



Underwritten by:
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MUTUAL of OMAHA'S
WILD KINGDOM

MUTUAL OF OMAHA INSURANCE COMPANY



> Priority Income ProtectionSM Product & Underwriting Guide

DISABILITY INSURANCE



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Priority Income Protection – Off-the-Job Coverage

Monthly Benefit: \$300 – \$4,000. \$100 Increments

Elimination Period (Days): 30 days accident/90 days sickness

Benefit Period (Months): 12, 24, 36

The benefit period is a cumulative lifetime maximum limit. Once the full benefit period has been exhausted, the policy will terminate.

Off-the-Job Coverage – If your client has a disability due to a sickness or injury which is *off-the-job* and is not caused by, related to, or sustained while they are working at any job for pay or benefits, Mutual of Omaha will pay your client a monthly benefit once the elimination period has been satisfied.

Premium Structure

- Individual – Unisex

Renewability

This product guarantees the right to continue the coverage until age 65. During that time, we cannot cancel the policy as long as the required premiums are paid when due.

Total Disability Benefit

If your client is unable to perform the material and substantial duties of their regular occupation due to injury or sickness and is not engaged in any occupation for wage or profit, we will pay a monthly benefit once the elimination period has been satisfied.

Partial Disability Benefit

If your client is able to perform the material and substantial duties of their regular occupation due to injury or sickness for at least 20 percent but no more than 50 percent of the time usually spent in the daily performance of such duties, we will pay 50 percent of the total disability monthly benefit. These benefits commence after the elimination period has been satisfied and are payable for up to six months or the balance of the maximum benefit period.

Recurrent Disability

If a related disability occurs within six months of returning to full-time employment, we will consider it a recurrent disability. If an unrelated disability occurs within 30 days of returning to full-employment, we will consider it a recurrent disability. A new elimination period will not need to be satisfied.

Concurrent Disability

If your client is totally or partially disabled as a result of more than one injury and/or sickness at the same time, we will consider it the same as if the disability resulted from only one cause.

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Waiver of Premium

We will waive premium for the coverage after your client is disabled for 90 days for as long as benefits are payable. We also will refund any premiums paid during this 90-day period.

Relations to Earnings to Insurance

The total monthly disability benefits payable under your client's policy will be reduced proportionally if their disability benefits received from all valid disability coverages exceed 70 percent of their prior monthly income.

Integration of Social Insurance Benefits

Your client must provide documentation of any social insurance benefits they receive. If benefits payable under their policy plus benefits received under social insurance exceed 70 percent of your client's prior monthly income, benefits will be reduced by an equal amount. The total reduction under your client's policy will not be greater than the actual amounts received from all social insurance benefits.

General Underwriting Guidelines

This section is designed to provide you with comprehensive information regarding our eligibility and employment requirements and medical guidelines.

Eligibility Requirements

- Working at least 30 hours per week
- Age 18-61
- Annual income of at least \$15,000
- Employees who have been with their current employer for six (6) months
- Self-employed individuals who have been in business for six (6) months

Issue Age

Applicant's issue age will be determined based on the age of the applicant on the date the application is signed.

Citizenship/Residency Requirements

- United States citizens permanently residing within the United States or its territories, or
- Foreign Nationals who have a Permanent Resident Visa and have lived continuously in the United States or its territories for at least three (3) years

Product Combinations

Applicants can own **more than one** disability policy as long as the total coverage under any Mutual of Omaha disability coverage does not exceed \$4,000 monthly benefit.

Tobacco Use

Applicants who have used tobacco products within 12 months of application completion require tobacco-user rates. Tobacco products include cigarettes, cigars, pipes, chewing tobacco, nicotine gum, patches and e-cigarettes/vapor. Tobacco-user rates are 25 percent higher than nontobacco rates. Tobacco users who stop using tobacco products for 12 consecutive months will qualify for a rate reduction. A nontobacco questionnaire and urinalysis will need to be completed to be considered for nontobacco rates.

Medical Underwriting Guidelines

Underwriting Outcomes

- Standard
- Decline – No coverage available

Uninsurable Medical Conditions

All health conditions are listed in the underwriting questions in the application. Applicants who are chronically ill, currently disabled, have surgery pending, or are recuperating from an illness or injury are generally not eligible for coverage.

Below is a list of some of the conditions that will result in automatic declinations of an application for disability income coverage. This list does not include all uninsurable conditions.

AIDS/HIV/AIDS Related Complex (ARC)	Decline	Hypoparathyroidism	Decline
Alcohol or Drug Abuse/Dependence	Decline	Inflammatory Polyarthrits	Decline
Treatment in last 5 years	Decline	Kaposi’s Sarcoma	Decline
Acromegaly	Decline	Kawasaki’s Disease	Decline
Alzheimer’s Disease	Decline	Kidney Disease	Decline
Amyotrophic Lateral Sclerosis (ALS)	Decline	Light Duty or Restrictions at Work	Decline
Aplastic Anemia	Decline	Major Thalassemia	Decline
Arnold Chiari Malformation	Decline	Manic Depression/Bipolar Disorder	Decline
Autism	Decline	Marfan’s Syndrome	Decline
Buerger’s Disease	Decline	Melanoma	Decline
Cancer	Decline	Multiple Myeloma	Decline
Cardiomyopathy	Decline	Multiple Sclerosis	Decline
Chronic Fatigue Syndrome	Decline	Muscular Dystrophy	Decline
Chronic Hepatitis C	Decline	Myocardial Infarction/Heart Attack	Decline
Chronic Musculoskeletal Pain	Decline	Narcolepsy	Decline
Chronic Nephritis or Glomerulonephritis	Decline	Neurogenic Bladder	Decline
Chron’s	Decline	Organ Transplant Recipient	Decline
Cirrhosis	Decline	Parkinson’s Disease	Decline
Colitis	Decline	Pending Evaluation/Unconfirmed Diagnosis	Decline
Congestive Heart Failure	Decline	Pending, awaiting or recommended surgery	Decline
Coronary Artery Bypass, Angioplasty	Decline	Polycystic Kidney Disease	Decline
Coronary Artery Disease	Decline	Polymyositis	Decline
Cystic Fibrosis	Decline	Porphyria	Decline
Diabetes	Decline	Portal Hypertension	Decline
Dementia	Decline	Post Traumatic Stress Disorder	Decline
Dependence Substances of Concern	Decline	Psoriatic Arthritis	Decline
Dermatomyositis/Polymyositis	Decline	Pulmonary Hypertension	Decline
Down Syndrome	Decline	Rheumatoid Arthritis	Decline
Dwarfism	Decline	Schizophrenia	Decline
Ehlers-Danlos Syndrome	Decline	Scleroderma	Decline
Fatigue	Decline	Shy-Drager Syndrome	Decline
Fibromyalgia, Fibrositis, Fibromyositis	Decline	Sickle Cell Anemia	Decline
Gastric Bypass	Decline	Spinal Stenosis	Decline
Hemochromatosis	Decline	Systemic Lupus Erythemotosis	Decline
Hepatitis Present and/or Chronic	Decline	Wilson’s Disease	Decline
Hypercalcemia	Decline		

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Uninsurable Medications

If the applicant has taken any of the medications listed below in the past five years for the specific condition listed, do not submit the application. Applicants who have taken any of these medications for the related conditions in the past five years are automatically declined. This list does not include all uninsurable medications.

Medication	Customary Use	Medication	Customary Use
Actos	Diabetes	Epivir	Liver
Adcetris	Lymphoma	Esbriet	Lung
Adcirca	Artery	Exelon	Dementia
Advate	Blood		
Akineton	Parkinson's	Felbatol	Epilepsy
Ampyra	Multiple Sclerosis	Flexiril	Musculoskeletal Pain
ANTABUSE	Alcoholism	Folotyn	Lymphoma
Aricept	Alzheimers	Fosrenol	Kidney
Avonex	Multiple Sclerosis	Fusilev	Cancer
Benefix	Blood	Gabapentin	Neuropathy
Benlysta	Connective Tissue	Gastrocrom	Connective Tissue
BiPAP	Lung	Geodon	Schizophrenia
Byetta	Diabetes	Glipizide	Diabetes
		Glyburide	Diabetes
Caduet	Artery	Hexalen	Cancer
CAMPRAL	Alcoholism	Humira	Colon
Carboplatin	Cancer	Humalog	Diabetes
Carisoprodol	Musculoskeletal Pain	Hydrocodone	Musculoskeletal Pain
Capsaicin	Neuropathy		
Captopril	Heart	Kalydeco	Lung
Cellcept	Organ Transplant	Kaletra	HIV/AIDS
Cisplatin	Cancer	Keppra	Epilepsy
Cognex	Dementia		
Copaxone	Multiple Sclerosis	Infergen	Liver
CPAP	Lung		
Cyclobenzaprine	Musculoskeletal Pain	Lantus	Diabetes
Cyclosporine	Organ Transplant	Larodopa	Parkinson's
		Latuda	Schizophrenia
Depakote	Epilepsy	Leukeran	Cancer
Depocyt	Lymphoma	Lithium	Bipolar
Diclofenac	Arthritis	Lovenox	Stroke, Heart or Blood Disease
Digox	Heart	Lysteda	Blood
Dilantin	Epilepsy		
Droxia	Blood	Mekinist	Melanoma
		Metformin	Diabetes
Entocort	Colon	Meloxicam	Arthritis
Elspar	Leukemia	Methotrexate	Arthritis
Ephedrine	Lung	Moban	Schizophrenia
Epivir	HIV/AIDS		

Medical Underwriting Guidelines

Medication	Customary Use
Myfortic	Organ Transplant
Myleran	Leukemia
Naltrexone	Alcoholism
Namenda	Alzheimer's
Namzaric	Alzheimer's
Naproxen	Arthritis
Neoprofen	Artery
Nitro	Heart
Norvir	HIV/AIDS
Novolog	Diabetes
Orencia	Arthritis
Oxycodone	Musculoskeletal Pain
Plavix	Stroke or Heart Disease
Prednisone	Connective Tissue
Procrit	Blood
Prograft	Organ Transplant
Ramipril	Heart
Rapamune	Organ Transplant
Remicade	Colon
Renagel	Kidney
Renvela	Kidney
Ridaura	Arthritis
Rilutek	ALS

Medication	Customary Use
Saphris	Schizophrenia
Seroquel	Bipolar
Skelaxin	Musculoskeletal Pain
Spiriva	Lung
Tafinlar	Melanoma
Tasmar	Parkinson's
Technivie	Liver
Treanda	Leukemia
Triumeq	HIV/AIDS
Uceris	Colon
Viracept	HIV/AIDS
Viread	Liver
Warfarin	Stroke, Heart or Blood Disease
Zanosar	Cancer
Zelboraf	Melanoma
Zortress	Organ Transplant
Zorvolex	Arthritis
Zyprexa	Bipolar

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Build Chart

Use the Build Chart by first finding the applicant's height in the left-hand column and then looking across the row to find the applicant's weight in pounds. The column heading above their weight will determine whether they are eligible for coverage.

Height	Decline	Standard	Decline
4'8"	<74	74-167	>167
4'9"	<76	76-173	>173
4'10"	<79	79-179	>179
4'11"	<82	82-185	>185
5'0"	<84	84-192	>192
5'1"	<87	87-198	>198
5'2"	<90	90-205	>205
5'3"	<93	93-211	>211
5'4"	<96	96-218	>218
5'5"	<99	99-225	>225
5'6"	<102	102-232	>232
5'7"	<105	105-239	>239
5'8"	<109	109-246	>246
5'9"	<112	112-253	>253
5'10"	<115	115-261	>261
5'11"	<118	118-268	>268
6'0"	<122	122-276	>276
6'1"	<125	125-284	>284
6'2"	<129	129-291	>291
6'3"	<132	132-299	>299
6'4"	<136	136-307	>307
6'5"	<139	139-315	>315
6'6"	<143	143-324	>324
6'7"	<146	146-332	>332
6'8"	<150	150-340	>340
6'9"	<154	154-349	>349
6'10"	<158	158-358	>358
6'11"	<162	162-366	>366

Pharmaceutical Check (Rx)

A pharmaceutical check of your client prescription(s) will be part of the application process. This is a vital source of information on which to base underwriting decisions.

Client Personal Health Interview (PHI)

Your client may be selected at random to complete a Client Interview. A representative will contact your client to complete the Client Interview. The interview, which includes asking all health application questions, will take place shortly after the application is submitted to Mutual of Omaha. The interviews are recorded and generally take only 10 to 20 minutes.

- Hours: 8:00 a.m. to 7:00 p.m. Central Time, Monday – Thursday
8:00 a.m. to 5:00 p.m. Central Time, Friday

Notice of Underwriting Action (Case Status)

Application and underwriting status is available on Sales Professional Access (SPA) – our secure agent website. Log in and search under case status on the home page or select the Reports tab and then the Case Monitoring link. For assistance please contact our sales support team. If you are a Mutual of Omaha career agent, please call **1-877-617-5589**. All other agents, please call **1-800-693-6083**.

Financial Underwriting Guidelines

All earned income from all occupations will be considered for maximum monthly benefit amount eligibility.

Definitions

Salary

Salary (wage) is defined as compensation received by an employee for services performed. A salary is a fixed sum paid for a specific period of time worked, such as weekly or monthly. (Federal Tax Form W-2)

Annual Earned Income

Annual earned income by an employee (i.e., W-2) includes wages, salary, tips, bonuses, overtime and other compensation. Annual earned income is reported on a gross, or before-tax basis. Annual earned (Net) income by a Business Owner (i.e., Self-Employed) equals gross income minus your allowable business deductions.

Annual Unearned Income

Annual unearned (passive) income is defined as income that does not come from employment. Sources of unearned income might include income from rental properties, dividends, interest, royalties, and capital gains.

Overtime Income

Overtime income is defined as stable income received for working in excess of a 40-hour work week. Overtime income can be included in determining your client's total eligible income earned.

Part-Time Income

Part-time income can be included in determining your client's total eligible income earned. To qualify as eligible income, applicant must be employed on a full-time basis in another occupation.

Self-Employed

Self-employed is defined as an applicant who is operating as a sole proprietor, independent contractor, partnership or closely held corporation and has 20 percent or more ownership in a business.

Bankruptcy

No coverage can be offered if the client is in the process of filing, filed or had a bankruptcy discharged in the last two years.

(continued on next page)

Occupational Underwriting Guidelines

Income Qualification Table

The maximum amount your client is eligible for is 70 percent of their earned income minus any existing DI coverage. The income qualification table shows the maximum monthly benefit amounts available for a given income level for Priority Income Protection policy forms assuming no other coverage in place.

Individual Pay IDI Issue Limits (Tax-Free Benefits)

Annual Earned Income	Maximum Monthly Benefit	Annual Earned Income	Maximum Monthly Benefit
\$15,000-\$15,400	\$800	\$42,900-\$44,500	\$2,500
\$15,500-\$17,100	\$900	\$44,600-\$46,200	\$2,600
\$17,200-\$18,800	\$1,000	\$46,300-\$47,900	\$2,700
\$18,900-\$20,500	\$1,100	\$48,000-\$49,700	\$2,800
\$20,600-\$22,200	\$1,200	\$49,800-\$51,400	\$2,900
\$22,300-\$23,900	\$1,300	\$51,500-\$53,100	\$3,000
\$24,000-\$25,700	\$1,400	\$53,200-\$54,800	\$3,100
\$25,800-\$27,400	\$1,500	\$54,900-\$56,500	\$3,200
\$27,500-\$29,100	\$1,600	\$56,600-\$58,200	\$3,300
\$29,200-\$30,800	\$1,700	\$58,300-\$59,900	\$3,400
\$30,900-\$32,500	\$1,800	\$60,000-\$61,700	\$3,500
\$32,600-\$34,200	\$1,900	\$61,800-\$63,400	\$3,600
\$34,300-\$35,900	\$2,000	\$63,500-\$65,100	\$3,700
\$36,000-\$37,700	\$2,100	\$65,200-\$66,800	\$3,800
\$37,800-\$39,400	\$2,200	\$66,900-\$68,500	\$3,900
\$39,500-\$41,100	\$2,300	\$68,600+	\$4,000
\$41,200-\$42,800	\$2,400		

Occupational Underwriting Guidelines

Since this is **off-the-job** coverage, the collection of occupational information on the application is for internal use only. This information will not affect the underwriting outcome.

There are no occupational exclusions on this policy.

Preparing Quotes

- e-App is available on Sales Professional Access (SPA), a user name and password are required for download.
- WinFlex and a rate sheet – available on Sales Professional Access (SPA), a user name and password are required for download.
- Mobile quote tool– the application can be downloaded on either Google Play or the App Store and requires iOS10 or Android 4.4 and higher.

Completing the Application

General Guidelines

The application packet and the e-App contains the application plus all forms required in the applicant’s state of residence. Follow these guidelines when submitting an application.

- **Use the correct application** – Be sure to use the application for the client’s state of residence. Nonresident state applications will not be accepted. You will be required to submit the correct state application before a policy can be issued
- **You must have the appropriate state license** – If the application is taken in person, you must be licensed in the state where the application is signed. For mail-in applications, you must be licensed in the state where the application is completed and mailed
- **Only the applicant may sign** – When disability insurance sales are made, only the applicant for insurance may complete and sign the application
- **Effective date** – The effective date of the policy will be the date the policy is issued. Back dating on the application will not be accepted
- **White out is not allowed** – If a question is answered in error, draw a single line through the error and have the correction initialed by the applicant
- **Don’t use “N/A”** – “N/A” is not an acceptable answer. Instead, use “no” or “none” when answering a question on the application
- **Applications must be completed in ink** – Typewritten applications bearing the applicant’s handwritten signature will be accepted
- **The applicant’s phone numbers** – Must be completed on the application to expedite the personal history interview that may be necessary

Business Submission – Priority Income Protection

There are two ways to submit disability income business; traditional paper applications and electronic application. The e-App will allow you to complete and submit disability income applications on-line including payment through Bank Service Draft. e-App will also ensure the application is completed in its entirety before submitted. Both applications can be found on our Sales Professional Access (SPA) website.

Application Submission

Brokerage paper applications should be submitted to the following address or fax number:

Application Submission
Mutual of Omaha
Records/Mailing Processing Center
9330 State Hwy. 133
Blair, NE 68008-6179
Fax (402) 997-1804

Email – a TLS (secured) connection is required to send applications via email. Please contact your sales director to receive secure connection.

e-App – The Priority Income Protection e-App is available on Sales Professional Access. For more information, see the Priority Income Protection e-App Quick Guide.

Agency applications should be submitted through your Division Office.

Completing the Application

Application Processing

Incomplete Applications

If we are unable to complete our underwriting requirements within 60 days of the application date, we must close the file as incomplete and any premium collected will be destroyed. A letter of explanation is sent to the agent and the applicant to inform them that insurance is not in force as a result of an incomplete application.

A new application will be required once a file goes incomplete.

Declined Applications

When an application is denied, a letter will be sent to applicant and any premium collected will be destroyed.

HIPAA Compliance

The health information authorization form must be completed at the time of application as required by the Health Insurance Portability and Accountability Act of 1996. The authorization form is included in the application packet.

Replacements

- Replacement of present insurance must conform to the replacement regulations for the applicant's state of residence
- You should advise the proposed insured to continue premium payments on any present insurance until underwriting is completed and a policy is issued
- Make sure the proper forms are fully completed, paying special attention to the replacement questions, agent certification, the existing policy number and issuing company
- Replacement forms are included in the application packets

Premium Processing

Initial Premiums

Initial premiums should be collected (no money orders or cashiers checks accepted) or initial premium bank draft authorization form completed at the time the application is taken and should accompany the application to the home office. Collect on Delivery (C.O.D.) is not accepted.

Assisting Non-English Speaking Applicants

If you and the applicant are not fluent in the same language, an interpreter must be present to translate all questions and responses.

- It is the applicant's responsibility to have an interpreter available to meet with you when the application is completed. The applicant may choose an interpreter, but the interpreter cannot be a family member, beneficiary or someone who would benefit from the issuance of a policy. You may serve as an interpreter if you and the applicant are fluent in the same language
- In addition to questions on the application and the applicant's responses, the interpreter is required to translate all comments you make as well as information contained in marketing materials and forms
- With the assistance of an interpreter, you should ask the applicant to sign the application and the Producer or Witness Certification form (MLU25947)
- Be sure to include a note with the application that a translator will be needed for the health interview and indicate what language

Appealing an Underwriting Decision

Applications that are declined are eligible for reconsideration through an appeal process. To ensure privacy, the specific reason for a policy being declined is shared only with the applicant. After reviewing the letter with the applicant please review the information in this guide for our handling of the applicant's condition(s). If the applicant disagrees with the specific reason given in the letter, he or she has the right to submit additional information. Here's how the appeal process works:

- A notice of appeal must be submitted in writing by the applicant and/or his or her physician within 60 days of receipt of the letter (some states vary slightly). Informal (verbal) appeals will be considered at the request of General Managers, District Sales Managers and Brokerage Managers
- A decision letter will be sent to the applicant within 60 days of receipt of the appeal information
- The 30-day period for review of the policy and billing notice of premium due are independent of the appeal process. Partner policies also are independent of the appeal process and should be delivered accordingly
- The application date will determine whether the original application can be used along with a Statement of Good Health or if a new application will be required

Sales Information

Licensing and Appointments

Non pre-appointment states (all states except PA)

- If you are properly licensed in your state, you may solicit business prior to becoming appointed with Mutual of Omaha (Brokerage distribution only)
- Applications must be submitted along with contracting paperwork. Each state has different rules on number of days to submit an appointment to the state Department of Insurance from the date the application is received
- Policies cannot be issued until the effective date of your appointment

Pre-appointment states (PA)

- You must be properly licensed and appointed with Mutual of Omaha BEFORE soliciting business
- If an application is dated prior to your appointment effective date, it will be rejected and a letter will be mailed to the applicant

Background Checks

All new agents are subject to a background check, which includes:

- Credit history
- Insurance department actions
- Federal and county criminal records

Be sure to disclose all information and answer each question on the information sheet truthfully. If answering “yes” to any questions, an explanation (signed and dated by you) and any supporting documentation must accompany the contracting paperwork.

- Background checks are conducted by an outside entity and typically take one to three business days. If an issue is found, you will be contacted in writing to resolve it, if possible
- No information regarding the finding of the background check can be discussed with your MGA
- If Mutual of Omaha declines to appoint you, both you and your MGA, if applicable, will be notified in writing

Errors and Omissions Insurance

Errors and Omissions insurance in the amount of \$1,000,000 per claim is required for all Mutual of Omaha Insurance Company products.

Contact Information

Application Submission

Records/Mailing Processing Center
9330 State Hwy. 133
Blair, NE 68008-6179
Fax: 402-997-1804
Policy Delivery Requirements
Fax: 402-997-1833
Pending Application Requirements
Fax: 402-997-1805

Mutual of Omaha Producer Contracts and Appointments

Phone: 800-867-6873
Hours: 8 a.m. to 4:30 p.m. Central Time, Monday – Friday
Fax: 402-997-1830
Email: contractsandappointments@mutualofomaha.com

Sales Support

Phone: Agent: 877-617-5589
Brokerage: 800-693-6083
Hours: 7:30 a.m. to 5:30 p.m. Central Time, Monday – Friday
Email: sales.support@mutualofomaha.com

- Appointments
- Contracting & Licensing
- Proposals
- Sales/Product Support

DI Service Office Claims

Phone: 800-268-6443
Hours: 7 a.m. to 5 p.m. Central Time, Monday – Friday

Underwriting

Phone: 844-604-3294
Hours: 8 a.m. to 4:30 p.m. Central Time, Monday – Friday

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Revisions to this Guide

The following are effective March 2018

Page 13	Updated Preparing Quotes to add WinFlex and mobile quote tool
Page 13	Added email and e-App to Application Submission requirements
Page 14	Updated process for processing of Incomplete and Declined applications and Premium Processing

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