ended or was reduced.

### **When the Policy or a Class Terminates**

You[, and/or Your Dependent(s)] may apply for a Conversion Policy if insurance under the Policy ends due to termination of the Policy or termination of Your class (as shown under Classification(s) on the Schedule), provided You have been insured under the Policy or any Prior Plan for at least [5] consecutive years. The Conversion Policy issued under this provision will be:

- a) any type of individual policy of life insurance then customarily issued by Us for purposes of conversion, except term insurance;
- b) issued without any supplemental benefits;
- c) for an amount of life insurance that does not exceed the lesser of:

1. [\$10,000]; or
2. the amount of insurance that ended under the Policy less the amount of any other group life insurance for which the applicant becomes eligible within [31] days after insurance under the Policy ended.

Premium shall be based on the standard premium rate for the Conversion Policy according to the amount of insurance, class of risk, gender and age of the applicant on the date the Conversion Policy takes effect.

The Conversion Policy will become effective the day after insurance under this Policy ends.

#### **Notice of the Right to Obtain Insurance Under this Provision**

The conversion period is the period of time that is [31] days from the date insurance under the Policy ends or reduces (“Conversion Period”). When insurance ends under the Policy, notice of the right to convert will be given. If notice is not given at least 15 days before the end of the Conversion Period, an extension of the period of time in which to apply for a Conversion Policy will be allowed. Any extension will expire on the earlier of:

- a) 15 days after notice has been received; or
- b) 60 days after the end of the Conversion Period, even if notice is not received.

If You[ or any of Your Dependent(s)] are entitled to obtain a Conversion Policy and die within [31] days after insurance under the Policy ends or reduces, We will pay the amount of life insurance which could have been converted, even if You[ or Your Dependent(s)] did not apply for a Conversion Policy.

#### **How to Request Insurance Under this Provision**

Insurance is available without providing Evidence of Insurability. You[ or Your Dependent(s)] must submit a Written Request for a Conversion Policy. The Written Request and the initial premium due must be submitted to Us within the Conversion Period.

[

#### **Conversion Insurance and Your Return to Active [Work]**

If You[ or any of Your Dependent(s)] are issued a Conversion Policy and again become eligible for insurance under the Policy, insurance under the Policy will become effective (subject to all eligibility requirements) only if any Conversion Policy(ies) is/are surrendered to Us.]

SERFF Tracking Number: MUTM-126723316 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 46595  
Company Tracking Number: MIKE DILORENZO  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: 2010 Group Term Life Re-Write - 7000CI-U-EZ 10  
Project Name/Number: 2010 Group Term Life Re-Write/7000CI-U-EZ 10

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR Read Cert.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application <b>Comments:</b> Application Form number 10634GA-EZ 01 10 was approved on 10/29/09.		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Memorandum of Variability <b>Comments:</b> <b>Attachment:</b> Memorandum of Variability [AR].pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Fee Schedule <b>Comments:</b> <b>Attachment:</b> AR Fee Schedule Cert .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>
7000CI-U-EZ 10	Certificate	40
7024SP-EZ 10	Standard Provisions	40
7000GS-EZ 10	Schedule	40
7001GD-EZ 10	Definitions	40
7023PC-L-EZ 10	Payment of Claims	40
12455PP-EZ 10	Premium Payments	40
1008GI-EZ 10	Life Insurance Benefits	40
9536GI-EZ 10	Living Benefits	40
12456ADD-EZ 10	AD&D Rider	40
7017GI-EZ 10	Eligibility	40

United of Omaha Life Insurance Company

Date: August 24, 2010



Daniel J. Kennelly  
Vice President & Chief Compliance Officer

# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600



## Memorandum of Variability

### All Forms

Formatting variable to the extent that we may change ordered list form items (a), (b) and (c) to (1), (2) and (3), or to bullet points, if so requested. Each variable section, statement or field is denoted by [brackets]. Bracketed text is intended to: (1) be in or out of the form; (2) have variable ranges; or (3) contain case specific information as described in this memorandum.

### Form 7000CI-U-EZ 10

#### Certificate

Page 1	
<i>Variable Statements/Fields</i>	<i>How or When Used</i>
[Mutual of Omaha Plaza] [Omaha, Nebraska 68175]	Home Office Location bracketed to accommodate a change in location. Any change in address will be submitted to the Department on an informational basis prior to use.
[GVTL]-[XXXX]	Number used by United of Omaha to identify the Policyholder's contract.
[Policyholder Legal Name]	Insert the legal name of the policyholder.
[Policyholder]	Policyholder is bracketed throughout the forms so that we may insert the nomenclature for the policyholder if requested. Policyholder is standard, but others might be used. For example, employer.
[Employee]	Employee is bracketed throughout this form so that we may insert the nomenclature for members of the group. Employee is standard. Other examples include Associate, Member, Partner, etc.
[and Your Dependent(s), if applicable,]	Will print if policyholder chooses to include dependents with this product.
Officer Signatures and Titles	Variable to indicate the company will update this information automatically, without resubmitting for filing review. In the event the title of an officer signing the policy form changes, any new title utilized will be the title of an officer of the company.

### Form 7024SP-EZ 10

#### Standard Provisions

Page 1	
<i>Variable Statements/Fields</i>	<i>How or When Used</i>
Insurance Contract provision <ul style="list-style-type: none"> <li>• [or Your Dependents]</li> </ul>	Will print if policyholder chooses to include dependents with this product.

**Form 7000GS-EZ 10  
Schedule**

Each variable section, statement or field is denoted by [brackets].

<b>Page 1</b>	
<i>Variable Statements/Fields</i>	<i>How or When Used</i>
Schedule of Insurance	Completely variable to the extent that it will be customized for the group policyholder's requirements.

**Form 7001GD-EZ 10  
Definitions**

Each variable section, statement or field is denoted by [brackets].

<b>Page 1</b>	
<i>Variable Statements/Fields</i>	<i>How or When Used</i>
[Employee]	Employee is bracketed throughout this form so that we may insert the nomenclature for members of the group. Employee is standard. Other examples include Associate, Member, Partner, etc.
[Policyholder][or [V]]	Policyholder is bracketed throughout the forms so that we may insert the nomenclature for the policyholder if requested. Policyholder is standard, but others might be used. For example, "employer." "Or V" is variable throughout this form because an entity to the policyholder may also be accountable for managing eligibility for the employee population. In these circumstances, both the policyholder and the additional entity need to be represented in the contract language. The "V" could be the employee or member's employer, or it could be the name of a specific employer, or could be a generic benefits administrator.
Annual Earnings definition <ul style="list-style-type: none"> <li>• Entire definition</li> <li>• [loss]</li> <li>• [and in effect... [during the...[under Your...</li> <li>• Your annual earnings include...</li> <li>• Your annual earnings do not include...</li> <li>• [V]</li> </ul>	Include if annual earnings is a component of employee benefits amount or limitation on the employees benefit amount. Either "loss" or "Your retirement" will print depending on whether it is a retiree plan. The appropriate sentence will print depending on how the policyholder wants to define annual salary. Include this section to specify additional earnings that are included in annual earnings. The bracketed earnings items will print if chosen by policyholder. Include this section to specify additional earnings that are not included in annual earnings. The bracketed earnings items will print if chosen by policyholder.  Variable to accommodate a different definition of annual salary if requested by the policyholder.

<p>Attained Age definition</p> <ul style="list-style-type: none"> <li>• Entire definition</li> <li>• Bracketed dates</li> </ul>	<p>Include if the primary administration date is the policy anniversary date. Insert example dates.</p>
<p>Calendar Year definition</p>	<p>Include if annual earnings is defined as prior calendar year earnings.</p>
<p>Dependent definition</p> <ul style="list-style-type: none"> <li>• Entire definition</li> <li>• [:]</li> <li>• [Your Spouse]</li> <li>• [;]</li> <li>• Items b) through d)</li> <li>• [or child of Your domestic...]</li> <li>• [anyone insured under the Policy as a[n] [Employee]</li> <li>• [31]</li> <li>• Items c) and d)</li> <li>• Your Spouse [who has reached the[Attained Age] of [70] or older;][after You reach the [Attained Age] of [70];]</li> <li>• [a child less than 14 days old;]</li> <li>• Items f) through i)</li> <li>• [Attained Age] of [26]</li> <li>• [, or the [Attained Age] of [30] if a Student,]</li> </ul>	<p>Include if any dependent coverage is included. Include if both spouse and child coverage are included.</p> <p>Include if spouse coverage is included. Include if both spouse and child coverage are included.</p> <p>Include if child coverage is included as a dependent. Include if domestic partner coverage is included. Include if dual husband/wife coverage is not included. Range is 14-365.</p> <p>Include if spouse coverage is included. Either sentence will print depending on who the age is based on (employee or spouse). Range of 60-99. Use "Attained Age" if the administration date is the policy anniversary date. Insert "age" in place of "Attained Age" if the administration date is first of the month following or on the day.</p> <p>Include child coverage if included and unavailable to a child under 14 days old.</p> <p>Include if child coverage is included. Use "Attained Age" if the administration date is the policy anniversary date. Insert "age" in place of "Attained Age" if the administration date is first of the month following or on the day. Range of 18-30.</p> <p>Include if child limiting age is different than student age. Use "Attained Age" if the administration date is the policy anniversary date. Insert "age" in place of "Attained Age" if the administration date is first of the month following or on the day. Range of 18-30.</p>
<p>Employee definition</p> <ul style="list-style-type: none"> <li>• Entire definition</li> <li>• [or Canada]</li> <li>• [lawfully and legally able...]</li> <li>• [receiving compensation from the...]</li> <li>• [V]</li> </ul>	<p>Include if policyholder/employee relationship is employer/employee or similar relationship. Remove if policyholder chooses. Include if employee has any type of work relationship to policyholder or associated entity.</p> <p>Include if employee has any type of work relationship to policyholder or associated entity.</p> <p>Include any non-standard employee requirements as requested by the policyholder.</p>

<ul style="list-style-type: none"> <li>• [:]</li> <li>• [12]</li> <li>• [;][or]</li> <li>• [working on a seasonal...]</li> <li>• [performing services for the [Policyholder][ or [V]][ as an independent contractor, including persons reporting income on a 1099 form][ or][ subject to the terms of a leasing agreement between the [Policyholder][ or [V]] and a leasing organization]].</li> </ul>	<p>Include if there is coverage for seasonal and/or independent contractor employees.</p> <p>Range of 6-36. Include when seasonal and/or independent contractor services are included. Will include unless policy holder wants to include these employees.</p> <p>Will include unless policy holder wants to include these types of employees.</p>
<b>PAGE 2</b>	
Evidence of Insurability definition	Include if coverage is offered that exceeds the guaranteed issue amount.
<p>First Enrollment Period definition</p> <ul style="list-style-type: none"> <li>• Entire definition</li> <li>• [31]</li> <li>• [or Dependent]</li> </ul>	<p>Include for coverage that requires an election (contributory or voluntary). Range of 0-120. Will print if dependent coverage is included with this plan.</p>
Guarantee Issue Amount definition	Include if coverage is offered that exceeds the guaranteed issue amount.
Incapacitated definition	Include if child coverage is included.
Injured definition	Include if AD&D coverage is included.
Insured Person definition	Include if dependent coverage is included.
<p>Physician definition</p> <ul style="list-style-type: none"> <li>• A physician does not include...</li> </ul>	Bracketed items will print unless prohibited by law. Item (e) is variable to reference, as needed, emerging practitioners of alternative therapies or medicine unless prohibited by law.
<p>Policy Anniversary definition</p> <ul style="list-style-type: none"> <li>• [January 1]</li> </ul>	Insert month and day of policy anniversary.
<p>Policy Effective Date</p> <ul style="list-style-type: none"> <li>• [January 1, 2011]</li> </ul>	Insert the date of the policy effective date.
<b>PAGE 3</b>	
Prior Plan definition	Include unless there is no prior plan.
<p>Retiree definition</p> <ul style="list-style-type: none"> <li>• Entire definition</li> <li>• [or Canada]</li> <li>• [:]</li> <li>• [has attained Social Security...]</li> <li>• [is at least age [65];]</li> <li>• [has completed [5] consecutive years...]</li> <li>• [, or part time]</li> <li>• [employment]</li> <li>• [participates in a pension plan...]</li> </ul>	<p>Include if the plan offers coverage only to retirees.</p> <p>Include if Canadian citizenship is included.</p> <p>Include if there is more than one element to the retiree definition.</p> <p>Include this sentence if it applies to the retiree definition as indicated by policyholder.</p> <p>Include this sentence if it applies to the retiree definition as indicated by policyholder. Range is 50-100.</p> <p>Include this sentence if it applies to the retiree definition as indicated by policyholder. Range is 1-30.</p> <p>Include if it applies to the retiree definition as indicated by policyholder.</p> <p>Use "employment" or "service" as chosen by policyholder.</p> <p>Include this sentence if it applies to the retiree definition as indicated by policyholder.</p>

<ul style="list-style-type: none"> <li>• [whose age plus years of active full time[, or part time] [employment] with the [Policyholder][ or [V]] equal at least [V] ;]</li> <li>• [and]</li> <li>• [V]</li> </ul>	<p>Include this sentence if it applies to the retiree definition as indicated by policyholder. Include "part time" if it applies to the retiree definition as indicated by policyholder. Use "employment" or "service" as chosen by policyholder. Range for "V" is 1-150.</p> <p>Insert if more than one element to definition.</p> <p>Include any non-standard element of the definition if requested by policyholder.</p>
<p>Spouse definition</p> <ul style="list-style-type: none"> <li>• Entire definition</li> <li>• [, or Your domestic partner...]</li> <li>• [A spouse may include...]</li> <li>• [same sex]</li> <li>• [;or]</li> <li>• [V]</li> </ul>	<p>Include if spouse coverage is included.</p> <p>Include if domestic partner coverage is included.</p> <p>Include if domestic partner coverage is included.</p> <p>Include this language as required by law.</p> <p>Include if any non-standard elements of domestic partner are requested by policyholder or required by law.</p> <p>Include any non-standard element of domestic partner if requested by policyholder or required by law.</p>
<p>Student definition</p> <ul style="list-style-type: none"> <li>• Entire definition</li> <li>• [high school,]</li> <li>• [or part time]</li> <li>• [Student includes a dependent child who...]</li> </ul>	<p>Include if the child limiting age is different than the student limiting age.</p> <p>Include if the child limiting age is different than the student limiting age.</p> <p>Include if requested by policyholder.</p> <p>Include if the child limiting age is different than the student limiting age.</p>
<p>Subsequent Enrollment Period</p> <ul style="list-style-type: none"> <li>• Entire definition</li> <li>• [31]</li> </ul>	<p>Include for coverage that requires an election (contributory or voluntary)</p> <p>Range is 0-120</p>
<p>You, Your, Insured Person definition</p> <ul style="list-style-type: none"> <li>• [, Insured Person]</li> </ul>	<p>Include if dependent coverage is not included.</p>

**Form 7023PC-L-EZ 10  
Payment of Claims**

<b>Page 1</b>	
<i>Variable Statements/Fields</i>	<i>How or When Used</i>
HOW TO OBTAIN PLAN BENEFITS provision	Insert policyholder specific information.
CLAIM ASSISTANCE provision	Variable to accommodate a change in location.
PROOF OF LOSS provision <ul style="list-style-type: none"> <li>• [90]</li> <li>• [90]</li> </ul>	<p>Range is 90-180.</p> <p>Range is 90-180.</p>
PAYMENT OF CLAIMS provision <ul style="list-style-type: none"> <li>• [and/or Accidental Death and Dismemberment Benefits Rider]</li> <li>• [V]</li> </ul>	<p>Include if AD&amp;D coverage is included.</p> <p>Include any state required language for payment of interest on unpaid benefits.</p>
MODE OF PAYMENT provision <ul style="list-style-type: none"> <li>• [Accidental death and dismemberment benefits...]</li> <li>• [Unless prohibited by applicable law,...]</li> <li>• [\$10,000]</li> </ul>	<p>Include if AD&amp;D coverage is included.</p> <p>Will include these paragraphs depending on payment options made available to insured.</p> <p>Range is \$5,000-\$10,000.</p>

**PAGE 2**

<p>AUTHORITY TO INTERPRET POLICY provision</p> <ul style="list-style-type: none"> <li>• [Mutual of Omaha Insurance Company]</li> <li>• [Policy benefits will be paid...]</li> </ul>	<p>Variable to allow for a change in contact information. Include if the plan is an ERISA plan.</p>
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**Form 12455PP-EZ 10  
Premium Payments**

**Page 1**

<i>Variable Statements/Fields</i>	<i>How or When Used</i>
<p>[Policyholder][or [V]]</p>	<p>Policyholder is bracketed throughout the forms so that we may insert the nomenclature for the policyholder if requested. Policyholder is standard, but others might be used. For example, "employer." "Or V" is variable throughout this form because an entity to the policyholder may also be accountable for managing eligibility for the employee population. In these circumstances, both the policyholder and the additional entity need to be represented in the contract language. The "V" could be the employee or member's employer, or it could be the name of a specific employer, or could be a generic benefits administrator.</p>
<p>PAYMENT OF PREMIUMS THROUGH PAYROLL DEDUCTION provision</p> <ul style="list-style-type: none"> <li>• Entire provision</li> <li>• [You are responsible...]</li> <li>• [for You and/or Your Dependent(s)]</li> <li>• [The premium owed by you...]</li> <li>• [You are responsible for...Your share...]</li> <li>• [for You and/or Your Dependent(s)]</li> <li>• [The premium owed by you...]</li> </ul>	<p>Will print if this payment method is included. Include this paragraph if insured is responsible for entire amount of premiums. Include if dependent coverage is included. Include this sentence if dependent coverage is included. Include this paragraph if insured is responsible for a portion of premiums. Include if dependent coverage is included. Include this sentence if dependent coverage is included.</p>
<p>PAYMENT OF PREMIUMS THROUGH ELECTRONIC FUNDS TRANSFER provision</p> <ul style="list-style-type: none"> <li>• Entire provision</li> <li>• [for You and/or Your Dependent(s)]</li> <li>• [The premium owed by you...]</li> <li>• [MM/DD/YYYY]</li> <li>• [first day of each subsequent month.]</li> <li>• [first]</li> <li>• [V]</li> </ul>	<p>Will print if this payment method is included. Include if dependent coverage is included. Include this sentence if dependent coverage is included. Insert first day premium is due. Include unless policyholder requests non-standard handling. Insert specified day of month on which subsequent premiums are due. Include non-standard premium handling if requested.</p>
<p>OPTIONS FOR PAYMENT OF PREMIUM FOR CONTINUED INSURANCE provision</p> <ul style="list-style-type: none"> <li>• Entire provision</li> <li>• [Except when insurance is continued under the Continuation of Insurance Under Portability provision,]</li> <li>• [p]</li> <li>• [or]</li> </ul>	<p>Include if premium is not paid through EFT. Include if Continuation of Insurance Under Portability is included. Will print uppercase if Continuation of Insurance Under Portability is not included. Will print when item c is not included.</p>

<ul style="list-style-type: none"> <li>• [or; You may pay premium directly to Us.]</li> <li>• [Contact the...]</li> <li>• [Contact the...]</li> <li>• [When insurance is continued...]</li> </ul>	<p>Include if premium is payable directly to Mutual.</p> <p>Include this sentence if premium is not payable directly to us.</p> <p>Include this sentence if premium is not payable directly to us.</p> <p>Include if Continuation of Insurance Under Portability is included.</p>
<p>GRACE PERIOD provision</p> <ul style="list-style-type: none"> <li>• [31]</li> <li>• [for You and/or Your Dependents]</li> </ul>	<p>Range is 31-120.</p> <p>Include if dependent coverage is included.</p>
<b>PAGE 2</b>	
<p>PREMIUM CHANGES provision</p> <ul style="list-style-type: none"> <li>• [for You and/or Your Dependents]</li> <li>• [the[Policyholder][ or [V]] ] [We]</li>   <li>• [31]</li> <li>• [:]</li> <li>• [...of the next higher age band...]</li> <li>• [...which benefits are reduced...]</li>   <li>• [or Your Spouse]</li>   <li>• [Attained Age]</li> </ul>	<p>Include if dependent coverage is included.</p> <p>Include policyholder reference if premium is not paid by insured through EFT. Include "We" if premium is paid by insured through EFT.</p> <p>Range 31-60.</p> <p>Will print if more than one item is included.</p> <p>Include this sentence if rates are age-banded.</p> <p>Include this sentence if a reduction schedule applies.</p> <p>Include if spouse coverage is included and not based on employee's age.</p> <p>Insert "Attained Age" if administration date is the policy anniversary date. Insert "age" if administration date is the first of the month following or on the day.</p>

**Form 1008GI-EZ 10**  
**Life Insurance Benefits**

<b>Page 1</b>	
<i>Variable Statements/Fields</i>	<i>How or When Used</i>
<p>BENEFITS provision</p> <ul style="list-style-type: none"> <li>• [or any of Your Dependent(s), if applicable]</li> <li>• [Benefits payable by reason of Your death...]</li>   <li>• [Benefits payable by reason of the death of...]</li> </ul>	<p>Include if dependent coverage is included.</p> <p>Will print unless policyholder requests different handling.</p> <p>Will print if dependent coverage is included.</p>
<p>BENEFICIARY DESIGNATION provision</p> <ul style="list-style-type: none"> <li>• Entire provision</li>   <li>• [Your surviving brother and sisters...]</li> <li>• [Arizona, California, Idaho...]</li> <li>• [You are the beneficiary of...]</li>   <li>• [In the event of the death of Your Spouse...]</li> <li>• [In the event of the death of any of Your Dependent child(ren)...]</li> <li>• [V]</li> </ul>	<p>Will print unless non-standard language is requested by policyholder. In those cases, the requested non-standard language will be used.</p> <p>Include if required by law or requested by policyholder.</p> <p>Insert community property states and include/remove any states as state laws change.</p> <p>This paragraph will print if dependent coverage is included.</p> <p>Include if spouse coverage is included.</p> <p>Include if child coverage is included.</p> <p>Insert non-standard beneficiary information if requested by policyholder.</p>

BENEFICIARY CHANGE provision <ul style="list-style-type: none"> <li>Entire provision</li> <li>[V]</li> </ul>	Include unless non-standard beneficiary handling is requested by policyholder. Insert non-standard beneficiary change language if requested by policyholder.
RIGHT OF IRREVOCABLE ASSIGNMENT provision	Include if required by law or requested by policyholder.
<b>PAGE 2</b>	
FACILITY OF PAYMENT provision <ul style="list-style-type: none"> <li>[\$500]</li> <li>[, or to the death and subsequent...]</li> </ul>	Insert amount as required by law. In the absence of any requirements, range is \$100-\$10,000. Include if dependent coverage is included.
LIFE INSURANCE BENEFITS EXCLUSION provision <ul style="list-style-type: none"> <li>Entire provision</li> <li>[, while sane or insane,]</li> <li>[two years]</li> </ul>	Will print for Voluntary Term Life plans. Include language or appropriate equivalent as required by law. "Two years" will print for all states except in CO and ND where "one year" will print.

**Form 9536GI-EZ 10  
Living Benefits (Accelerated Benefit)**

<b>PAGE 1</b>	
<i>Variable Statements/Fields</i>	<i>How or When Used</i>
[This section only applies to the..]  [or Your Spouse] [, Your Spouse] [for You or Your Spouse]	Include this paragraph if accidental death and dismemberment insurance is included.  Throughout this form, these phrases will print if spouse coverage is included.
DEFINITIONS provision <ul style="list-style-type: none"> <li>[that is expected to result in [Your] [the] death [of You or Your Spouse]...]</li> <li>[12]</li> <li>[that is expected to result in [Your] [the] death [of You or Your Spouse] within a specified number of...]</li> <li>[12]</li> <li>[6]</li> </ul>	Include this sentence if maximum benefit is less than \$250,000. Include "Your" if spouse coverage is not available. Include "the" if spouse coverage is available. Include "of You or Your Spouse" if spouse coverage is available. Range is 3-24. Include this sentence if maximum benefit is greater than \$250,000. Include "Your" if spouse coverage is not available. Include "the" if spouse coverage is available. Include "of You or Your Spouse" if spouse coverage is available. Range is 3-24. Range is 3-6.
ABOUT LIVING BENEFITS provision <ul style="list-style-type: none"> <li>[75]</li> <li>[\$100,000]</li> <li>[10]</li> <li>[\$1,000]</li> <li>[Life insurance on other Insured Persons...]</li> <li>[Payment of Living Benefits...]</li> </ul>	Range is 5-80. Range is \$5,000-\$1,000,000. Range is 5-25. Range is \$1,000-\$10,000. Include if dependent coverage is included. Include if Accidental Death & Dismemberment benefits are included in the plan.
APPLYING FOR LIVING BENEFITS provision <ul style="list-style-type: none"> <li>[If Living Benefits are being requested...]</li> </ul>	Include if spouse coverage is included.
CONDITIONS OF LIVING BENEFITS provision <ul style="list-style-type: none"> <li>[\$1,000]</li> <li>[, unless subject to waiver of premium under...]</li> </ul>	Range is \$1,000-\$50,000. Include if total disability waiver is included.

<ul style="list-style-type: none"> <li>• [The [Continuation of Insurance Under] Portability...]</li> </ul>	Include this sentence if any portability provision is available. Include "Continuation of Insurance Under" if the continuation of insurance under portability provision is included.
<b>PAGE 2</b>	
WHEN LIVING BENEFITS ARE NOT AVAILABLE provision <ul style="list-style-type: none"> <li>• [or Portability]</li> </ul>	Include if any portability provision is available.

**Form 12456ADD-EZ 10  
Accidental Death and Dismemberment Benefits Rider**

<b>PAGE 1</b>	
<i>Variable Statements/Fields</i>	<i>How or When Used</i>
[Policyholder][or [V]]	Policyholder is bracketed throughout the forms so that we may insert the nomenclature for the policyholder if requested. Policyholder is standard, but others might be used. For example, "employer." "Or V" is variable throughout this form because an entity to the policyholder may also be accountable for managing eligibility for the employee population. In these circumstances, both the policyholder and the additional entity need to be represented in the contract language. The "V" could be the employee or member's employer, or it could be the name of a specific employer, or could be a generic benefits administrator.
[or Your Spouse] [or Your Spouse's]	Throughout this form, these phrases will print if spouse coverage is included.
group Policy [V]	Insert group policy number.
later of [V]	Insert policy effective date.
DEFINITIONS section <ul style="list-style-type: none"> <li>• Bracketed definitions</li> <li>• [24] (in Childcare definition)</li> </ul>	Will print if the underlying benefit the definition is used with is included. Range is 12-24.
<b>PAGE 2</b>	
BENEFITS section Each separate benefit after Basic Benefits provision. Basic Benefits provision <ul style="list-style-type: none"> <li>• [or any of Your Dependent(s), if applicable]</li> <li>• [Benefits for Your insurance will be payable...]</li> <li>• [Benefits for Your Depend(s)...]</li> </ul> Accidental Death and Dismemberment Benefits Table <ul style="list-style-type: none"> <li>• Bracketed items under the Loss column</li> <li>• [V] (under the loss column)</li> <li>• Bracketed items under the Benefit column</li> </ul>	Will print if the particular benefit is included.  Include if dependent coverage is included. Include unless non-standard beneficiary handling is requested by policyholder. If non-standard handling is requested, adjust language as needed. Include if dependent coverage is included unless non-standard beneficiary handling is requested by policyholder. If non-standard handling is requested, adjust language as needed.  Will print if this coverage is included. Include additional loss benefits as needed. Either "Principal Sum," "Three-quarters Principal Sum," "One-half Principal Sum" or "One-Fourth Principal Sum" will print.

<ul style="list-style-type: none"> <li>• [V] (under the benefit column)</li> </ul> <p>Airbag Benefit provision</p> <ul style="list-style-type: none"> <li>• [10]</li> <li>• [\$10,000]</li> </ul>	<p>Either "Principal Sum," "Three-quarters Principal Sum," "One-half Principal Sum" or "One-Fourth Principal Sum" will print.</p> <p>Range is 1-100. Range is \$1,000-\$2,000,000.</p>
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**PAGE 3**

<p>Common Carrier Benefit provision</p> <ul style="list-style-type: none"> <li>• [20]</li> <li>• [\$250,000]</li> <li>• [air, land or water]</li> </ul> <p>Repatriation of Remains Benefit provision</p> <ul style="list-style-type: none"> <li>• [\$5,000]</li> </ul> <p>Seat Belt Benefit provision</p> <ul style="list-style-type: none"> <li>• [10]</li> <li>• [\$25,000]</li> </ul> <p>Childcare Benefit provision</p> <ul style="list-style-type: none"> <li>• [5]</li> <li>• [\$5,000]</li> <li>• [12]</li> <li>• [2]</li> <li>• [365]</li> <li>• [If there is no Dependent child,...]</li> <li>• [\$1,000]</li> </ul> <p>Child Education Benefit provision</p> <ul style="list-style-type: none"> <li>• [5]</li> <li>• [\$5,000]</li> <li>• [4]</li> <li>• [1]</li> <li>• [If there is no Student,...]</li> <li>• [\$1,000]</li> <li>• [For purposes of this benefit,...]</li> </ul>	<p>Range is 1-100. Range is \$1,000-\$2,000,000. Include unless non-standard conveyance methods are requested by policyholder. If non-standard, adjust as needed.</p> <p>Range is \$1,000-\$100,000.</p> <p>Range is 1-100. Range is \$1,000-\$2,000,000.</p> <p>Range is 1-100. Range is \$1,000-\$50,000. Range is 10-18. Range is 1-10. Range is 180-365. Include this sentence if required by law. Include amount as required by law.</p> <p>Range is 1-100. Range is \$1,000-\$50,000. Range is 1-10. Range is 1-10. Include this sentence if required by law. Include amount as required by law. Include if child limiting age is not equal to student limiting age.</p>
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**PAGE 4**

<p>Continuation of Coverage for Your [Spouse][Dependents]</p> <ul style="list-style-type: none"> <li>• [Spouse][Dependents]</li> <li>• [Spouse][and/or][Dependent child(ren)]</li> <li>• [12]</li> <li>• [Spouse][or][Dependent child]</li> <li>• [; or Your [Spouse][or][Dependent child] becomes...]</li> <li>• [Continuation of Insurance Under]</li> <li>• [Portability]</li> </ul> <p>Spouse Education Benefit provision</p> <ul style="list-style-type: none"> <li>• [\$3,000]</li> <li>• [4]</li> <li>• [1]</li> <li>• [or part time]</li> <li>• [If there is no Spouse,...]</li> <li>• [\$1,000]</li> </ul> <p>Coma Benefit provision</p> <ul style="list-style-type: none"> <li>• [5]</li> <li>• [20]</li> </ul>	<p>Include "Spouse" if just spouse coverage is included. Include "Dependents" if dependents are included. Include if applicable coverage is available. Range is 12-36. Include if applicable coverage is available. Include this sentence if any portability provision is included. Include if the continuation of insurance under portability provision is included. Include if any portability provision is included.</p> <p>Range is \$1,000-\$50,000. Range is 1-10. Range is 1-10. Include if option is included. Include this sentence if required by law. Include amount as required by law.</p> <p>Range is 1-100. Range is 6-36.</p>
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<ul style="list-style-type: none"> <li>• [31]</li> <li>• [31]</li> </ul> <p>Felonious Assault Benefit provision</p> <ul style="list-style-type: none"> <li>• [20]</li> <li>• [\$25,000]</li> <li>• [on the premises of the...]</li> </ul> <p>Home Alteration and/or Vehicle Modification Benefit provision</p> <ul style="list-style-type: none"> <li>• [[10]% of the Principal Sum, up to...]</li> <li>• [\$10,000]</li> <li>• [20]</li> </ul>	<p>Range is 14-60. Range is 14-60.</p> <p>Range is 1-100. Range is \$1,000-\$2,000,000. Include if requested by policyholder.</p> <p>Include if a benefit percentage is included with the benefit. Range is 1-100. Range is \$1,000-\$50,000. Range is 6-36.</p>
<b>PAGE 5</b>	
<p>Hospital Confinement Daily Income Benefit provision</p> <ul style="list-style-type: none"> <li>• [1]</li> <li>• [\$5,000]</li> <li>• [8]</li> <li>• [12]</li> </ul>	<p>Range is 1-100. Range is \$1,000-\$50,000. Range is 1-30. Range is 6-36.</p>
<p>Exclusions section</p> <ul style="list-style-type: none"> <li>• All exclusions</li> <li>• [, whether is Insured Person is sane or insane]</li> <li>• [, except that this 365 day limit will not apply...]</li> </ul>	<p>Include unless prohibited by law or requested by policyholder. Where required by law or requested by policyholder, adjust language as needed.</p> <p>Include, or appropriate equivalent, as required by law.</p> <p>Include if the coma benefit is included. Where required by law or requested by policyholder, adjust language as needed.</p>
<b>PAGE 6</b>	
<p>Officer signature and title</p>	<p>Variable to indicate the company will update this information automatically, without resubmitting for filing review. In the event the title of an officer signing the policy form changes, any new title utilized will be the title of an officer of the company.</p>

**Form 7017GI-EZ 10  
Eligibility**

<b>PAGE 1</b>	
<i>Variable Statements/Fields</i>	<i>How or When Used</i>
<p>Bracketed sections, provisions, paragraphs, phrases, words.</p> <p>[Attained Age]</p> <p>[Employee]</p> <p>[Member]</p>	<p>Will print if selected by policyholder, if type of coverage is included, or relevant to plan (ie retiree plan, employee plan, member plan).</p> <p>Insert the words "Attained Age" if the primary administration date is policy anniversary date. Insert the word "age" if the primary administration date is first of the month following or on the day.</p> <p>Employee is bracketed throughout this form so that we may insert the nomenclature for members of the group. Employee is standard. Other examples include Associate, Member, Partner, etc.</p> <p>Member is bracketed throughout this form so that we may insert the nomenclature for members of the group.</p>

<p>[Policyholder][or [V]]</p> <p>[Working], [Work]</p>	<p>Policyholder is bracketed throughout the forms so that we may insert the nomenclature for the policyholder if requested. Policyholder is standard, but others might be used. For example, "employer." "Or V" is variable throughout this form because an entity to the policyholder may also be accountable for managing eligibility for the employee population. In these circumstances, both the policyholder and the additional entity need to be represented in the contract language. The "V" could be the employee or member's employer, or it could be the name of a specific employer, or could be a generic benefits administrator.</p> <p>Either "Working," "Work," "Eligibility" or "Eligible" will print depending on definition used.</p>
<p>DEFINITIONS section</p> <p>Actively Working, Active Work definition</p> <ul style="list-style-type: none"> <li>• [30]</li> <li>• [week]</li> <li>• [V]</li> </ul> <p>Life Event definition</p> <ul style="list-style-type: none"> <li>• [V]</li> </ul> <p>Partial Disability, Partially Disabled</p> <ul style="list-style-type: none"> <li>• [12]</li> </ul> <p>Total Disability, Totally Disabled</p> <ul style="list-style-type: none"> <li>• [1]</li> </ul>	<p>Range is 10-60. Either "week," "month," "quarter" or "year" will print. Insert non-standard language for active work hours if requested by policyholder.</p> <p>Insert language for non-standard life events as requested by policyholder.</p> <p>Range is 6-60.</p> <p>Range is 1-10.</p>
<b>PAGE 2</b>	
<p>WHEN AN EMPLOYEE BECOMES ELIGIBLE FOR INSURANCE (ELIGIBILITY WAITING PERIOD) section</p> <ul style="list-style-type: none"> <li>• [30]</li> <li>• [days]</li> <li>• [V]</li> </ul>	<p>Range is 1-365. Either "days," "weeks," "months" or "years" will print. Include non-standard eligibility language if requested by policyholder.</p>
<p>WHEN A RETIREE BECOMES ELIGIBLE FOR INSURANCE (ELIGIBILITY WAITING PERIOD) section</p> <ul style="list-style-type: none"> <li>• [V]</li> <li>• [Month, Day YYYY]</li> </ul>	<p>Include non-standard eligibility language if requested by policyholder.</p> <p>Insert appropriate date.</p>
<p>ADDITIONAL COVERAGE REQUIREMENT section</p> <ul style="list-style-type: none"> <li>• [V]</li> </ul>	<p>Insert applicable coverage.</p>
<b>PAGE 4</b>	
<p>WHEN INSURANCE BEGINS section</p> <ul style="list-style-type: none"> <li>• [31]</li> <li>• [31]</li> <li>• [V]</li> </ul>	<p>Range is 1-120. Range is 1-120. Include non-standard language if requested by policyholder.</p>
<p>EXCEPTIONS TO WHEN INSURANCE BEGINS section</p> <ul style="list-style-type: none"> <li>• [15]</li> <li>• [26]</li> <li>• [30]</li> </ul>	<p>Range is 1-15. Range is 18-30. Range is 18-30.</p>

<b>PAGE 5</b>	
LIFE EVENTS provision <ul style="list-style-type: none"> <li>• [31]</li> <li>• [31]</li> <li>• [31]</li> </ul>	Range is 1-120. Range is 1-120. Range is 1-120.
Annual Increase Option provision <ul style="list-style-type: none"> <li>• [\$V]</li> <li>• [V] times</li> <li>• [\$V]</li> </ul>	Range is \$5,000-\$100,000. Range is .25-10. Range is \$5,000-\$100,000.
CHANGES TO INSURANCE BENEFITS section <ul style="list-style-type: none"> <li>• [V]</li> </ul>	Include non-standard language if requested by policyholder.
<b>PAGE 6</b>	
REINSTATEMENT OF INSURANCE section <ul style="list-style-type: none"> <li>• [31]</li> <li>• [V]</li> <li>• [90][days]</li> <li>• [12][months]</li> <li>• [V]</li> </ul>	Range is 1-120. Include non-standard language if requested by policyholder. Range is 1-365. Either "days," "weeks," "month" or "months" will print. Range is 1-365. Either "days," "weeks," "month," "months," "year" or "years" will print. Include non-standard language if requested by policyholder.
WHEN INSURANCE ENDS section <ul style="list-style-type: none"> <li>• [65]</li> <li>• [31]</li> </ul>	Range is 50-100. Range is 1-120.
<b>PAGE 7</b>	
NOTICE TO YOU WHEN INSURANCE ENDS section <ul style="list-style-type: none"> <li>• [15]</li> </ul>	Range is 1-120.
EXCEPTIONS TO WHEN INSURANCE ENDS section <ul style="list-style-type: none"> <li>• [V]</li> </ul>	Include non-standard language if requested by policyholder.
CONTINUATION OF INSURANCE FOR [LAYOFF, REDUCTION IN HOURS, LEAVE OR SEVERANCE] <ul style="list-style-type: none"> <li>• Heading</li> <li>• [30]</li> <li>• [week]</li> <li>• [20]</li> <li>• [week]</li> <li>• [12][weeks]</li> <li>• [layoff, reduction in hours, leave or severance]</li> <li>• [31]</li> <li>• [9]</li> </ul>	Include appropriate continuation references. Range is 10-60. Either "week," "month," "quarter" or "year" will print. Range is 1-40. Either "week," "month," "quarter" or "year" will print. Range is 1-365. Either "days," "weeks," "month," "months," "year" or "years" will print. Appropriate continuation references will print. Range is 1-120. Range is 1-12.
<b>PAGE 8</b>	
CONTINUATION OF INSURANCE FOR INJURY OR SICKNESS section <ul style="list-style-type: none"> <li>• [Layoff, Reduction in Hours, Leave or Severance]</li> <li>• [12]</li> <li>• [31]</li> <li>• [12]</li> <li>• [9]</li> </ul>	Appropriate continuation references will print. Range is 1-36. Range is 1-120. Range is 1-36. Range is 1-12.
CONTINUATION OF INSURANCE FOR PARTIAL DISABILITY section <ul style="list-style-type: none"> <li>• [31]</li> <li>• [9]</li> </ul>	Range is 1-120. Range is 1-12.

<b>PAGE 9</b>	
CONTINUATION OF INSURANCE FOR TOTAL DISABILITY [WITH WAIVER OF PREMIUM] section <ul style="list-style-type: none"> <li>• [9]</li> <li>• [60]</li> <li>• [60]</li> </ul>	Range is 1-12. Range is 50-100. Range is 50-100.
<b>PAGE 10</b>	
About the Disability Elimination Period provision <ul style="list-style-type: none"> <li>• [9]</li> </ul>	Range is 1-12.
When Continuation of Insurance for Total Disability is Approved provision <ul style="list-style-type: none"> <li>• [6]</li> </ul>	Range is 1-18.
When Continuation of Insurance for Total Disability is Not Approved provision <ul style="list-style-type: none"> <li>• [31]</li> </ul>	Range is 1-120.
When Insurance Under this Provision Ends provision <ul style="list-style-type: none"> <li>• [65]</li> <li>• [5]</li> </ul>	Range is 50-100. Range is 1-50.
<b>PAGE 11</b>	
CONTINUATION OF INSURANCE UNDER PORTABILITY section <ul style="list-style-type: none"> <li>• [70]</li> <li>• [70]</li> <li>• [70][70]</li> </ul>	Range is 50-100. Range is 50-100. Range for each is 60-99.
When Insurance Under this Provision Ends provision <ul style="list-style-type: none"> <li>• [70]</li> <li>• [31]</li> <li>• [31]</li> </ul>	Range is 50-100. Range is 1-120. Range is 1-120.
<b>PAGE 12</b>	
Notice of the Right to Obtain Insurance Under this Provision provision <ul style="list-style-type: none"> <li>• [31]</li> </ul>	Range is 1-120.
PORTABILITY section <ul style="list-style-type: none"> <li>• [70]</li> <li>• [employment]</li>   <li>• [31]</li> <li>• [70]</li> <li>• [70][70]</li> <li>• [\$500,000]</li> <li>• [\$250,000]</li> <li>• [\$500,000]</li>   <li>• [copy of]</li> </ul>	Range is 50-100. Either "employment" or "association" will print depending on whether there is an employee/employer relationship. Range is 1-120. Range is 50-100.  Range is 60-99. Range is \$250,000-\$2,000,000. Range is \$50,000-\$1,000,000. Range is \$250,000-\$2,000,000.  Either "copy of" or "certificate of insurance that describes the terms and conditions of coverage under" will print depending on whether or not the Portability trust uses an incorporation master policy.
The Group Term Life Insurance Portability Policy provision <ul style="list-style-type: none"> <li>• [31]</li> </ul>	Range is 1-120.
<b>PAGE 13</b>	
Notice of the Right to Obtain Insurance Under this Provision provision <ul style="list-style-type: none"> <li>• [31]</li> </ul>	Range is 1-120.
When Employment or Class Membership Ends or the Amount of Insurance Reduces provision <ul style="list-style-type: none"> <li>• [31]</li> </ul>	Range is 31-60.

<p>When the Policy or a Class Terminates provision</p> <ul style="list-style-type: none"> <li>• [5]</li> <li>• [\$10,000]</li> <li>• [31]</li> </ul>	<p>Insert the minimum time period as allowed by law.</p> <p>Insert the minimum amount as allowed by law.</p> <p>Range is 1-120.</p>
<p>Notice of the Right to Obtain Insurance Under this Provision provision</p> <ul style="list-style-type: none"> <li>• [31]</li> <li>• [31]</li> </ul>	<p>Range is 1-120.</p> <p>Range is 1-120.</p>

ARKANSAS  
INSURANCE  
DEPARTMENT

400 University Tower Building  
1123 South University Ave.  
Little Rock, Arkansas 72204

Lee Douglass  
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: United of Omaha Life Insurance Company

Company NAIC Code: 261-69868

Company Contact Person & Phone: Mike DiLorenzo, 402-351-5979

INSURANCE DEPARTMENT USE ONLY:

ANALYST: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ ROUTE SLIP: \_\_\_\_\_

**ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE OF BUSINESS, UNLESS OTHERWISE INDICATED.**

**FEE SCHEDULE FOR ADMITTED INSURERS**

**RATE/FORM FILINGS**

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing. \* 10 X \$50 = \$500.00

\*\*Retaliatory \$ \_\_\_\_\_

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer. \* \_\_\_\_\_ X \$50 = \_\_\_\_\_

\*\*Retaliatory \$ \_\_\_\_\_

Life and/or Disability Policy, Contract or Annuity Forms : Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. \* \_\_\_\_\_ X \$20 = \_\_\_\_\_

\*\*Retaliatory \$ \_\_\_\_\_

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. \* \_\_\_\_\_ X \$25 = \$ \_\_\_\_\_

\*\*Retaliatory \$ \_\_\_\_\_

**AMEND CERTIFICATE OF AUTHORITY**

Review and processing of information to amend an Insurer's Certificate of Authority \* \_\_\_\_\_ X \$400 = \_\_\_\_\_

Filing to amend Certificate of Authority. \*\*\* \_\_\_\_\_ X \$100 = \_\_\_\_\_

**\*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

**\*\*THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

**\*\*\*THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. SEC. 23-61-401.**