

UNITED OF OMAHA LIFE INSURANCE COMPANY
COMPANION LIFE INSURANCE COMPANY
MUTUAL of OMAHA AFFILIATES

*Life Insurance
Underwriting
Guidelines*



BROKERAGE

As of January 2013

**For Term and Permanent
Products**

*Ask your underwriter about
the Fit underwriting credit
program!*

**Producer use only.
Not to be used with the General Public.**

LY27455_0113

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Life Underwriting

Mutual of Omaha appreciates your business and would like to provide you with the tools and materials that make it easier on you through the underwriting process. You will find that in this easy to use reference guide we have included information on our requirements grid, build chart, paramed vendors and much more.

Underwriting Teams

Here at Mutual of Omaha, we have a very experienced and knowledgeable underwriting team. We review each case carefully to give your clients the best offer and look to see if any of our Fit underwriting credits apply. We also offer trials and quick quotes to give you an idea of our position on certain cases. Our team is here to help you place business. Give us a call directly with any questions you may have at 1-800-775-7896 or contact your underwriting team.

Underwriting Strengths

Medical

Tobacco

- Occasional cigar users (one per month or less) can qualify for Preferred Plus, Preferred & Standard Plus nontobacco rates if there is a negative urinalysis test
- Clients who occasionally use marijuana may qualify for standard nonsmoker rates
- Preferred tobacco class available

Family History

- Family history qualifications do not apply if the proposed insured is 65 or older for Preferred Plus, Preferred & Standard Plus classes
- Family history qualifications apply only to deaths rather than disease
- Family history of deaths due to cancer can qualify for Preferred and Standard Plus

Health Conditions

- Mild Asthma clients may be eligible for Preferred
- Mild Sleep Apnea may be eligible for Preferred with verified c-PAP usage
- Treatment for cholesterol or hypertension does not exclude a proposed insured from our Preferred, Preferred Plus or Standard Plus classes
- Unisex build charts
- Max Cholesterol level for Preferred classes is 325, ratios as follows:
 - Preferred Plus 4.5
 - Preferred NT 5.5
 - Standard Plus 7.0
- Blood pressure control credit treated or untreated of 130/80 or better
- Paramed exams only through \$10 million up to age 65
- Preferred and Standard Plus build allows males an additional 10 lbs.

Non Medical

- Commercial pilots for regularly scheduled passenger airlines can qualify for all Preferred classes and private pilots can qualify for Preferred Plus, Preferred or Standard Plus classes with Aviation Exclusion Rider (AER)
- All Preferred classes may be available for occasional scuba diving if proposed insured is certified and dives less than 100 feet
- Age Last Birthday Advantage

Fit underwriting credit program – up to 2 table credits possible through age 75 and face amounts through \$2,000,000 (\$4,000,000 on GUL Survivor)

Completing Fully Underwritten Applications

One base policy per application.

- Use the precise plan name on the application and write in the amount of insurance applied for
- Select risk/rate class applied for
- Children's Rider Supplemental Application – complete if applying for the Children's Rider
- Juvenile Life Insurance Supplemental Application – complete if Proposed Insured or Other Proposed Insured is age 15 days-17 years
- Disability Income/Waiver Supplemental Application – complete if applying for any rider offering Disability Benefits
- Disability Waiver of Premium Rider in NY – complete if applying for the Disability Waiver of Premium Rider
- Complete the Monthly Bank Withdrawal form if applicable
- Attach cover letter or additional information, as needed
- All changes should be initialed by the Applicant/Owner
- Always submit the Producer Statement and always provide client with MIB Group Inc. Pre-Notice, Fair Credit Reporting Act Disclosure Statement, Notice of Information Practices, Investigative Consumer Reports Notice, Summary of Rights, and Life Insurance Buyers Guide
- Always obtain signed MIB and HIPAA authorizations
- If face amount is over \$100,000 – you will need a signed HIV consent form
- You will need a signed Accelerated Death Benefit Disclosure Form unless applying for Term Life Answers for a face amount of more than \$500,000 or for GUL Survivor at any amount
- If face amount is \$1,000,000 and above, and the Proposed Insured is age 65 or over – you will need (a) signed Statement of Policyowner Intent and, (b) signed Premium Funding and Acknowledgement form
- **Do not collect a check for the initial premium** if any Proposed Insured is applying for more than \$500,000 of insurance, or if the answers to any of the 4 TIA questions are “yes,” nor for any GUL Survivor application
- **Have client sign state replacement forms (if applicable) and provide a copy to the client**
- If a Financial Institution would receive compensation for a sale, the Financial Institution Consumer Disclosure must be signed by the client

For additional information, please refer to the appropriate Application Submission Checklist.

The product and application used should be the one approved for the state where the application is being signed.

Note: If an application is taken on a Kansas resident, the producer must be licensed and appointed in Kansas and in the state where the application is signed.

Completing Simplified Applications

One base policy per application.

- Select the product name and write in the amount of the insurance applied for
- If applying for any rider offering Disability Benefits, complete the supplemental application
- If applying for the Children's Rider, complete the Supplemental application
- Complete the Monthly Bank Withdrawal form if applicable
- Attach cover letter or additional information, as needed
- All changes should be initialed by the Applicant/Owner
- Always submit the Producer Statement and always provide client with MIB Group Inc. Pre-Notice, Fair Credit Reporting Act Disclosure Statement, Notice of Information Practices, Investigative Consumer Reports Notice, Summary of Rights, and Life Insurance Buyers Guide
- Always obtain signed MIB and HIPAA authorizations
- If face amount is over \$250,000 – you will need a signed HIV consent form, if your state requires one
- Submit a signed Accelerated Death Benefit Form
- Complete Conditional Receipt Form. **If a check for the initial premium was not collected** at the time of application, do not complete this form
- **Have client sign state replacement forms (if applicable) and provide a copy to the client**
- If a Financial Institution would receive compensation for a sale, the Financial Institution Consumer Disclosure must be signed by the client

For additional information, please refer to the appropriate Application Submission Checklist.

Completing the Whole Life Express Application

- Select the product name and write in the amount of the insurance applied for
- Attach cover letter or additional information, as needed
- Always obtain signed MIB and HIPAA authorizations
- Complete Conditional Receipt Form. **If a check for the initial premium was not collected** at the time of application, do not complete this form
- **Have client sign state replacement forms (if applicable) and provide a copy to the client**

Completing Children's Whole Life Applications

- Multiple children can be written on one application
- Each child will be issued a separate policy
- Grandparents can sign application without parent signature (except in FL and PA)
- Attach cover letter or additional information, as needed
- No conditional receipt is required
- **Have client sign state replacement forms (if applicable) and provide a copy to the client**

Producer Report

This report will need to be completed and sent in with each application.

The product and application used should be the one approved for the state where the application is being signed.

Note: If an application is taken on a Kansas resident, the producer must be licensed and appointed in Kansas and in the state where the application is signed.

This section not applicable for WLE or CWL.

Conditional Receipt

(Applies to Companion and to United Express products)

A Receipt is furnished in connection with an application for insurance on the proposed insured(s) bearing the same date as the Receipt. Insurance under the Receipt will become effective on the Effective Date defined below, but only if **all** conditions below have been completely met:

- (1) The amount received is sufficient to Pay: (a) the first premium of a fixed premium plan, at the mode applied for; or (b) the first planned period premium on a flexible premium plan.
- (2) All required medical examinations must be completed within 60 days from the date of the application.
- (3) Each person proposed for insurance is, as of the application date, eligible for the exact policy applied for, according to our underwriting standards in effect, without modification of the plan, premium rate, benefits, class and amount of coverage applied for.
- (4) To the best knowledge and belief of those signing the application, all the statements and answers in the application are true and complete when made.
- (5) All parts of the application, and if required, supplements to the application, questionnaires and amendments to the application are completed and received by the home office.

The amount of conditional insurance coverage provided under this Receipt, if any, shall not exceed \$100,000* and shall also not exceed the death benefit applied for. If the application is not approved and accepted within 60 days of the Effective Date of this Receipt, conditional insurance coverage will cease. In that case, our liability will be limited to the return of the premium paid. We have the right to terminate conditional insurance coverage at any time prior to the expiration of 60 days of the Effective Date of this Receipt by mailing a refund of the premium paid.

*\$500,000 in New York for fully underwritten
\$50,000 for WLE

(This Section does not apply to CWL)

TIA Receipt

(Applies to United Term & UL Fully Underwritten Products)

Requirements:

- A check for the full initial modal premium must be submitted with the application
- If the total amount of insurance applied for exceeds \$500,000, **NO MONEY** can be collected and no coverage will be in effect under this Agreement
- **If a question is answered "Yes," NO MONEY can be collected and no coverage is in effect under this Agreement**

Temporary life insurance under this Agreement will automatically terminate on the earliest of the following dates:

- (1) 90 days from the date of this Agreement; or
- (2) the date that insurance takes effect under the policy applied for; or
- (3) the date of the letter offering to the Applicant a policy, other than applied for; or
- (4) the date a policy, other than as applied for, is offered by a Producer to the Applicant; or
- (5) the date the premium refund is mailed; or
- (6) the date any check or draft submitted as payment is not honored by the bank on which it is drawn; or
- (7) the date United mails notice of termination of coverage.

– If the policy applied for is either

- (a) pursuant to a conversion privilege in (an) existing United life policy(ies), or
- (b) to replace (an) existing United life policy(ies) with another United life policy, then in the event of the death of the Proposed Insured before the termination of this Agreement, United will pay only the greater of:
 - (1) the benefits due under the terms of the existing policy(ies) which is/are being converted or replaced, or
 - (2) the benefits due under the terms of this Agreement. The Applicant acknowledges and agrees that benefits shall not be payable under both, C.(1) and C.(2) above.

The temporary life insurance provided by this Agreement is subject to the provisions of the policy form applied for; however, no benefits will be paid for:

- (1) disability; or
- (2) death from suicide while sane or insane (in Missouri, only if suicide was intended at the time of this application and we can prove it was intended); or
- (3) the same loss under both this Agreement and any life policy issued from the application.

Maximum Autobind and Retention Limits

Ratings & Flat Extras		Ages 0-80	Ages 81+
Standard through Table 6 and Flat Extras through \$15/Thousand	Maximum Autobind	\$30,000,000	\$3,000,000 Standard Only
	Retention	\$5,000,000	\$500,000
Table 7+ and Flat Extras over \$15/Thousand	Maximum Autobind	\$15,000,000	Fac Only
	Retention	\$2,500,000	N/A

Jumbo Limits

Up to Age	Total Amounts In Force and Applied For Including Any Replacements
80	\$50,000,000
81-85	\$25,000,000

Testing of Proposed Insured

Telephone Interview

Your client may be contacted for a confidential telephone interview to complete the application process. This call should last approximately 30 minutes. It is important to note that the telephone dialogue between your client and the phone representative will be tape recorded and relied upon as part of our risk analysis. As a result, it's important that your client be prepared to answer questions as accurately as possible.

Paramedical Appointment

A paramedical exam may be required depending on the face amount applied for and the age of your client. There is no cost to the client for this examination and it can take place in their home or place of employment. The Exam includes:

- Height and Weight
- Blood Pressure and Pulse
- Urine and blood samples may also be needed
- Depending on the client's age and amount of life insurance applied for, an electrocardiogram (EKG) may be required.

Prior to the Paramedical Appointment have your Client:

- Get a good night's sleep
- Avoid drinking alcoholic beverages for at least 8 hours
- Do not smoke or drink coffee for a least 1 hour before the appointment
- Drink a glass of water 2 hours prior
- Try not to eat any food 2 hours prior. If at all possible, fast for 12 hours
- Advise the paramedic of any medication(s) being taken
- Skip heavy exercise on the day of exam
- Wear comfortable, loose fitting clothes

Approved Paramedical Companies

American Para Professionals (APPS)
1-800-635-1677

ExamOne
1-877-933-9261

Examination Mgmt. Services, Inc. (EMSI)
1-800-872-3674

Hooper Holmes (Portamedic)
1-800-765-1010

Superior Mobile Medics
1-800-898-3926

Attending Physician's Statement

The Attending Physician's Statement (APS) is a vital source of information on which to base underwriting decisions. You have the option to order APS's for your clients, we just ask that you notify us the APS has been ordered when you submit the application. If an APS has not been ordered, an underwriter will order the APS for you. If you do not notify us with the application that you have ordered the APS and we order a duplicate order, we will not reimburse you the cost. In addition, if Mutual of Omaha has ordered the APS, please do not send a duplicate request to the doctor or hospital as it will delay the process.

If you choose to order the APS on your client instead of Mutual of Omaha, we will reimburse you the usual and customary cost of the APS provided we have received the application to correspond with the APS order. If you order the APS and have submitted the application to multiple carriers, we ask that you only send in for reimbursement if you place the case with Mutual of Omaha.

APS Guidelines

- An APS will be ordered for cause (significant medical history) in all cases or for face amounts exceeding \$2,000,000 and >age 50 if there has been a medical consultation in the past 12 months
 - Above age 65, an APS will be obtained for routine physicals and lab work, EKG's, etc. if MD seen within 1 year
 - An APS should be available for anyone 65 and over
 - Ages 61-65 for Express and \$250,000-\$400,000
- An APS may not be needed for health history of treated hypertension or treated cholesterol *if***
- Applying for standard risk classes through Preferred Plus
 - Age 65 and under
 - Face amount of \$500,000 or less
 - Amount in force and applied for does not exceed company retention

Note: This is a guide. Specifics of an individual case may warrant an APS to determine the appropriate risk classification.

Inspection Reports

Inspection reports are required for face amounts of \$5,000,001 and above for ages 18 and above.

Motor Vehicle Records

Motor vehicle records are required as shown below:

Ages	Face Amounts
18-45	\$100,000 and over
46-70	\$1,000,001 and over
71 and Over	\$500,000 and over

Financial Underwriting Guidelines

Income Replacement

Ages	\$25,000 or higher annual earned income
20 to 40	25X
41 to 50	20X
51 to 55	15X
56 to 65	10X
66 up	7X*

Larger amounts may be considered on an individual case basis for special needs situations with supporting documentation of financial need. A spouse working full or part time to supplement their household income can qualify for a similar amount as a non-working spouse depending on the circumstances.

*Income replacement is generally not considered for those over age 66 unless an individual is actively at work.

Estate Conservation

The personal net worth of an individual or family is used as the basis for a calculation of an approximate estate tax liability and related expenses. Generally the net worth can be expected to increase over a period of years, so it is common practice to project that growth over a period of years at a selected rate of interest. A growth rate of 6 percent is most commonly recommended although different rates can occasionally be used if appropriate. At older ages or impaired risks, a lower rate is usually used. The appropriate amount of coverage is typically 50 percent of the projected estate.

Ages	Years
Up to 55	20
56-70	15
71 Up	50% of the Estate Value*

***Standard or better risk classes. Requests in excess of 50 percent will be considered individually on a case by case basis in view of changes in the tax code 1-1-11.**

Non-Working Spouse

Will generally consider for an amount equal to the amount in force and applied for on the breadwinner depending on the circumstances of the case up to a maximum of \$1,000,000 unless there is also an estate tax need. Additional insurance can be considered with cover memo or other documentation outlining any special needs.

Business Insurance

A business insurance questionnaire (BIQ) should be submitted on all business cases, and a well constructed cover letter explaining the purpose of coverage and how the face amount was determined is very helpful. Copies of company financial statements and buy/sell agreements may be necessary to help value a business to determine the appropriate amounts of coverage on each owner for business continuation cases.

Key Person

Generally 5-10X earned income plus bonuses if paid regularly as part of a company bonus plan. If key person has an ownership interest in the company, the appropriate percentage of company net income can be added to his income. Some states such as New York have specific requirements to qualify as a key person.

Creditor Insurance

Generally up to a maximum of 75 percent of a secured loan unless agreement has a loan provision calling the loan due upon the death of owner/key person.

Buy/Sell

Coverage should usually be applied for or in force on all major active partners. A business insurance questionnaire should be fully completed in all cases unless a detailed cover letter and company financial statements are submitted with the application. Each partner's ownership percentage should be included and coverage should be proportional to the ownership interest.

Company financial statements and copies of a buy/sell agreement are sometimes necessary to help establish a reasonable market valuation for the company and may be ordered at the underwriter's discretion.

Juvenile Life Insurance Guidelines for AccumUL Plus

(Not available in Washington)

For life insurance purposes, applicants are considered to be juveniles between the ages of 15 days and 17 years old.

Life Insurance Face Amounts

- Generally, the maximum Face Amount is \$100,000. The Face Amount should not exceed 50 percent of the coverage carried on the parent with the least amount of life insurance in-force. Any amount exceeding 50 percent of the lesser insured parent must include a cover letter with an explanation of the need for Underwriting consideration of the higher amount.

Ownership/Beneficiary

- Owner and Beneficiary must be parent or grandparent. Other relatives and friends are considered to have no insurable interest. If a grandparent applies as owner and the child does not reside in the same household as the grandparent, a parent must sign the application on the “signature of parent” line authorizing the purchase and attesting to answers to the application questions.
- A legal guardian can be considered as owner and/or beneficiary. Details should be provided in a cover letter along with copies of guardianship documentation.

Household life insurance coverage

- All children should be equally insured, include a cover memo advising coverage amount on all family members
- The parent(s) must be insured

Risk class

- The Proposed Insured must be a Standard Risk (No Impaired Risk)

Face amounts greater than \$100,000

While we do not normally offer coverage over \$100,000 to juveniles, we will consider if the following criteria are met in addition to the above guidelines:

- APS is required in ALL cases
- A Cover Letter explaining the rationale of the need for \$100,000 or higher face amounts
- Maximum Face Amount \$250,000

Underwriting Limits on Juvenile Life Applications written in New York

1. Minors between age 4 years 6 months and 14 years 6 months old
Coverage is limited to the greater of \$50,000 or ½ (50 percent) of the amount carried by the Applicant.
2. Minors less than age 4 years 6 months old
Coverage is limited to the greater of \$50,000 or ¼ (25 percent) of the amount carried by the Applicant.

Initial Underwriting Requirements – Fully Underwritten

Age:	Amount Being Underwritten: Effective April 1, 2011							
	\$25,000 \$99,999	\$100,000 \$249,999	\$250,000 \$499,999	\$500,000 \$750,000	\$750,001 \$1,000,000	\$1,000,001 \$5,000,000	\$5,000,001 \$10,000,000	Over \$10,000,000
Under 18	Nonmedical	Nonmedical*	N/A	N/A	N/A	N/A	N/A	N/A
18-30	Nonmedical	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS PHI MVR	Paramed Blood & HOS IR MVR	Paramed Blood & HOS IR MVR
31-35	Nonmedical	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS PHI MVR	Paramed Blood & HOS IR MVR	Paramed Blood & HOS IR MVR
36-45	Nonmedical	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS PHI MVR	Paramed Blood & HOS IR MVR	Paramed Blood & HOS EKG IR MVR
46-55	Nonmedical Rx	Paramed Blood & HOS	Paramed Blood & HOS	Paramed Blood & HOS	Paramed Blood & HOS	Paramed Blood & HOS EKG PHI MVR	Paramed Blood & HOS EKG IR MVR	Paramed Blood & HOS TEKG IR MVR
56-60	Nonmedical Rx	Paramed Blood & HOS	Paramed Blood & HOS	Paramed Blood & HOS EKG	Paramed Blood & HOS EKG	Paramed Blood & HOS EKG PHI MVR	Paramed Blood & HOS EKG IR MVR	MD Exam Blood & HOS TEKG IR MVR
61-65	Nonmedical Rx	Paramed Blood & HOS	Paramed Blood & HOS EKG	Paramed Blood & HOS EKG	Paramed Blood & HOS EKG	Paramed Blood & HOS EKG PHI MVR	Paramed Blood & HOS EKG IR MVR	MD Exam Blood & HOS TEKG IR MVR
66-70	Nonmedical APS Rx	Paramed Blood & HOS	Paramed Blood & HOS EKG	Paramed Blood & HOS EKG	Paramed Blood & HOS EKG	Paramed Blood & HOS EKG PHI MVR	MD Exam Blood & HOS EKG IR MVR	MD Exam Blood & HOS TEKG IR MVR
71 and Over	Nonmedical APS Rx	Paramed Blood & HOS	Paramed Blood & HOS EKG PHI	Paramed Blood & HOS EKG PHI MVR	Paramed Blood & HOS EKG PHI MVR	Paramed Blood & HOS EKG PHI MVR	MD Exam Blood & HOS EKG IR MVR	MD Exam Blood & HOS TEKG IR MVR

Key:

- APS** – Attending Physician’s Statement
- Blood & HOS** – Blood & Urine collection
- EKG** – Electrocardiogram
- IR** – Inspection Report
- MD Exam** – Blood & HOS w/M.D. Exam (Specializing in Internal Medicine)
- MVR** – Motor Vehicle Report (Ordered from H.O.)
- Nonmedical** – A Fully Completed Application
- Paramed** – Long Form Exam (form MLU21727)
- PHI** – Personal History Interview taken over telephone (Ordered from H.O.)
- Rx** – Pharmaceutical Check
- TEKG** – Treadmill Electrocardiogram

Paramedical Vendors:

- American Para Professional Systems, Inc. (APPS) – (800) 635-1677
- ExamOne – (877) 933-9261
- Examination Management Services, Inc. (EMSI) – (800) 872-3674
- Hooper Holmes (Portamedic) – (800) 765-1010
- Superior Mobile Medics – (800) 898-3926

**Minimum Underwriting Requirements
Effective Date: April 1, 2011**

*APS required on juveniles over \$100,000

Underwriting requirements are good for up to one year through age 65 with a fully completed application Part 2 or Good Health Statement. Over age 65, Underwriting requirements are good for up to six months.

For GUL Survivor, use 1/2 the face amount to determine Underwriting requirements.

PREFERRED PLUS Underwriting Criteria

NICOTINE Tobacco	No nicotine x 60 months Occasional cigar, nontobacco available with negative HOS ¹ 12 cigars per year
FAMILY HISTORY (Does not apply if age 65 and older.)	No death of a parent or sibling prior to age 65 due to Cancer, Heart Disease or Diabetes
BLOOD PRESSURE	Treatment allowed with good control No reading in the past year >135/85
CHOLESTEROL Averaged 3 cholesterols over past 12 months. If available	Cholesterol Level ≤ 325 and Cholesterol Ratio ≤ 4.5 Treatment allowed
ALCOHOL & DRUG	Allowed after 15 years
MEDICAL HISTORY	No history of CAD, DM or Cancer (Basal Cell skin cancer and superficial squamous cell allowed)
DRIVING RECORD	No convictions for DWI, DUI or reckless driving within the last five (5) years and no more than two (2) moving violations within the last five (5) years
AVOCATION²	No participation ever in any hazardous occupation, avocation or sport
AVIATION³	No flying as a private pilot or crewmember unless aviation exclusion
CRIMINAL RECORD	No felony convictions in the past 10 years
BUILD	No exception
PROFILE & HOS	If all preferred plus criteria are met and the laboratory values do not warrant any debits, Preferred Plus is allowed

¹An occasional cigar is no more than 12 cigars per year

²Limited scuba diving as a part of vacation or other occasional occurrence is acceptable if depth of dive does not exceed 100 feet

³Some types of commercial aviation may be acceptable based on manual

PREFERRED Underwriting Criteria

NICOTINE Tobacco	No nicotine x 36 months Occasional cigar, nontobacco available with negative HOS ¹ 12 cigars per year (Note: Preferred Tobacco is an available class)
FAMILY HISTORY (Does not apply if age 65 and older.)	No death of a parent or sibling prior to age 60 due to Heart Disease or Diabetes
BLOOD PRESSURE	Treatment allowed with good control Avg BP <145/90
CHOLESTEROL Averaged 3 cholesterols over past 12 months. If available	Cholesterol Level ≤ 325 and Cholesterol Ratio ≤ 5.5 Treatment allowed
ALCOHOL & DRUG	Allowed after 10 years
MEDICAL HISTORY	No history of CAD, DM or Cancer (Basal Cell skin cancer and superficial squamous cell allowed)
DRIVING RECORD	No convictions for DWI, DUI or reckless driving within the last five (5) years and no more than two (2) moving violations within the last three (3) years
AVOCATION²	No hazardous activities within the past 2 years
AVIATION³	No flying as a private pilot or crewmember unless aviation exclusion
CRIMINAL RECORD	No felony convictions in the past 10 years
BUILD	If male, up to 10 lbs allowed if all other criteria are met
PROFILE & HOS	If all preferred criteria are met and the laboratory values do not warrant any debits, Preferred is allowed

In addition to the criteria above, there must not be any other significant health problems. Final risk determination will be made by the home office underwriter.

STANDARD PLUS Underwriting Criteria

NICOTINE Tobacco	No nicotine x 12 months Occasional cigar, nontobacco available with negative HOS ¹
FAMILY HISTORY (Does not apply if age 65 and older.)	No death of a parent or sibling prior to age 60 due to Heart Disease
BLOOD PRESSURE	Treatment allowed with good control Avg BP <152/90
CHOLESTEROL Averaged 3 cholesterols over past 12 months. If available	Cholesterol Level \leq 325 and Cholesterol Ratio \leq 7.0 Treatment allowed
ALCOHOL & DRUG	Allowed after 5 years
MEDICAL HISTORY	No history of CAD, DM or Cancer (Basal Cell skin cancer and superficial squamous cell allowed)
DRIVING RECORD	No convictions for DWI, DUI or reckless driving within the last five (5) years and no more than two (2) moving violations within the last three (3) years
AVOCATION²	Flat extras are allowed
AVIATION³	No flying as a private pilot or crewmember unless aviation exclusion (IFR private pilots allowed if standard)
CRIMINAL RECORD	No felony convictions in the past 10 years
BUILD	If male, up to 10 pounds allowed if all other criteria are met
PROFILE & HOS	If all Standard Plus criteria are met and the laboratory values do not warrant any debits, Standard Plus is allowed

¹An occasional cigar is no more than 12 cigars per year

²Limited scuba diving as a part of vacation or other occasional occurrence is acceptable if depth of dive does not exceed 100 feet

³Some types of commercial aviation may be acceptable based on manual

In addition to the criteria above, there must not be any other significant health problems. Final risk determination will be made by the home office underwriter.

Build Chart – Fully Underwritten

	Table 1	Table 2	Table 3	Table 4	Table 5	Table 6	Table 8	Table 10	Table 12				
	Preferred Plus	Preferred	Standard Plus	Standard	+25	+50	+75	+100	+125	+150	+200	+250	+300
Height	Weight												
4 Feet													
8"	125	134	143	152	170	184	190	197	204	212	221	230	240
9"	131	140	150	157	176	189	195	202	209	216	225	234	244
10"	135	145	155	162	182	194	201	208	214	222	231	240	249
11"	141	150	160	168	187	199	207	214	220	228	237	245	254
5 Feet													
1"	146	156	167	174	193	205	213	220	226	235	244	253	262
2"	152	163	175	180	199	211	218	226	233	242	250	259	269
3"	158	169	180	186	205	215	223	232	239	248	257	266	277
4"	164	174	185	191	213	220	228	238	246	255	264	275	284
5"	169	179	190	197	221	225	235	245	252	261	270	281	292
6"	174	184	195	204	226	231	242	251	259	268	277	286	299
7"	180	190	200	210	232	239	248	258	268	276	285	293	308
8"	185	195	205	217	239	245	254	265	275	284	293	303	316
9"	189	199	210	223	246	251	262	274	283	291	300	312	324
10"	195	205	215	230	254	258	270	282	291	299	309	319	331
11"	200	211	222	236	262	266	278	289	300	307	316	327	340
12"	206	217	227	243	269	274	287	298	307	315	325	339	349
6 Feet													
1"	211	222	234	250	275	281	292	305	315	322	333	348	356
2"	217	229	242	257	282	289	300	313	322	330	340	355	365
3"	222	234	247	264	289	296	308	321	331	339	349	366	374
4"	228	240	252	272	296	303	317	329	339	348	358	376	383
5"	233	245	258	279	301	311	325	338	348	357	367	385	394
6"	239	251	264	287	307	319	334	347	357	366	376	393	402
7"	246	258	270	298	313	328	345	358	366	375	385	405	413
8"	252	264	276	302	320	336	354	367	375	384	394	413	422
9"	–	–	–	310	327	345	363	376	385	395	405	422	431
10"	–	–	–	317	335	352	372	385	395	406	415	435	444
11"	–	–	–	325	343	359	382	395	407	418	427	444	462

Underwriting Requirements – Express Only

Age	Term Life Express GUL Express	Term Life Express Only
	Amount being Undewritten:	
	\$50,000-\$250,000	\$250,001-\$400,000
	Simplified Underwriting – Standard through Table 4 MIB MVR (Mandatory ages 18-35) MVR (as needed ages 36-65) Pharmaceutical	
18-60	Random Phone Interview	Phone Interview Oral Fluids
61-65	Phone Interview	Phone Interview Oral Fluids APS (Mandatory)
<p>Please Provide Name and Address of Personal Physician with all applications where an APS is mandatory</p> <p>If an individual has a previous offer from United of Omaha with a risk class greater than Table 4 or has been declined, they will not qualify for Express products.</p>		

Note:

Oral Fluid Kits can be ordered through your normal channel.

Agent mails Oral Fluid Kit to Lab

Kit is processed through Clinical Reference Lab (CRL)

NOTE:	
	1. Random interviews will be conducted for quality control
	2. Medical questionnaires and/or an occasional APS may be requested at the underwriter's discretion to clarify information developed from other sources
	3. Producer training http://www.salivatrain.com/

Express Life and DI Rider Build Chart (Male & Female)

Height	Life and DI Rider Minimum Weight	Life Maximum Weight	DI Rider Maximum Weight
4 Feet			
8"	74	197	170
9"	77	202	176
10"	79	208	182
11"	82	214	187
5 Feet	85	220	193
1"	88	226	199
2"	91	232	205
3"	94	238	213
4"	97	245	221
5"	100	251	226
6"	103	258	232
7"	106	265	239
8"	109	274	246
9"	112	282	254
10"	115	289	262
11"	119	298	269
6 Feet	122	305	275
1"	126	313	282
2"	129	321	289
3"	133	329	296
4"	136	338	301
5"	140	347	307
6"	143	358	313
7"	147	367	320
8"	151	376	327
9"	154	385	335
10"	158	395	343

We reserve the right to decline certain hazardous occupations for both life and the DI rider.

Express Impairments TLE, GULE, WLE

Multiple Impairments resulting in a rating greater than Table 4 will be declined for our Express products. Below are some examples of multiple impairments that would result in a decline.

Multiple Impairments	Offer
Diabetes Examples	
Diabetes > age 50 with Table 2 or higher build	Decline
Diabetes > age 50 with tobacco risk	Decline
Diabetes > age 50 with Peripheral Vascular Disease (PVD)	Decline
Table 2 Build Chart Examples Refer to pages 24 & 25 for the Table 2 Build Chart	
Table 2 or higher build with rateable hypertension	Decline
Table 2 or higher build with Transient Ischemic Attack (TIA)	Decline
Table 2 or higher build with asthma and tobacco risk	Decline
Table 2 or higher build with Peripheral Vascular Disease (PVD)	Decline

Note: This is not a complete list. Please refer to pages 30-41 for additional impairments.

The following single impairments are automatic declines.

Automatic Declined Impairments	
Amputation caused by disease	Decline
Alcohol/Drug abuse and Major Depression	Decline
Chronic or Alcohol related Pancreatitis	Decline
Chronic Severe Asthma	Decline
Hodgkin's Disease	Decline
Moderate/Severe rheumatoid arthritis treated with Humira, Embrel or Methotrexate	Decline
Muscular Dystrophy	Decline
Sickle Cell Anemia	Decline

Note: This is not a complete list. Please refer to pages 30-41 for additional impairments.

WHOLE LIFE Underwriting Criteria

Whole Life Express

- Simplified U/W Standard – Table 4
- Build Chart
- MIB
- Pharmaceutical
- Random phone interview
- MVR (Mandatory ages 26-35 and as needed for ages 36-65)

(Subject to combined maximum amount of \$50,000 of Whole Life Express coverage)

Children's Whole Life

- Simplified Underwriting
- Health Questions on application

(Subject to combined maximum amount of \$30,000 of Children's Whole life coverage)

Note: If an individual has a previous offer from United of Omaha with a risk class greater than Table 4 or has been declined, they will not qualify for Whole Life Express or Children's Whole Life plans.

Impairments

A	
Acromegaly	Table 4 – 8
Addison's Disease	Standard – Table 3
ADHD/ADD	Standard – Table 2
Alcohol	
Current excessive use	Decline
Alcoholism treatment, no current use, postponed 2 years.	Standard – Table 8
Alzheimer's Disease	Decline
Anemia	
Aplastic Anemia	Standard – Decline
Sickle Cell	Decline
Sickle Cell Trait	Standard
Aortic Aneurysm	
Unoperated	Table 6 to Decline
Surgery, stable 6 months	Table 2 – 6
Angina Pectoris	
Angina	Table 2 – 8
Unstable Angina, under age 40 ...	Decline
Stable Angina, over age 40 (dependent on age and cath. report)	Table 4 – 8
Angioedema	Standard – Table 2
Ankylosing Spondylitis	Standard – Table 4
Anorexia Nervosa	
Current	Decline
Full recovery, stable > 4 years	Standard – Table 2
Anxiety Disorders	
Mild or well-controlled	Standard
Others	Standard – Table 4
Aortic Murmurs/Insufficiency	Standard – Table 8
Arrhythmias	
Atrial Fibrillation	Standard – Decline
Atrial Flutter	Standard – Decline
Infrequent PVC(s)	Standard
Multiple PVC(s)	Standard – Table 8
Arteriosclerosis Obliterans	Table 4 – Decline

These are general ranges for best case scenarios and final offers are dependent upon the merits of the case.
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Impairments (continued)

Arteriovenous (AV) Malformations	
Cerebral unoperated	Decline
Surgery, stable 6 months	Table 4 – 8
Arthritis	
Osteoarthritis	Standard
Asbestosis	
Mild degree of respiratory impairment	Standard – Table 4
Severe impairment	Decline
Ascites	Decline
Asthma	
Mild intermittent	Standard
Persistent, depends on severity ...	Table 2 – Decline
Atrial Fibrillation	Standard – Decline
Atrial Flutter	Standard – Decline
Atrial Septal Defect	
No surgery	Standard – Decline
No residuals 6 months after surgery	Standard
Atrioventricular Block	
1st degree – 2nd degree	Standard – Table 2
3rd degree – complete	Table 2 – Decline
B	
Bacterial Endocarditis	
Normal heart & valves, recovered after 1 year	Table 2 – 4
Barlow's Syndrome	Standard – Table 3
Basal Cell Carcinoma	
Maximum 4 excisions, complete resolution	Standard
Bells Palsy	
Recovered	Standard
Benign Prostatic Hypertrophy	
Normal PSA levels & urinalysis ...	Standard
Berger's Disease (IgA Nephropathy) ..	Table 2 – 8
Bicuspid Aortic Valve	Standard – Table 8
Bigeminy	Standard – Table 8
Bi-Polar Disorder	
Stable	Table 2 – 8

Impairments (continued)

Blood Pressure

Controlled with medication Standard

Bright's Disease

Acute full recovery Standard – Table 2
Chronic good renal function Standard – Table 8
Chronic poor renal function Decline

Bronchiectasis

Mild – moderate, no surgery Standard – Table 6
Severe – extreme, no surgery Table 8 – Decline

Bronchitis

Chronic mild – moderate Standard – Table 3
Severe Table 4 – Decline

Buerger's Disease

Nonsmoker, no surgery or other
impairments Standard – Table 4

Bundle Branch Blocks (EKG)

Hemiblock Standard
Right Standard – Table 4
Left, more than 1 year from onset Table 4

C

Cancer

Most malignancies, postponed
2 – 5 years Indiv. Consideration

Chronic Heart Failure Decline

Cardiac Pacemaker (Artificial) Standard – Decline

Cardiomyopathy Table 4 – Decline

Carotid Bruits

Asymptomatic & no other related
history Standard – Table 2

Celiac Disease

Controlled with diet Standard – Table 4

Cerebral Embolism/Thrombosis

Single episode, no complications,
stable 1 year Table 2 – Table 8
Multiple episodes Decline

Cerebral Palsy

Mild – moderate Standard – Table 3
Severe Decline

Impairments (continued)

Cerebrovascular Accident

Single episode, no complications,
stable 1 year Standard – Table 8
Multiple episodes Decline

Charcot Marie – Tooth Disease Standard – Decline

Chest Pain

Non-cardiac Standard
Cardiac Indiv. Consideration

Cholangitis, Cholecystitis, Cholelithiasis

Recovered Standard

Christmas Disease

(Factor IX Deficiency) Table 2 – 8

Chronic Obstructive Pulmonary

Disease (COPD) Standard – Table 8

Cirrhosis

Confirmed diagnosis Decline

Cocaine

No current use, postponed 3 years
then Standard to Table 8

Colitis (Ulcerative)

Controlled with medication Table 2 – 8

Colon Polyps

Benign Standard
Malignant Indiv. Consideration

Congestive Heart Failure (Chronic) Decline

Convulsions Table 2 – 8

Cor Pulmonale

Chronic Decline

Costochondritis Standard

Crohn's Disease Standard – Table 8

Cushing's Syndrome

Controlled with medication Standard – Table 4

Cystic Fibrosis Decline

Cystitis

Recovered Standard

D

Dementia Decline

Impairments (continued)

Depression

Controlled with medication Standard – Table 3

Diabetes

Type I, over age 20 Table 2 – 8

Type II, over age 20 Standard – Table 8

Dialysis

Renal failure Decline

Diverticulitis/Diverticulosis Standard – Table 3

Down's Syndrome Decline

Drug Addiction

Postponed 3 years then Standard – Table 8

Duodenal Ulcer

No Bleeding Standard

E

Eclampsia

Recovered Standard

Emphysema Standard – Table 8

Encephalitis

Recovered Standard

Others Decline

Endocarditis

Normal heart & valves Table 2

Structurally abnormal heart Table 2 – Decline

Epilepsy Table 2 – 8

Erythema Nodosum

Recovered Standard

F

Fibrocystic Breast Disease

Benign Standard

G

Gastric Bypass

PP 1 year, then rated Table 2 – 4

Gastritis Standard

Gestational Diabetes

Currently pregnant Postpone

History of Standard – Table 2

Gilbert's Syndrome Standard

Impairments (continued)

Glomerulonephritis (Chronic)

Good renal function Table 4 – 8

Poor renal function Decline

Goiter/Graves' Disease

Recovered no complication Standard – Table 3

Guillain – Barré Syndrome Standard – Table 3

H

Hashimoto's Disease Standard

Heart Attack (See Myocardial Infarction)

Heart Failure (Chronic) Decline

Hemochromatosis Table 2 – Decline

Hemophilia Table 2 – Decline

Hepatitis (Chronic) Standard – Decline

Hereditary Nephritis Decline

Herpes Simplex Standard

Hirschsprung's Disease

Unoperated Table 2 – 3

Surgery, full recovery Standard

Histoplasmosis

Treated, full recovery Standard – Table 2

Hodgkins Disease Individ. Consideration

Huntington's Chorea Decline

Hydrocephalus

Over age 19 Table 2 – 8

Hyperlipidemia

Controlled Standard

Hypertension

Controlled Standard

Hyperthyroidism

No complications Standard – Table 3

Hypoglycemia

Functional Standard

Hypothyroidism

Controlled with medication Standard

Impairments (continued)

Hysterectomy

Not due to malignancy Standard

I

Idiopathic Hypertropic Sub-Aortic Stenosis (IHSS)

Under age 40 Decline

Over age 40 Table 4 – Decline

Ileitis Standard – Table 8

Intermittent Claudication Table 2 – Decline

Irritable Bowel Syndrome Standard

Inflammatory Bowel Disease

1 year after diagnosis or major attack, over age 20 Standard – Table 8

J

Juvenile Rheumatoid Arthritis Decline

K

Kaposi's Sarcoma Decline

Kidney Dialysis Decline

Kidney Stones Standard – Table 4

L

Left Bundle Branch Block (LBBB)

1 year after diagnosis Table 4

Left Anterior Hemiblock

Isolated Standard

Left Posterior Hemiblock

Isolated Standard

Legionnaire's Disease

Recovered Standard

Leukemia Indiv. Consideration

Lupus (Discoid)

No evidence of Systemic Lupus over 6 months Standard

Lupus (Systemic) Erythematosus

No symptoms or complications after 1 year, over age 20 Standard – Decline

Lymphoma Indiv. Consideration

Impairments (continued)

M

Mallory-Weiss Syndrome

Present Decline

Marfan's Syndrome Table 2 – Decline

Marijuana

Over age 18 Standard – Decline

Megacolon

Congenital with surgical repair ... Standard

No surgery or surgery with recurrence Table 2

Melanoma

Surgery & confirmed pathology ... Standard – Decline

Meniere's Disease

Recovered Standard

Meningitis

Recovered & no residuals Standard

Mental Retardation

Mild – no complications, over age 8 Standard – Table 2

Severe Decline

Migraines/Headaches Standard

Mitral Valve Murmurs

Functional Standard

Otherwise Standard – Table 8

Mononucleosis

Recovered Standard

Multiple Sclerosis (MS) Table 2 – Decline

Muscular Dystrophy (MD) Standard – Decline

Myasthenia Gravis

Mild, 1 year since onset Standard – Table 5

Others Decline

Myocardial Infarction

Over age 40 Table 4 – Decline

Myocarditis

Single attack, no complication, 2 years since resolution Standard – Table 2

With complications Decline

Myositis Standard – Decline

Impairments (continued)

N	
Narcolepsy	
Onset over 6 months ago	Standard – Table 4
Nephrectomy	
Benign	Standard
Nephritis	
Acute	Standard – Table 3
Chronic with good renal function . .	Standard – Table 4
Chronic with poor renal function . .	Decline
Neuritis	Standard – Table 2
O	
Organic Brain Syndrome	Decline
Osteomyelitis	
Chronic	Standard – Table 4
Osteoporosis	Standard
P	
Pacemaker (Artificial)	
No other heart disease after 3 months, over age 40	Table 2 – 4
Paget’s Disease (bone)	
Mild not progressive	Standard
Others	Decline
PTSD (Post Traumatic Stress Disorder)	
Single episode, mild	Standard
Others	Table 2 – 6
Palpitations	Standard – Table 3
Pancreatitis	
Acute, recovered	Standard
Chronic	Decline
Paraplegia	Indiv. Consideration
Parkinson’s Disease	
Mild	Table 2 – 4
Marked or severe	Table 4 – Decline
Patent Ductus Arteriosus	
Unoperated	Decline
6 months after surgery, full recovery	Standard

Impairments (continued)

Pericarditis	
Single episode, full recovery	Standard
Peripheral Vascular Disease	
Nonsmoker	Standard – Table 4
Smoker	Decline
Phlebitis	
Single episode, full recovery	Standard
Poliomyelitis	
No residuals	Standard
With residuals	Table 3 – 8
Polycystic Kidney Disease	
Normal renal function	Table 2 – 8
Abnormal renal function	Decline
Polycythemia	
1 year after diagnosis, controlled . .	Table 2 – 4
Polymyositis	Standard – Decline
Polyps	
Excised pathology benign	Standard
Prostatitis	
Treated, full recovery	Standard
Proteinuria	Standard – Decline
Psoriasis	
Systemic	Standard – Table 2
Psoriatic Arthritis	(see Rheumatoid Arthritis)
Pulmonary Embolism, over	
6 months	Standard – Table 4
Pulmonary Hypertension	Decline
Pulmonary Infarction	
6 months after single episode, full recovery	Standard – Table 4
Pyelonephritis	
1 year after treatment, full recovery . .	Standard
Q	
Quadriplegia	
Complete	Decline

Impairments (continued)

R	
Regional Enteritis	
Symptom free 1 year, over age 20 . . .	Standard – Table 6
Renal Artery Stenosis	
No hypertension, over 6 months . .	Standard – Table 3
Renal Failure	Decline
Renal Transplant (single)	
No complications after 1 year, over age 20	Table 6 – Decline
Right Bundle Branch Block	
Complete	Standard – Table 2
Rheumatoid Arthritis	
Not disabled, over age 18	Standard – Table 6
S	
Sarcoidosis	
Confined to lungs or skin, in remission 6 months	Standard
Other	Decline
Scleroderma	
Localized	Standard – Table 2
Sclerosing Cholangitis	Decline
Seminoma	
Over 8 years since treatment	Standard
Senile Dementia	Decline
Sickle Cell Anemia	Decline
Sickle Cell Trait	Standard
Sjogren’s Syndrome	
No other connective tissue disorders	Standard
Sleep Apnea	
Successfully treated	Standard – Table 3
Spina Bifida	
Minimal deformity	Standard – Table 4
Stroke	
1 year since event	Table 4 plus flat – Decline

Impairments (continued)

Suicide Attempt	
Single attempt, over 1 year	\$5 extra per thousand
Single attempt, over 5 years	Standard
Multiple attempts	Decline
Systemic Lupus Erythematosus (SLE)	
1 year since diagnosis, no complications, over age 20	Table 2 – 8
T	
Tachycardia	
No other heart disease	Standard – Table 2
Transient Ischemic Attack	
Single event, over 6 months	Table 2 – 4
Multiple events, over 1 year	Table 4 – 8
U	
Ulcerative Colitis	
1 year since diagnosis or major attack, over age 20	Table 2 – 8
V	
Varices, Esophagus	Decline
Ventricular Septal Defect (VSD)	
Trivial or slight, without surgery . . .	Standard to Table 4
3 months since surgery	Standard
With complications	Decline
W	
Wolff-Parkinson-White (WPW)	
No complications	Standard
X	
Xeroderma Pigmentosum	Usually Decline

Fit program may apply.

**These are general ranges for best case scenarios and
final offers are dependent upon the merits of the case.
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Occupations

As you are completing the application, please make sure to list all the occupations on the application. The most hazardous occupation your client has will determine the rate classification. If your client does have a hazardous occupation such as scuba diving or aviation, please make sure you complete and sign the avocation questions and submit it with your application.

Note: This is a guide. Actual rates may change subject to specifics of an individual case.

	Life	ADB	WP
Aviation – Paid Passenger or freight flying US or Canadian Airlines ■ Scheduled and non scheduled airlines ■ Others Company owned aircraft flying within the US or Canada ■ Commercial pilot cert. and IFR	Std 3.50 per M Std – 2.50 per M	D D D	D D D
Building and Construction ■ Bridge, structural iron workers, tower workers, roofers	2.50 per M	2x	Std
Electric Power Industry ■ Line construction	Std	2x	Std
Fire Department ■ Municipal and volunteer ■ Fire and smoke jumpers	Std 3.50 per M	2x 3x	Std 2x
Fishing Industry – Officers and crew not coming ashore daily ■ Inshore, harbors, lakes, rivers ■ Gulfs, Oceans, seas ■ Grand Banks, sealers, whalers, Alaskan crab fisherman	Std Std – 2.50 per M 2.50 per M	Std 2x – 3x 2x	Std Std Std
Law Enforcement ■ Armed car guards, bank guards, municipal police, penal guards, border patrol ■ Federal Agencies: FBI, DEA, CIA, SWAT, Secret Service, Federal Air Marshal	Std IC	2x IC	Std IC
Liquor Industry ■ Bartenders	Std – 2.50 per M	Std – 2x	Std
Lumber Industry ■ Explosive handlers, boommen, climbers, raftsmen, riggers, rivermen, topmen	2.50 per M	2x	Std
Mining and Quarrying ■ Assayers, chemists, detectives, guards, mining engineers, surveyors ■ Underground mines – Surface workers ■ Underground mines – Underground workers ■ Open Pit and Surface mine workers	Std Std – 2.50 per M 2.50 – 5.00 per M Std – 2.50 per M	2x 2x 3x Std – 2x	Std Std – 2x Std – 2x Std – 2x
Oil and Natural Gas Industry ■ On shore drilling and production ○ Site crew, derrick, rig and tank crew ○ Firefighters ■ Off shore drilling and production ○ All workers ○ Firefighters	Std – 2.50 per M 5.00 per M 2.50 – 5.00 per M 7.50 per M	2x 3x 3x D	Std 2x 2x D

Key: D = Decline M = Thousand IC = Individual Consideration

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Avocations

Note: This is a guide. Actual rates may change subject to specifics of an individual case.

Aviation – Private	Life				ADB	WP
Student pilots	3.50 per M				D	D
Qualified pilots	Expected Annual Flying Hours					
Total solo hours	0-200	201-300	301-600	>600		
Age >26						
■ <100	3.50 x5	3.50 per M	5 per M	5 per M	D	D
■ 100-399	Std	2.5 x 2	5 per M	5 per M	D	D*
■ ≥ 400	Std	Std	2.50 per M	5 per M	D	D*
Age ≤ 26						
■ < 100	3.50 x 5	5 per M	5 per M	5 per M	D	D
■ 100-399	2.50 x 5	3.50 per M	5 per M	5 per M	D	D
■ ≥ 400	2.50 x 5	2.50 per M	5 per M	5 per M	D	D
*WP is unavailable if aviation is rated, otherwise STD						
Balloon (hot air)						
■ Tethered	Std				D	D
■ Free Flight	Std – 2.50 per M				D	D
Gliding Sail Planes	Rated as Aviation Private					
Hang-gliding / Paragliding	2.50 – 7.50 per M				D	D
Parachuting	5 to 10 per M dependent on number of jumps / year					
Ultralights (commercially built)						
■ Licensed pilot	Std – 5 per M				D	D
■ Unlicensed	3.50 – 7.50 per M				D	D
Diving	Life				ADB	WP
Snorkel	Std				Std	Std
Scuba (with formal training)						
■ <100 ft	Std				Std	Std
■ >101 ft – 130 ft						
○ < 10 dives annually	3.50 per M				D	D
○ > 10 dives annually	5 per M up				D	D
■ > 130 ft – contact underwriting						
■ Cave diving	2.50 – 5.00 per M				D	D
Climbing/Mountaineering	Life				ADB	WP
Trail climbing, hiking	Std				Std	Std
Rock, Snow / Ice Climbing						
■ Altitude <13,000 ft	2.50 – 3.50 per M				D	D
■ Altitude >13,000 – 23,000	5.00 – 7.50 per M to D				D	D

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Fit Guidelines

- Term Life Answers
- AccumUL Plus
- GUL
- GUL Plus
- GUL Survivor

Here's where the program fits:

- Ages: 18-75
- Minimum face amount: \$250,000
- Maximum face amount: \$2,000,000* (total coverage in force and applied for with United of Omaha and Companion Life Insurance Company)
*(Maximum face amount \$4,000,000 GUL Survivor)
- Nontobacco users
- Base rating *after* normal credits of table 4 or less
- Does not apply to “flat extra” ratings or those with current rateable substance abuse histories, CAD prior to age 50, stroke or rateable cancers

Here's where the credit ratings fit in

If your clients have several of the following characteristics, they may qualify for up to *an additional two table credit* from the base rating on both fully underwritten term and permanent insurance.**

Medical

- Great family history – no deaths from any disease prior to age 70
- Cholesterol/HDL ratio <5.0
- Alc test <5.7
- Serum albumin >4.2 ages 61-75
- Negative cardiac testing: GXT, non-imaged or imaged (stress echo, perfusion study), echocardiogram, EBCT or angiography)
- GXT exercise performance >10 METS
- Optimal blood pressure control-treated or untreated of 130/80 or better
- Preferred or better build, ages 18-60, Standard Plus or better build, age 61-75

Lifestyle

- Regular preventative medical care and compliant follow-up
- Lifetime nonsmoker
- Income >\$100,000, or net worth >\$1,000,000, or a college degree
- Preferred or better driving record

Any **three** of the above characteristics equals 1 table credit.

Any **five** of the above characteristics equals 2 table credits.

**Best case final assessment available is Standard. (Table 3 (C) can only be reduced to Table 1 (A) rather than Standard.)

Non-Smoker/Non-Nicotine Qualifications

In order to qualify for non-nicotine rates, the proposed insured must not have used tobacco or nicotine products in any form (gum, patches, cigar, etc.) within one year prior to the application. We allow up to 12 cigars per year to qualify for nontobacco rates with a negative urinalysis test. The best class for tobacco usage is Preferred Tobacco.

Statement of Policyowner Intent

Required for all applications where the proposed insured for life insurance is age 65 and above and the proposed face amount is \$1,000,000 and above.

United of Omaha Life Insurance Company does not issue insurance policies unsupported by an insurable interest, including any policies involved or contemplated to be involved in stranger originated life insurance (STOLI) **transactions. STOLI is the practice or plan to initiate a life insurance policy for the benefit of a third party, who at the time of the policy origination, has no insurable interest in the insured.**

We require that the Statement of Policyowner Intent form be completed on all cases that meet these requirements. If any of the questions on this form are answered “Yes,” provide an explanation in the space provided on the form.

Premium Funding and Acknowledgement

We will screen for and reject any stranger originated life insurance (STOLI) policies, or policies using non-recourse premium financing. We will consider policies funded by traditional premium financing programs:

- The loan must be 100% collateralized by personal or business assets of the borrower
- If the life insurance policy is part of the collateral, only the cash surrender value of the policy may be considered
- We must be provided with full details regarding all aspects of the premium financing program
- We reserve the right to refuse to issue the policy, based on our assessment of the premium financing structure.

Reinsurance

Mutual of Omaha has very good relationships with the reinsurers and will work very hard to place your larger cases. Send us your large cases and we will work with the reinsurer to get your cases placed. However, we do require a signed application and it must be received in our home office before we can assess the case.

Trials/Inquiries

Trial Applications

- Face Amounts: \$500,000 and above for Universal Life, \$2,000,000 and above for Term Life, or a minimum premium of \$10,000
- Other qualifying criteria:
No previous decline within the last 12 months
Maximum age is 85 for UL.

For ages over 80 only standard offers will be considered.
SPIA and Life requests on the same client will not be considered.
- Information that **must** be included:
Applicant name, date of birth, product type and face amount applied for.
Brief description of any health issues.
Premium tolerance.
Rating you are looking for.
- Additional financial information **to expedite processing:**
Provide details on other in-force coverage that will be replaced.
Identify if this is a 1035 exchange
Include competitor offers.

Trial applications should be submitted with all paperwork necessary to receive our best tentative offer. Additional information submitted on trial applications will not be reviewed. If a formal application is submitted additional information will be reviewed at that time.

Quick Quote Parameters

Cases outside the following parameters may be submitted as a trial if they meet trial parameters:

- Face Amounts: **Through \$5,000,000**
- Age Limitations: **Through age 75**
- Do not send any attachments
- Limit information to 2 paragraphs (12 to 20 lines of information)

To expedite quick processing

- **Do not include identifying information** (i.e., name, Social Security number, etc.)
- Use **Preferred Criteria Chart** and Build Chart for potential coverage rate
- Quick Quote is not recommended for clients who experience onset of coronary artery disease in their 30s

Workflow

All applications and required forms should be submitted to Mutual of Omaha home office in Blair, NE. All applications received and in process of underwriting will be reported on your pending status report found on Sales Professional Access.

How to Contact Us

Mutual of Omaha's underwriting team is a great resource for you to help you get your cases placed. You can contact us at 1-800-775-7896 with any questions you may have.



Mutual of Omaha

UNITED OF OMAHA LIFE INSURANCE COMPANY

Home Office:

Mutual of Omaha Plaza

Omaha, NE 68175

COMPANION LIFE INSURANCE COMPANY

Home Office: Hauppauge, NY 11788-2934

mutualofomaha.com