



Long-Term Care Insurance underwritten by:
MUTUAL OF OMAHA INSURANCE COMPANY
3300 Mutual of Omaha Plaza
Omaha, NE 68175
mutualofomaha.com

MUTUAL of OMAHA'S
WILD KINGDOM



MUTUAL OF OMAHA INSURANCE COMPANY



› MutualCare® Solutions Product & Underwriting Guide

LONG-TERM CARE INSURANCE



172559

Producer Use Only. Not to be used with the general public.

Updated 9-16

Product Information page 3

- MutualCare® Solutions
- Portfolio Overview
- Benefit Descriptions

Product
Information

Underwriting Guidelines page 15

- Our Underwriting Philosophy
- Issue Ages
- Save Age
- Suitability
- Eligibility
- Underwriting Rules
- Rate Classes
- Criteria for Preferred Underwriting
- Build Chart
- Uninsurable Health Conditions
- Medications Associated with Uninsurable Health Conditions
- Uninsurable Health Combinations
- Medical Impairments

Underwriting
Guidelines

Completing the Application page 48

- General Guidelines
- Steps for Completing the Application
- Underwriting Requirements
- Preparing Your Client for the Personal Health Interview
- Submitting the Application and Initial Premium
- Automatic Bank Account Withdrawal Process
- Recurring Premium Processing
- Missing Requirements
- Checking Case Status
- Appealing an Underwriting Decision
- Other Application-Related Questions

Completing
the
Application

Premium Processing page 58

- Initial Premium Processing
- Check Submission Process
- E-app Submission Process
- Automatic Bank Account Withdraw Process
- Recurring Premium Processing

Premium
Processing

Administrative Handling page 63

- Submitting Premium
- Upgrades
- Downgrades
- Reinstatements

Administrative
Handling

Sales
&
Marketing
Information

Sales & Marketing Information page 65

- Licensing and Appointments
- Background Checks
- Errors and Omissions Insurance
- Long-Term Care Training
- General Partnership Requirements
- Long-Term Care Continuing Education
- Common Employer Referral Program
- Association and Sponsored Group Marketing

Understanding
the Claims
Process

Contact
Information

Understanding the Claims Process page 70

- Understanding the Long-Term Care Claims Process
- Making Initial Contact
- Gathering Information
- Explaining How the Policy Works
- Determining Benefit Eligibility
- Paying the Claim

Contact Information page 72

- Application Submission
- Premium Submission
- LTC Service Office
- General Contact Information

MutualCare® Solutions

MutualCare® Solutions is a portfolio of LTCi products developed to address the needs of a changing LTCi marketplace. Since it was first introduced, long-term care insurance has continued to evolve and change. What started as nursing home-only coverage now offers insureds the flexibility to receive care in a variety of settings, including in their homes.

MutualCare® Solutions is the next generation of long-term care insurance products designed to provide the asset protection a whole new generation of Americans need while maintaining the viability and sustainability of the product line for years to come.

The MutualCare® Solutions portfolio includes two long-term care insurance policies: MutualCare® Secure Solution and MutualCare® Custom Solution.

MutualCare® Secure Solution is a traditional long-term care policy that allows people to plan ahead for their long-term care needs. By adding this measure of security to their retirement portfolio, they know that a portion of their long-term care expenses will be covered. MutualCare® Secure Solution is perfect for:

- Customers who are looking for easy-to-understand benefits and the security of knowing they have some measure of asset protection
- Agents who like a product with a simple design and traditional benefits

MutualCare® Custom Solution is a different approach to structuring policy benefits. It provides the flexibility to manage long-term care expenses and control how the dollars in the long-term care “account” are spent. MutualCare® Custom Solution is perfect for:

- Customers who want to customize a policy to fit their own unique needs
- Agents who are looking for a product with a strong premium solve capability



Product Information

Portfolio Overview

In creating MutualCare® Solutions, we took the features you told us you like (our cash benefit is one) and found a way to make two great new product options.

This chart gives you an overview of products in the MutualCare® Solutions portfolio and allows you to clearly see the differences...and the similarities.

	MutualCare® Secure Solution	MutualCare® Custom Solution
Issue Ages	30-79	
Tax Status	Tax Qualified Only	
Partnership Qualified (based on state approval, age of the applicant and inflation option selected)	Yes	
Built-In Benefits		
Policy Limit	Benefit multiplier determines policy limit (benefit multiplier x maximum monthly benefit = policy limit) Options include 24, 36, 48 or 60 months	Pool of dollars determines policy limit Options include \$50,000 to \$500,000 in \$500 increments
Maximum Monthly Benefit	\$1,500 to \$10,000 per month in \$1 increments	\$1,500 to \$10,000 per month in \$50 increments (Subject to monthly benefit and policy limit combinations)
Calendar Day Elimination Period	90, 180 or 365 calendar days	0, 30, 60, 90, 180 or 365 calendar days
Cash Benefit	30% of home health care benefit up to initial maximum of \$2,400 per month	40% of home health care benefit up to initial maximum of \$2,400 per month
Nursing Home Benefit	100%	
Assisted Living Facility Benefit	50%, 75% or 100% of maximum monthly benefit	
Home Health Care Benefit	50%, 75% or 100% of maximum monthly benefit	
Adult Day Care Benefit	Up to 100% of the monthly home health care benefit	
Stay-at-Home Benefits • Caregiver Training • Durable Medical Equipment • Home Modification • Medical Alert System	Up to two times the maximum monthly benefit	
Bed Reservation Benefit for Nursing Home & Assisted Living Facility	30 days per calendar year	
Respite Care Benefit	1 month per calendar year; no elimination period applies	
Hospice Care Benefit	Pays maximum monthly benefit; no elimination period applies	

Product Information

Table
of
Contents

Product
Information

Underwriting
Guidelines

Completing
the
Application

Premium
Processing

Administrative
Handling

Sales
&
Marketing
Information

Understanding
the Claims
Process

Contact
Information

	MutualCare® Secure Solution	MutualCare® Custom Solution
International Benefit	Maximum monthly benefit for up to 12 months	
Waiver of Premium • Nursing Home • Assisted Living Facility • Home Health Care	Included; subject to eligibility requirements	
Alternate Care Benefit	Available when care coordination is used	
Optional Partner* Benefits		
Shared Care	Available	
Security Benefit	Available	
Joint Waiver of Premium	Not Offered	Available
Survivorship Benefit	Not Offered	Available
Other Optional Benefits		
Waiver of Elimination Period for Home Health Care	Available	
Nonforfeiture – Shortened Benefit Period (removes Contingent Nonforfeiture built into policy)	Available	
Return of Premium at Death (less claims paid) – Three Times Initial Maximum Monthly Benefit	Available	
Return of Premium at Death (less claims paid)	Not Offered	Available
Return of Premium at Death (less claims paid) – If Death Occurs Before Age 65	Not Offered	Available
Professional Home Health Care	Not Offered	Available
Inflation Protection Options		
Inflation Protection Options	Lifetime: 3%, 4%, or 5% compound 20-Year: 3% or 5% compound No inflation protection	Inflation Percentage: 1% to 5% compound in .25% increments Inflation Duration: Lifetime, 20, 15 or 10 years No inflation protection
Inflation Protection Buy-Up Option	Not Offered	Available
Premium Allowances		
Partner* • Both Issued • One Issued	30% 15%	
Preferred	15%	
Association/Sponsored Group	5%	
Producer	5%	
Common Employer	5%	
Premium Payment		
Lifetime	Default	

*Partner is defined as spouses who are legally married, domestic or civil union partners, or adults in a serious, committed personal relationship intended to be lifelong who have shared a common residence for the most recent three years, are not married to or a domestic or civil partner of anyone else, and are not related in any way that would bar marriage.

Product Information

Benefit Descriptions

We know you may need a little help remembering all the details of how our products work. So here's a brief description of all the benefits available.

- ✓ Indicates benefits that are built into the base policy
- ✚ Indicates optional benefits that are available at an additional cost

A

✓ Alternate Care Benefit

We know there may be long-term care services or treatments that don't exist today yet may become standard practice in the future. This benefit provides coverage for qualified treatments or services not specifically listed in the policy when recommended by a care coordinator.

Note: The Alternate Care Benefit may cover the services of a Christian Science provider when the insured is eligible to receive Alternate Care benefits under the policy. Here's how it works:

- Services must be provided by an accredited Christian Science nurse as listed in the Christian Science Journal; and
- Services must be incurred while confined in a Christian Science nursing organization/facility currently recognized by the Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc., or any comparable accrediting organization

✓ Assisted Living Facility Benefit

The policy provides options for the insured to receive 100 percent of the maximum monthly benefit (with the option to reduce to 75 percent or 50 percent) to help pay for services received in an assisted living facility.

B

✓ Bed Reservation Benefit for Nursing Home & Assisted Living Facility

This benefit comes into play when the insured is confined to a nursing home or assisted living facility and requires hospitalization. Under this provision, the policy will pay up to 100 percent of the maximum monthly benefit for up to 30 days per calendar year to keep a bed available in the insured's facility until he or she returns.

C

✓ Care Coordination Benefit

Our policies offer the optional services of a care coordinator who will assess the needs of the insured, develop an individualized plan of care and help arrange for long-term care services. Here's how it works:

- There's no elimination period to satisfy, which gives the insured immediate access to the services of a care coordinator
- Care coordinators are licensed health care professionals – typically registered nurses
- The use of a care coordinator is not required; however, some policy benefits are available only when a care coordinator is used
- Upon the recommendation of a care coordinator, the policy will pay a maximum limit of up to two times the home health care maximum monthly benefit for the following stay-at-home services:
 - Caregiver training
 - Durable medical equipment
 - Home modifications
 - Medical alert system

✓ Cash Benefit

The Cash Benefit is designed to give the insured – and his or her family – the ability to explore care options when the need for long-term care first arises. A percentage of the home health care maximum monthly benefit amount is available in cash to help pay for any expenses related to the insured's long-term care needs. Here's how it works:

- There's no elimination period to satisfy in order to receive the Cash Benefit
- The Cash Benefit is paid in advance each month. If the insured is eligible for the Cash Benefit for less than an entire month, the benefit will be pro-rated based on the actual number of days the insured is eligible for the benefit in that month. (Note: It's assumed each month consists of 30 days regardless of the actual number of days)
- No other benefits are available under the policy while the insured is receiving the Cash Benefit
- The insured may switch from a Cash Benefit to a Reimbursement Benefit by notifying us in writing. The insured has the option to switch between Cash and Reimbursement Benefits at any time
- Once the Cash Benefit has ceased, the insured must satisfy the policy's elimination period in order for Reimbursement Benefits to begin
- Days in which the Cash Benefit is utilized do not count toward the elimination period for Reimbursement Benefits
- The Cash Benefit is not available for care received outside the United States, its territories, Canada or the United Kingdom

MutualCare® Secure Solution	MutualCare® Custom Solution
Cash Benefit: • 30% of the home health care maximum monthly benefit, up to initial maximum of \$2,400* per month	Cash Benefit: • 40% of the home health care maximum monthly benefit, up to initial maximum of \$2,400* per month

* This amount may increase if inflation protection is added to the policy.

E

✓ Calendar Day Elimination Period

This waiting period represents the initial number of calendar days the insured must be chronically ill before benefits are payable under the policy. Here's how it works:

- If the insured is not receiving cash benefits, the elimination period begins on the first day he or she is chronically ill and receives a covered long-term care service
- Subsequent days during which the insured is chronically ill will be used to satisfy the elimination period, even if a covered service is not received on those days
- The elimination period is cumulative and needs to be satisfied only once during the life of the policy
- There is no elimination period to satisfy if the insured elects to receive the Cash Benefit; however, once the insured switches to a Reimbursement Benefit, an elimination period will apply
- A 90-day elimination period is the default option. Additional options may be elected
- Elimination periods available for Class I and Class II risks are limited to 90, 180 or 365 days

MutualCare® Secure Solution	MutualCare® Custom Solution
Elimination Period: • Options include 90, 180 or 365 calendar days	Elimination Period: • Options include 0, 30, 60, 90, 180 or 365 calendar days

Product Information

H

✓ **Home Health Care Benefit**

Most people prefer to receive long-term care services at home. The insured will receive 100 percent of the maximum monthly benefit (with the option to reduce to 75 percent or 50 percent) to help pay for home health care services.

✓ **Hospice Care Benefit**

People who are terminally ill and not expected to live beyond six months need special care. The policy provides up to the maximum monthly benefit for hospice care services with no elimination period to satisfy.

I

✚ **Inflation Protection**

The cost of long-term care services is likely to be higher years down the road when the insured needs care. An optional inflation protection rider allows policy benefits to increase to assist with potential rising costs. Here's how it works:

- The current maximum monthly benefit and remaining policy limit increase annually by the percentage the insured selects
- The increase occurs on each policy anniversary date for the length of time the insured selects – either for the life of the policy or for a limited period of time

MutualCare® Secure Solution

Lifetime: 3%, 4%, or 5% compound
20-Year: 3% or 5% compound
No inflation protection

MutualCare® Custom Solution

Inflation Percentage: 1% to 5% compound in .25% increments
Inflation Duration: Lifetime, 20, 15 or 10 years
No inflation protection
Includes guaranteed buy-up option

✚ **Inflation Protection Buy-Up Option**

The insured may increase the percentage of inflation applied to policy benefits (not to exceed 5 percent) on or before each policy anniversary date. The increase is effective on the policy anniversary following the election, with benefit increases occurring the following anniversary. The increase is available prior to the lesser of 20 years or age 75 (cannot be chronically ill).

Partnership qualification is determined on the inflation option effective issue. Partnership qualification cannot be gained by electing a buy-up of inflation after issue. Here's how it works:

- The buy-up option is only available on MutualCare® Custom Solution policies
- Each year, on or before the policy anniversary date, the insured can choose to increase his or her compound inflation protection to any percentage we offer. The insured must elect this option in writing
- The total level of inflation protection cannot exceed 5 percent
- The premium for the policy is based on the insured's age at the time of the buy up; however, actual premium will include a premium credit based on type of coverage and how long the policy has been in force
- The increase is effective on the policy anniversary following the election with benefit increases occurring on the following anniversary
- The increase is available prior to the lesser of 20 years or age 75
- The insured also has the option to buy down to a lower inflation percentage at any time while retaining any gains applied to the policy as a result of the inflation rider. Premium is based on the insured's age at policy issue and the policy's current rates

MutualCare® Secure Solution

Not Offered

MutualCare® Custom Solution

Available

✓ International Benefit

This benefit is available to an insured who may be confined to a nursing home or assisted living facility or is receiving home health care or adult day care outside the United States, its territories, Canada or the United Kingdom. Here's how it works:

- The International Benefit is equal to twelve times the maximum monthly benefit
- This benefit is paid regardless of the amount of incurred expenses in any given month (the incurred expense may be more or less than the maximum monthly benefit amount)
- No additional International Benefits are payable under the policy once the benefits paid equal the International Benefit lifetime maximum
- The Cash Benefit is not available in conjunction with the International Benefit

J

+ Joint Waiver of Premium Benefit

This optional rider waives premium for both partners when one partner is on claim. Here's how it works:

- No premium will be due from the insured partner for as long as the other partner's premium is waived
- When the waiver period ends under the other partner's policy, premium payments for the insured partner will resume and must be paid to keep the policy in force
- If premiums increase after policy issue due to an increase or addition in coverage, the increased premium must be in effect for 10 years or more before the increased amount will be waived
- This Joint Waiver of Premium Benefit is not available in conjunction with:
 - Security Benefit
 - Partner Premium Allowance (one issued)
- The Joint Waiver of Premium Benefit is not offered for Class I or Class II health risks

MutualCare® Secure Solution	MutualCare® Custom Solution
Not Offered	Available

M

✓ Maximum Monthly Benefit

This is the maximum dollar amount the policy will pay each month. Options range from \$1,500 to \$10,000 per month.

- \$5,000 maximum allowed for Class I and Class II health risks
- The total monthly benefit for nursing home/assisted living or home health care, including all long-term care policies (includes policies from other companies), cannot exceed \$10,000 per month at the time of issue

Please Note: When providing prior or existing coverage information, the benefit amount should reflect current coverage amounts, not the initial amount of coverage.

MutualCare® Secure Solution	MutualCare® Custom Solution
• Available in increments of \$1	• Available in increments of \$50 • Amounts range from 1% to 4% of the policy limit. For example: the monthly benefit on a \$300,000 pool of dollars would range from \$3,000 to \$10,000

Product Information

N

✚ **Nonforfeiture – Shortened Benefit Period**

This allows coverage to continue on a reduced basis in the event the insured stops paying premiums. Here's how it works:

- The policy must have been in force for three years in order for this provision to take effect
- This rider replaces the contingent nonforfeiture language in the policy
- The Nonforfeiture – Shortened Benefit Period rider **MUST** be offered. If it is not selected, the contingent nonforfeiture benefit becomes the default

✓ **Nursing Home Benefit**

Nursing home care is a very costly long-term care service. The policy provides 100 percent of the maximum monthly benefit amount to help pay for covered services received in a nursing home.

P

✓ **Policy Limit**

This is the maximum dollar amount payable over the remaining life of a policy. All benefits paid, except Care Coordinator and Waiver of Premium, will reduce the policy limit. The initial policy limit shown on the policy schedule may be adjusted if coverage is decreased or increased. If an optional inflation protection rider is attached to the policy, the remaining policy limit will be increased annually.

MutualCare® Secure Solution	MutualCare® Custom Solution
Uses a benefit multiplier to determine the initial policy limit (benefit multiplier x maximum monthly benefit = policy limit) • Options include 24, 36, 48 or 60 months • 60-month benefit multiplier and \$5,000 monthly benefit is the maximum allowed for Class I and Class II health risks	Uses a pool of dollars to determine the initial policy limit • Options include \$50,000 to \$500,000 in \$500 increments • \$300,000 policy limit and \$5,000 monthly benefit is the maximum allowed for Class I and Class II health risks

+ Premium Allowances

We offer a variety of premium allowances that help people save money. The insured is eligible to receive one or more of the following premium allowances:

Partner* (both issued) – 30 percent	Partner* (one issued) – 15 percent
If both partners are issued long-term care insurance from Mutual of Omaha, they each receive a 30 percent premium allowance. - Available when both policies are issued under the same policy form/product - Any partner that was previously issued under a different policy form/product is not eligible for the Partner Allowance - Please Note: Allowances will not be applied retroactively to partners issued with different effective dates, and will apply beginning on the second partner's effective date - If one applicant cancels the contract and it results in a cancel back to issue or policy not taken, the 30 percent partner allowance will be replaced by the 15 percent Partner Allowance (one issued) - Not available with the Security Benefit	A 15 percent allowance is offered to an applicant whose partner is not issued long-term care insurance from Mutual of Omaha. - Includes any partner not meeting the criteria for Partner (both issued) - Not available with the Joint Waiver of Premium, Survivorship or Shared Care Benefits
Preferred – 15 percent	Producer – 5 percent
A 15 percent premium allowance is offered to applicants who are in good health. - The Preferred Allowance will be applied at the discretion of the underwriter - Can be combined with all partner allowances	You and your partner are each eligible for a 5 percent premium allowance when you purchase this Mutual of Omaha long-term care insurance policy - Not available with Association/Sponsored Group or Common Employer Allowances - A minimum of five applications is required, must be initially submitted together
Association/Sponsored Group – 5 percent	Common Employer** – 5 percent
Applicants who are members of a qualifying association group are eligible for a 5 percent premium allowance. - Also applies to the partner of the insured - Includes a compensation offset - Not available with the Producer Allowance - Not available to add after issue	Five or more applicants who share a common employer all are eligible for a 5 percent premium allowance. - Once the five-person minimum is met, other employees of the same company also will receive the Common Employer Allowance - Cannot be employer paid or sponsored - PRD is not available - Not available with Association/Sponsored Group or Producer Allowances - Not available to add after issue

*Partner is defined as spouses who are legally married, domestic or civil union partners, or adults in a serious, committed personal relationship intended to be lifelong who have shared a common residence for the most recent three years, are not married to or a domestic or civil partner of anyone else, and are not related in any way that would bar marriage.

**Important Notice: This long-term care policy is not designed to be compliant with ERISA or Title VII or similar state laws and generally is not appropriate for an employer sponsored plan. Employers 'sponsorship' includes but not limited to: paying a portion of the premium, payroll deduction, list billing and endorsing or promoting the solicitation of the coverage during working hours. Please have your client's consult a legal or tax advisor or other qualified professional for more information.

Product Information

✚ Professional Home Health Care

This optional rider makes additional benefits available when home health care services are provided by a nurse* or skilled professional specializing in physical, respiratory, occupational or speech therapy, audiology, nutrition or chemotherapy administration. If the cost of services exceeds the home health care maximum monthly benefit in any given month, this benefit provides up to an additional 100 percent of the home health care maximum monthly benefit.

*Additional funds for home health care provided by a nurse are limited to 365 days over the life of the policy. This rider cannot be dropped after issue.

MutualCare® Secure Solution	MutualCare® Custom Solution
Not Offered	Available

R

✓ Respite Care Benefit

The policy pays for one month of respite care per calendar year. This benefit is intended to provide temporary services of another person or facility in order to give the insured's regular, unpaid caregiver a break from providing care.

✚ Return of Premium at Death (minus claims paid) – Three Times Initial Maximum Monthly Benefit

This optional rider returns up to three times the maximum monthly benefit of the policy, minus claims paid, upon the insured's death after the policy has been in force for a 10-year period. For the purposes of this rider, the maximum monthly benefit is the lesser of three times the initial maximum monthly benefit, or three times the current maximum monthly benefit, excluding the whole amount of any inflation protection increases that may have been received. This rider cannot be dropped after issue.

- Not available for applicants over age 64
- Not available with Shared Care

✚ Return of Premium at Death (minus claims paid)

This optional rider returns premium paid on the policy, minus claims paid, upon the insured's death. This rider cannot be dropped after issue.

- Not available for applicants over age 64
- Not available with Shared Care

✚ Return of Premium at Death (minus claims paid) – If Death Occurs Before Age 65

This optional rider returns premium paid on the policy, minus claims paid, if the insured dies before age 65. This rider cannot be dropped after issue.

- Not available for applicants over age 64

ROP Option	MutualCare® Secure Solution	MutualCare® Custom Solution
ROP – Three Times Maximum Monthly Benefit	Available	Available
ROP at Death	Not Offered	Available
ROP – If Death Occurs Before Age 65	Not Offered	Available

S

Table
of
Contents**+ Security Benefit**

This optional rider provides an additional benefit without a reduction in the policy limit when the insured is receiving benefits and his or her partner is alive. The additional funds may be used to help pay for care or living expenses for an uninsured partner. Here's how it works:

- Pays the insured an additional 60 percent of the reimbursement benefit each month, excluding the cash benefit if any, for covered services received
- The Security Benefit will not reduce the policy limit
- The Security Benefit is only available with Partner (one issued) Allowance
- The Security Benefit is not offered for Class I or Class II health risks or for issue ages over age 69

+ Shared Care Benefit

This optional rider allows one insured to access benefits under a partner's policy. Here's how it works:

- Benefits must be identical at the time of policy issue
- Once benefits have been exhausted under the insured's policy, but the need for long-term care services continues, he or she may access benefits under a partner's identical policy until a minimum of 12 times the current maximum monthly benefit remains
- If one partner dies while both policies are in force, the surviving partner will receive the deceased partner's remaining policy limit with no effect on the surviving partner's premium. If an inflation option was chosen, the new total amount will inflate accordingly
- The Shared Care Benefit is only available when both partners apply for coverage at the same time and are issued identical policies
- The Shared Care Benefit is not available with:
 - Security Benefit
 - Return of Premium at Death (minus claims paid)
 - Return of Premium at Death (minus claims paid) – Three Times Initial Maximum Monthly Benefit
 - Partner Premium Allowance (one issued)
- The Shared Care Benefit is not offered for Class II health risks or if Underwriting determines one or both applicants pose a greater than normal risk

MutualCare® Secure Solution	MutualCare® Custom Solution
Not offered to Class I health risks with: • A benefit multiplier greater than 36 months • A maximum monthly benefit greater than \$5,000	Not offered to Class I health risks with: • A policy limit greater than \$180,000 • A maximum monthly benefit greater than \$5,000

Product
InformationUnderwriting
GuidelinesCompleting
the
ApplicationPremium
ProcessingAdministrative
HandlingSales
&
Marketing
InformationUnderstanding
the Claims
ProcessContact
Information

Product Information

+ Survivorship Benefit

This optional rider allows an insured to have a paid-up policy in the event his or her partner dies. Here's how it works:

- If the insured's partner dies after the policy has been in force for 10 years or more, no further premium is due on the insured's policy
- If premiums increase after policy issue due to an increase or addition in coverage, the increased premium must be in effect for 10 years or more before the increased amount will be waived
- The Survivorship Benefit is not available in conjunction with:
 - Security Benefit
 - Partner Premium Allowance (one issued)
- The Survivorship Benefit is not offered for Class I or Class II health risks

MutualCare® Secure Solution	MutualCare® Custom Solution
Not Offered	Available

W

+ Waiver of Elimination Period for Home Health Care

This optional rider enables the insured to receive home health care benefits without having to satisfy an elimination period. This rider cannot be dropped after issue. Here's how it works:

- Once expenses are incurred for covered home health care services or adult day care, the elimination period for home health care or adult day care will be waived
- Days on which the elimination for home health care is waived will be used to satisfy the elimination period for other benefits available under the policy. The elimination period for nursing home and assisted living will begin to be satisfied on a calendar-day basis
- This rider is not available for Class I or Class II health risks

✓ Waiver of Premium

This benefit means no premium is due while the insured receives covered long-term care services. Here's how it works:

- After the policy's elimination period has been satisfied, no further premium payments are required effective on the date benefits are first paid for nursing home, assisted living or at least eight days of home health care or adult day care in any continuous 30-day period
- Premium also is waived if the insured is receiving the cash benefit
- The premium payment mode does not affect the waiver of premium start date; however, any portion of premium paid beyond the start date will not be refunded. Instead, we will credit such premium to any future premium payments that come due
- Once the waiver of premium ends, the insured must resume premium payments to keep the policy in force

Our Underwriting Philosophy

We look at the total picture and evaluate applicants based on a number of criteria, including health history, cognitive status, daily activities and the ability to perform and maintain activities of daily living (ADLs) as well as instrumental activities of daily living (IADLs)

Activities of Daily Living	Instrumental Activities of Daily Living
• Eating • Toileting • Transferring • Bathing • Dressing • Continence	• Shopping • Meal preparation • Housework • Laundry • Managing money • Taking medication • Using the telephone • Walking outdoors • Climbing stairs • Reading/writing • Transportation

Issue Ages

Applicants between the ages of 30 and 79 will be considered for coverage. There may be age limitations for some policy options.

Save Age

Premium will be based on the applicant's age at the time the application is signed. If the applicant's date of birth is within 30 days of the application signing date, premium will be based on the younger age.

Suitability

A long-term care personal worksheet is included in the application packet and must be submitted with each application. You are responsible for verifying that coverage is affordable and appropriate for your client.

- Minimum financial guidelines include an annual household income of \$20,000 or \$50,000 in countable assets, not including the applicant's home
- This policy is not available to anyone who meets Medicaid eligibility guidelines
- If the applicant does not disclose financial information or if the disclosed information indicates the policy is not suitable, the applicant will receive a letter asking them if they want to continue with the application

Eligibility

The application clearly identifies impairments that make an applicant ineligible for coverage. You should NOT submit an application for anyone who:

- Answers "yes" to any question in the Health Insurability Questions section the application
- Is over or under the height and weight guidelines
- Requires assistance with any activities of daily living (ADLs)
- Requires assistance with any instrumental activities of daily living (IADLs)
- Receives Meals on Wheels

Underwriting Guidelines

- Is pregnant or receiving medical treatment to become pregnant
- Is disabled
- Uses a quad cane, crutches, walker, electric scooter, wheelchair, oxygen or respirator
- Is non-compliant with medications and/or treatment
- Has not pursued additional workups recommended by their physician
- Has a condition listed as a “decline” in the Medical Impairment section
- Has a living environment (as noted during the face-to-face interview) to be excessively cluttered, filthy, unsafe or with evidence of hoarding
- Has been confined to a nursing home or assisted living facility in the last six months
- Has received home health care services or adult day care in the last six months
- Has received occupational, physical or speech therapy in the last three months (prequalify the case with an underwriter if you believe the case may warrant review sooner than three months)

NOTE:

Higher-risk applicants may receive an adjusted offer or reduced benefits and/or higher premium. You will be notified if the approved policy is different than applied for.

Underwriting Rules

All available options may be added to the policy selected unless a specific combination of options is not allowed by underwriting rules.

- Underwriting will be the same for the base policy and selected optional benefits
- Addition premium will be required for optional benefits
- Optional benefits still being marketed may be added at the time of sale or within 60 days of policy issue with underwriter approval
- The total monthly benefit for nursing home/assisted living or home health care, (including all long-term care policies from other companies), cannot exceed \$10,000 per month at the time of issue

Rate Classes

The Medical Impairments section and the Build Chart will help you determine the appropriate rate class to quote.

- Applications should not be submitted for anyone who is over or under the weight guidelines, has an uninsurable health condition or is taking a medication associated with an uninsurable health condition
- It's recommended that an applicant never be quoted better than Select (the underwriter will add a Preferred allowance to the policy, if appropriate)

Underwriting Guidelines

- Certain policy limits are placed on Class I and Class II health risks, including:
 - Maximum 60-month benefit multiplier
 - Maximum \$300,000 policy limit
 - Maximum \$5,000 monthly benefit
 - Minimum 90-day elimination period
- In addition, not all policy benefits are available for Class I and Class II health risks, including:
 - Security Benefit
 - Joint Waiver of Premium Benefit
 - Survivorship Benefit
 - Shared Care Benefit (available for Class I health risks with a maximum 36-month benefit multiplier, \$180,000 policy limit and/or \$5,000 maximum monthly benefit)
 - Waiver of Elimination Period for Home Health Care

Preferred	Select	Class I	Class II
15% allowance at underwriter discretion	100%	125%	150%
Applicant is considered a preferred risk and is eligible for all policy benefit options	Applicant is considered a standard risk and is eligible for all policy benefit options	Applicant is considered to be a higher risk for utilization of long-term care services	Applicant is considered to be a significantly higher risk for utilization of long-term care services Reserved for use at underwriter discretion. Do not quote Class II unless prequalified by an underwriter

REMEMBER...

Never quote an applicant better than the select rate. The underwriter will add the preferred allowance, if applicable.

Table of Contents

Product Information

Underwriting Guidelines

Completing the Application

Premium Processing

Administrative Handling

Sales & Marketing Information

Understanding the Claims Process

Contact Information

Underwriting Guidelines

Criteria for Preferred Underwriting

In order to qualify for preferred underwriting and the 15 percent preferred premium allowance, applicants must meet ALL of the following criteria:

1. An applicant must have seen a physician for a head-to-toe physical exam and complete metabolic profile within the past two years
2. He or she must not have been declined, rated or denied reinstatement for long-term care insurance within the last three years
3. The applicant must have been tobacco free for the past two years
4. He or she must fall within the minimum and preferred maximum range on the build chart
5. An applicant must not use a cane
6. He or she must not take any prescription medications other than:
 - Allergy medications (excluding steroids)
 - Female hormone replacement
 - Thyroid hormone replacement
 - Antacids and heartburn medication
 - Medication for controlled high blood pressure (readings of 140/90 or less for the past six months)
 - Medication for controlled cholesterol (cholesterol less than 250)
 - Medication for temporary, acute conditions
7. The applicant must not be diagnosed with or treated for any of the following:
 - Asthma
 - Atrial fibrillation
 - Blood disease or disorder (excluding treated iron deficiency anemia)
 - Blood clotting disorder
 - Cancer (excluding basal cell or squamous cell skin cancer)
 - Carotid artery disease
 - Chronic fatigue syndrome
 - Chronic obstructive pulmonary disease (COPD)
 - Chronic pain
 - Diabetes
 - Emphysema
 - Fibromyalgia
 - First degree relative diagnosed with Alzheimer's or dementia
 - Heart disease, including coronary artery disease and heart valve disorder (excluding mitral valve prolapse or controlled high blood pressure average reading less than 140/90 for the past six months)
 - Hepatitis
 - Joint replacement
 - Moderate osteoarthritis
 - Neurological disease or disorder
 - Peripheral arterial/vascular disease
 - Polymyalgia rheumatica
 - Psychiatric disease or disorder (excluding seasonal affective disorder or mild or resolved situational depression)
 - Respiratory disease or disorder, excluding acute bronchitis, pneumonia, or exercise induced, reactive or extrinsic asthma
 - Rheumatoid arthritis
 - Sleep apnea
 - Spinal stenosis
 - Stroke
 - TIA (transient ischemic attack)
 - Tremor

Build Chart – Unisex

Height	Minimum	Preferred Maximum	Select Maximum	Class I Maximum
4'8"	82	133	164	190
4'9"	85	138	170	198
4'10"	87	143	176	205
4'11"	90	148	182	212
5'0"	93	153	189	220
5'1"	95	158	195	227
5'2"	96	164	202	235
5'3"	98	169	208	242
5'4"	101	174	215	250
5'5"	104	180	222	258
5'6"	106	186	229	266
5'7"	110	191	236	274
5'8"	113	197	243	282
5'9"	117	203	250	291
5'10"	121	209	257	299
5'11"	124	215	265	308
6'0"	128	221	272	316
6'1"	132	227	280	320
6'2"	136	233	287	326
6'3"	139	240	295	330
6'4"	142	246	300	344
6'5"	144	253	312	350
6'6"	148	260	320	360

- An applicant below the minimum weight is ineligible for coverage
- An applicant who is within the weight requirements but has other health conditions may be ineligible for coverage
- An applicant who exceeds the maximum Select weight and has any condition listed on the impairment guide as a Class I or Class II will be declined
- An applicant above the Class I Maximum weight is ineligible for coverage
- An applicant who has short stature due to a genetic condition or chronic medical condition is ineligible for coverage
- Build as documented in medical records or obtained during a face-to-face interview

Underwriting Guidelines

Uninsurable Health Conditions

Acoustic Neuroma (unoperated)	Connective Tissue Disease
Acromegaly	Cor Pulmonale
ADL Deficit	CREST Syndrome
AIDS/ARC	Crohn's (multiple flares or with complications)
Adult Day Care within 6 months	Cushing's Syndrome
Agoraphobia	Cystic Fibrosis
Alcohol 4 or more drinks daily	
Alcoholism with any current alcohol use	Defibrillator (implanted)
ALS	Dementia
Alzheimer's Disease	Dermatomyositis
Amputation due to disease, other than cancer	Diabetic Complications (neuropathy, nephropathy, retinopathy, gastropathy)
Amputation 2 or more limbs	Dialysis
Amyloidosis	Dilated Cardiomyopathy
Ankylosing Spondylitis	Disabled, except <50% VA disability
Anorexia	Down's Syndrome
Aplastic Anemia	Dwarfism
Arnold-Chiari Malformation	Dystonia
Arrhythmia (uncontrolled)	
Arteriovenous Malformation (AVM) (unoperated)	Ehlers-Danlos
Arthritis requiring narcotic pain medication	Epilepsy (>2 seizures/year)
Asperger's Syndrome	Epstein-Barr Virus (within 2 years)
Assisted Living Facility (resident within 6 months)	
Ataxia	Fibromuscular Dysplasia
Avascular Necrosis (unoperated)	Fibromyalgia (disabling)
	Frailty
Back Pain (disabling or requiring narcotic pain medication)	Friedrich's Ataxia
Bell's Palsy (present)	
Benign Positional Vertigo (BPV) (with falls)	Gaucher's
Bipolar (diagnosed within 3 years, psychiatric hospitalization within 2 years, 2 or more psychiatric hospitalizations)	Glomerulonephritis
Blindness (not adapted or with ADL/IADL limitations)	
Bowel Incontinence	Head Injury (residual functional or cognitive impairment)
Buerger's Disease	Heart Transplant
Bulimia	Hemiplegia
Bullous Pemphigoid (active)	Hemophilia
	Hepatitis (chronic, active, alcohol related, residual liver damage)
Cardiomyopathy (dilated)	HIV Positive
Castleman's	Hoarding
Cerebral Aneurysm (unoperated)	Home Health Care (within 6 months)
Cerebral Palsy	Huntington's Chorea
Cerebrovascular Accident (CVA) (2 or more)	Hydrocephalus
Charcot Marie Tooth	IADL Deficit
Chronic Pain (requiring narcotics, TENS unit, implantable stimulator, ADL/IADL deficit)	Immune Deficiency
Cirrhosis	Implantable Stimulator
Complex Regional Pain Syndrome	Irritable Bowel Syndrome (uncontrolled or with weight loss)
Confusion	

Uninsurable Health Conditions (continued)

Kidney Failure
Kidney Transplant

Lacunar Infarct (2 or more)
Liver Transplant
Lou Gehrig's Disease
Lupus (systemic)

Marfan's Syndrome
Medicaid Recipient
Memory Loss
Mental Retardation
Mixed Connective Tissue Disease
Multiple Myeloma
Multiple Sclerosis
Muscular Dystrophy
Myelodysplasia
Myelodysplastic Syndrome
Myelofibrosis
Myasthenia Gravis (generalized)

Neurofibromatosis
Neurogenic Bowel or Bladder
Neuropathy (related to diabetes or alcohol, or with history of falls or skin ulcers), or severe
Nursing Home resident (within 6 months)

Occupational Therapy (within 3 months*)
*contact Underwriting to prequalify if within 3 months
Organ Transplant
Organic Brain Syndrome
Osteoporosis (T score -4.0 or worse)
Oxygen use

Pancreas Transplant
Pancreatitis (alcohol related, or >2 episodes)
Paralysis
Paraplegia
Parkinson's Disease
Pemphigus Vulgaris
Physical Therapy (within 3 months*)
*contact Underwriting to prequalify if within 3 months
Pick's Disease
Polycystic Kidney Disease
Polymyositis
Polyneuropathy
Post Herpetic Neuralgia

Post Polio Syndrome (with progressive weakness, fatigue, or limitations)
Pregnancy (Is pregnant or receiving medical treatment to become pregnant)
Primary Biliary Cirrhosis
Pseudotumor Cerebri
Psychiatric Hospitalization (within 3 years, or 2 or more)
Psychosis
Pulmonary Hypertension

Quad Cane use
Quadriplegia

Reflex Sympathetic Dystrophy
Retinal Vein Occlusion (2 or more)

Schizophrenia
Scleroderma
Sclerosing Cholangitis
Shingles (within 6 months)
Sjogren's Syndrome (systemic)
Social Withdrawal
Speech Therapy (within 3 months*)
*contact Underwriting to prequalify if within 3 months
Spina Bifida
Stroke (2 or more)
Surgery (requiring general anesthesia scheduled or planned)
Systemic Lupus

Thalassemia Major
Thrombocytosis
Transient Ischemic Attack (TIA) (2 or more)
Tuberculosis

Underweight

Ventriculoperitoneal shunt
Von Willebrand's Disease

Walker use
Wegener's Granulomatosis
Weight loss (unintentional or unexplained)
Wheelchair use

Underwriting Guidelines

Some Medications Associated With Uninsurable Health Conditions

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications.

Medication	Condition	Medication	Condition
3TC	HIV	D4T	HIV
Abacavir	HIV	D-Cycloserine	Dementia
Abilify	Antipsychotic	Dantrium	Multiple Sclerosis
Acamprosate	Alcohol Abuse	Dantrolene	Multiple Sclerosis
Adefovir	Hepatitis	Darunavir	HIV
Adriamycin	Cancer	DDC	HIV
Akinetin	Parkinson's	DDI	HIV
Alkeran	Cancer	Delavirdine	HIV
Amantadine	Parkinson's	Demerol	Chronic Pain
Ambrisentan	Pulmonary Hypertension	Deprenyl	Parkinson's
Anastrozole	Cancer, acceptable if used for cancer prevention	DES	Cancer
Antabuse	Alcohol Abuse	Didanosine	HIV
Apokyn	Parkinson's	Diethylstilbestrol	Cancer
Apomorphine	Pain	Dilaudid	Pain
Aptivus	HIV	Dimethyl Fumarate	Multiple Sclerosis
Aricept	Dementia	Disulfiram	Alcohol Abuse
Arimidex	Cancer treatment, acceptable if used for cancer prevention	Dolophine	Chronic Pain
Aripiprazole	Psychosis	Donepezil	Dementia
Artane	Dementia	Doxorubicin	Cancer
Asenapine	Psychosis	Dronabinol	Various Reasons
Atazanavir	HIV	DuoNeb	COPD
Atripla	HIV	Duragesic	Chronic Pain
Aubagio	Multiple Sclerosis	Efavirenz	HIV
Avinza	Chronic Pain	Eldepryl	Parkinson's
Avonex	Multiple Sclerosis	Eligard	Cancer, may be allowed, see prostate cancer guidelines
Axona	Dementia	Emtricitabine/ Tenofovir/Efavirenz	HIV
Azathioprine	Immunosuppression	Emtriva	HIV
Azilect	Parkinson's	Enfuvirtide	HIV
AZT	HIV	Entacapone	Parkinson's
Baclofen	Multiple Sclerosis	Entecavir	Hepatitis
Baraclude	Hepatitis B	Epivir	HIV
Benzatropine	Parkinson's	Epoetin	Various Reasons
Bendopa	Parkinson's	Epogen	Kidney Failure, HIV
Betaseron	Multiple Sclerosis	Epzicom	HIV
Biperiden	Parkinson's	Ergoloid	Dementia
Boceprevir	Hepatitis C	Ethoproopazine	Parkinson's
Buprenorphine	Chronic Pain	Etoposide	Cancer
Busulfan	Cancer	Exelon	Dementia, Parkinson's
Butrans	Chronic Pain	Fentanyl	Chronic Pain
Campral	Alcohol Abuse	Fluphenazine	Psychosis
Caprylidene	Dementia	Fosamprenavir	HIV
Capaxone	Multiple Sclerosis	Furosemide	Heart/Kidney Disease
Carbidopa	Parkinson's	>60 mg/day	
Carboplatin	Cancer	Fuzeon	HIV
Cee Nu	Cancer	Gablofen	Spasticity
Cellcept	Organ Transplant	Galantamine	Dementia
Cerefolin	Memory Loss	Geodon	Schizophrenia
Chlorambucil	Cancer	Glatiramer	MS
Chlorpromazine	Psychosis	Gleevac	Cancer
Chlorprothixene	Psychosis	Gold	Rheumatoid Arthritis
Cisplatin	Cancer	Haldol	Psychosis
Codeine	Chronic Pain	Haloperidol	Psychosis
Cogentin	Parkinson's	Hepsera	Hepatitis B
Cognex	Dementia	Herceptin	Cancer
Combivir	HIV	Hivid	HIV
Comtan	Parkinson's	Hydergine	Memory Loss
Copaxone	Multiple Sclerosis	Hydrea	Cancer
Crixivan	HIV	Hydrocodone	Chronic Pain
Cyclophosphamide	Cancer	Hydromorphone	Chronic Pain
Cycloserine	Alzheimer's	Hydroxyurea	Cancer
Cyclosporine	Immunosuppression		
Cytoxan	Cancer, severe Arthritis		

Underwriting Guidelines

Table
of
Contents

Product
Information

Underwriting
Guidelines

Completing
the
Application

Premium
Processing

Administrative
Handling

Sales
&
Marketing
Information

Understanding
the Claims
Process

Contact
Information

Medication	Condition
Ibrance	Cancer
Imatinib	Cancer
Imuran	Immunosuppression
Incivek	Hepatitis C
Indinavir	HIV
Insulin >50 units/day	Diabetes
Interferon	HIV, Hepatitis, Multiple Sclerosis
Indinavir	HIV
Intravenous Immunoglobulin	Immune Deficiency
Invega	Schizophrenia
Invirase	HIV
Isentress	HIV
Isoxsuprine	Dementia
IVIG	Immune Deficiency
Kadian	Chronic Pain
Kaletra	HIV
Kemadrin	Parkinson's
Kemstro	MS
Lamivudine	HIV
Lanzac	Psychosis
Lasix	Heart Disease
>60 mg/day	
Latuda	Drug Abuse
L-Dopa	Parkinson's
L-Methyifolate	Memory Loss
Lenalidomide	Myelodysplastic Syndrome
Letairis	Pulmonary Hypertension
Lexiva	HIV
Leukeran	Immunosuppression
Leuprolide	Cancer, may be allowed, see prostate cancer guidelines
Levodopa	Parkinson's
Lioresal	Multiple Sclerosis
Lomustine	Cancer
Lopinavir/Ritonavir	HIV
Lorcet	Chronic Pain
Lortab	Chronic Pain
Lupron	Cancer, may be allowed, see prostate cancer guidelines
Maraviroc	HIV
Marinol	Various Reasons
Megace	Cancer
Megestrol	Cancer
Mellaril	Psychosis
Melphalan	Cancer
Memantine	Dementia
Meperidine	Chronic Pain
Mesoridazine	Psychosis
Mestinon	Myasthenia Gravis
Metanx	Diabetic Neuropathy
Methadone	Chronic Pain, Drug Abuse
Methotrexate	Rheumatoid Arthritis
>25 mg/week	
Mirapex	Parkinson's, acceptable if used for Restless Leg Syndrome
Mitoxantrone	Cancer
Morphine	Chronic Pain
MS Contin	Chronic Pain
Mycophenolate	Immunosuppression
Myerlan	Cancer
Naloxone	Drug Abuse
Naltrexone	Alcohol Abuse

Medication	Condition
Namenda	Dementia
Namzeric	Dementia
Narcotics >3 doses per week	Chronic Pain
Natalizumab	MS
Natrecor	CHF
Navane	Psychosis
Nelfinavir	HIV
Neoral	Immunosuppression
Nesiritide	CHF
Neulasta	Cancer
Neupro	Parkinson's
Nevirapine	HIV
Niloric	Dementia
Nivolumab	Cancer
Norvir	HIV
Novatrone	Multiple Sclerosis
nPEP	HIV Exposure/Prophylaxis
Nucynta	Chronic Pain
Olanzapine	Psychosis
Oncovin	Cancer
Opdivo	Cancer
Oxycodone	Chronic Pain
Oxycontin	Chronic Pain
Palbociclib	Cancer
Paliperidone	Psychosis
Paraplatin	Cancer
Parlodel	Parkinson's
Parsidol	Parkinson's
Pegasys	Hepatitis C
Pegfilgrastim	Cancer
Peg-Intron	Hepatitis C
Percocet	Chronic Pain
Percodan	Chronic Pain
Pergolide	Parkinson's
Permax	Parkinson's
Perphenazine	Psychosis
Platinol	Cancer
Pramipexole	Parkinson's, acceptable for Restless Leg
Prednisone >10 mg/day	COPD, Arthritis
Pregvisomant	Acromegaly
PrEP	HIV Exposure/Prophylaxis
Prezista	HIV
Procrit	Kidney Failure, HIV
Procyclidine	Parkinson's
Profenamine	Parkinson's
Prolixin	Psychosis
Pyridostigmine	Myasthenia Gravis
Quetiapine	Psychosis
Raltegravir	HIV
Rasagiline	Parkinson's
Razadyne	Dementia
Rebetol	Hepatitis C
Rebif	Multiple Sclerosis
Recombinant	Multiple Sclerosis
Reminyl	Dementia
Remodulin	Pulmonary Hypertension
Requip	Parkinson's
Rescriptor	HIV
Retrovir	HIV
Revlimid	Myelodysplastic Syndrome
Reyataz	HIV
Ribavirin	Hepatitis, HIV
Rilutek	ALS
Riluzole	ALS

Underwriting Guidelines

Table of Contents

Product Information

Underwriting Guidelines

Completing the Application

Premium Processing

Administrative Handling

Sales & Marketing Information

Understanding the Claims Process

Contact Information

Medication	Condition
Risperdal	Psychosis
Risperdone	Psychosis
Ritonavir	HIV
Rivastigmine	Dementia
Ropinirole	Parkinson's, ok if for RLS
Rotigotine	Parkinson's
Roxicet	Chronic Pain
Sandimmune	Immunosuppression
Saphris	Psychosis
Saquinavir	HIV
Selegiline	Parkinson's
Selzentry	HIV
Serentil	Psychosis
Seroquel	Antipsychotic
Sinemet	Parkinson's
Somavert	Acromegaly
Stalevo	Parkinson's
Stavudine	HIV
Stelazine	Psychosis
Streptozocin	Cancer
Suboxone	Drug Abuse
Sustiva	HIV
Symmetrel	Parkinson's
Tacrine	Dementia
Tapentadol	Pain
Taractan	Psychosis
Tasmar	Parkinson's
Tecfidera	Multiple Sclerosis
Telaprevir	Hepatitis C
Telbivudine	Hepatitis
Tenofovir	HIV
Teriflunomide	Multiple Sclerosis
Teslac	Cancer
Testolactone	Cancer
Thioridazine	Psychosis
Thiotepa	Cancer
Thiothixene	Psychosis
Thorazine	Psychosis
Tipranavir	HIV
Tolcapone	Parkinson's
Tramadol	Chronic Pain

Medication	Condition
Trastuzumab	Cancer
Trelstar-LA	Prostate Cancer
Treprostinil	Pulmonary Hypertension
Trexall	Rheumatoid Arthritis
>25 Mg/Week	
Trihexyphenidyl	Parkinson's
Trilafon	Psychosis
Triptorelin	Cancer
Trizivir	HIV
Truvada	HIV
Tylenol #3	Chronic Pain
TYSABRI	Multiple Sclerosis
Tyzeka	Hepatitis B
Ultram	Chronic Pain
Urso	Liver Disease
Ursodiol	Liver Disease
Valycte	CMV, HIV
Valganciclovir	CMV, HIV
Vasodilan	Dementia
Vayacog	Memory Loss
VePesid	Cancer
Vertex	Hepatitis C
Vicodin	Chronic Pain
Victrellis	Hepatitis C
Videx	HIV
Vincristine	Cancer
Viracept	HIV
Viramune	HIV
Viread	HIV
Vivitol	Alcohol or Drug Abuse
Zalcitabine	HIV
Zanosar	Cancer
Zelapar	Parkinson's
Zelodox	Schizophrenia
Zerit	HIV
Ziagen	HIV
Zidovudine	HIV
Ziprasidone	Schizophrenia
Zyprexa	Antipsychotic

Alzheimer's Disease/Dementia

Aricept	Razadyne
Artane	Reminyl
Axona	Hydergine
Caprylidene	Memantine
Cerefolin	Metrifonate
Cognex	Namenda
D-Cyloserine	Namzeric
Ergoloid	Niloric
Exelon	Rivastigmine
Galantamine	Tacrine
Isoxsuprine	Vasodilan
I-meythlfolate	Vayacog

Multiple Sclerosis

Avonex
Baclofen
Betaseron
Copaxone
Dantrium
Dantrolene
Glatiramer
Kemstro
Lioresal
Natalizumab
Novantrone
Rebif
Recombinant

Parkinson's Disease

Akinetin	Parlodel
Amantadine	Parsidol
Apokyn	Pergolide
Artane	Permax
Azilect	Pramipexole
Biperiden	Procyclidine
Bendopa	Profenamine
Benzatropine	Rasagiline
Carbidopa	Requip
Cogentin	Ropinirole
Comtan	Rotigotine
Deprenyl	Selegiline
Entacapone	Sinemet
Eldepryl	Stalevo
Ethopropazine	Symmetrel
Kemadrin	Tasmar
L-Dopa	Tihexyphenidyl
Levodopa	Tolcapone
Mirapex	Zelapar
Neupro	

Uninsurable Health Combinations

All shaded health condition combinations are ineligible for coverage.
Refer to the Medical Impairments section for handling of unshaded health condition combinations.

	Atrial Fibrillation	Stroke	TIA	VHD	Diabetes	PVD	Carotid Stenosis	Tobacco use in the past 12 months
Atrial Fibrillation								
Stroke								
Transient Ischemic Attack (TIA)								
Valvular Heart Disease (VHD)								
Diabetes								
Peripheral Vascular Disease (PVD)								
Carotid Stenosis								
Average BP reading >159/89								
Tobacco use in the past 12 months								

Underwriting Guidelines

Medical Impairments

Every attempt will be made to offer coverage. Multiple medical conditions may result in an offer of reduced benefits, a substandard rating, or a decline.

S* May qualify for Preferred if all requirements listed under the Preferred Rate Criteria are met

S Select coverage issued at select rates

Class I 25 percent rating, maximum 60-month benefit multiplier, maximum \$300,000 policy limit, maximum \$5,000 monthly benefit, minimum 90-day elimination period

Class II 50 percent rating may be offered by underwriting when multiple medical impairments are present, maximum 60-month benefit multiplier, maximum \$300,000 policy limit, maximum \$5,000 monthly benefit, minimum 90-day elimination period

IC Individual Consideration

D Decline

Abdominal Aortic Aneurysm (AAA)

Operated, after 6 months, fully recovered S

Unoperated, stable for 2 years, diameter <5 cm S

Unoperated, enlarging, or diameter >5 cm, or not stable for 2 years D

Acoustic Neuroma surgically removed, after 6 months, no residuals S

Unoperated D

Acromegaly D

ADD/ADHD

Stable 1 year S

Not stable 1 year, or disabled D

Addison's Disease, after 3 years, controlled S

After 12 months, controlled Class I-IC

ADL Deficit D

AIDS/ARC D

Adult Day Care within 6 months D

After 6 months IC

Agoraphobia D

Alcohol regular consumption of 4 or more drinks per day D

Advised by a physician to limit, or stop alcohol consumption due to
alcohol induced health or social problems D

Binge drinking, 5 or more drinks in a day, 1 or more days per week D

Alcohol Abuse/Alcoholism

At least 3 years of sobriety, active in a support group S

Less than 3 years of sobriety D

Alpha-1 Antitrypsin Deficiency D

ALS (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease) D

Alzheimer's Disease D

Amaurosis Fugax see TIA

Amnesia, Transient Global see TIA

Medical Impairments (continued)

Amputation due to trauma, after 12 months, one limb, no limitations.	S
Due to Cancer	S-IC
Due to disease other than cancer	D
Two or more limbs regardless of cause	D
Amyloidosis	D
Ankylosing Spondylitis	D
Anemia cause identified, managed	S*-IC
Not fully evaluated, cause unknown, not adequately managed, or Aplastic	D
Angina	see CAD
Angioplasty	see CAD
Aneurysm operated, after 6 months, fully recovered	S
Other than Cerebral or Thoracic, unoperated, stable for 2 years	IC
Cerebral, unoperated	D
Cerebral, with rupture or bleed.	see CVA
Cerebral, more than one episode.	D
Thoracic, present, operated or unoperated.	D
Anorexia	
Current or within 10 years	D
Resolved at least 10 years	S-IC
Antithrombin Deficiency.	see Blood Clotting Disorder
Anxiety	
<70 years of age, after 6 months, controlled with medication, fully functional.	S*
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S-IC
Regardless of age, two or more psychiatric hospitalizations, or disabled	D
Aortic Insufficiency	see Heart Valve Disorder
Aortic Regurgitation or Stenosis	see Heart Valve Disorder
Antiphospholipid Syndrome	See Factor V Von Leiden
Arnold-Chiari Malformation	D
Arrhythmia excluding Atrial Fibrillation	
Controlled	S*-IC
Uncontrolled	D
Arteriovenous Malformation (AVM)	
>1 year since surgical repair, no residuals	Class I
Unoperated, or operated with residual impairment	D
Arthritis	
Mild after 3 months, by X-ray findings and symptoms, controlled, no ADL/IADL deficits managed with nonsteroidal medication	S*
Moderate after 1 year, by X-ray findings and symptoms, stable, controlled on nonsteroidal medication, no injections needed, no ADL/IADL deficits	S-IC
Advanced after 1 year, by X-ray findings and symptoms, stable for 6 months, not requiring >2 Synvisc, or similar injections per year, taking fewer than 4 doses of narcotic pain medication per week, no surgery recommended or planned	Class I
Severe, by symptoms or X-ray findings show bone on bone, or ADL/IADL deficits.	D
Any severity with steroid, Synvisc, or similar injection, within 12 months of starting injections, or advised to have surgery, therapy, or additional injections, or with significant joint deformities	D
The form M28871 may be used as a prescreen tool for clients with arthritis/degenerative joint disease.	

Underwriting Guidelines

Medical Impairments (continued)

Rheumatoid Arthritis mild, moderate, stable for 1 year, no limitations	Class I-IC
On Prednisone >10mg/day, or Methotrexate >25mgs week, or Gold	D
Severe disease, or with ADL/IADL deficits	D
Any, taking a medication indicated for severe arthritis on Uninsurable Medication list, or requiring more than 3 doses of narcotic pain medication per week, or with significant joint deformities	D
Asbestosis	see COPD
Asperger's Syndrome	D
Asthma	
Exercise induced, reactive, or extrinsic	S*
All others	see COPD
Assisted Living Facility Resident within 6 months	D
Ataxia or Muscular Incoordination	D
Atrial Fibrillation/Flutter single episode, after 6 months, maintained in sinus rhythm	S
Paroxysmal up to 6 episodes per year, no history of TIA, CVA, or unoperated Heart Valve Disorder	S-IC
>6 episodes per year, no history of TIA, CVA, or unoperated Heart Valve Disorder	Class I
Chronic, after 6 months, controlled on prescription blood thinner	Class I
Diagnosed or hospitalized, or cardioverted within 6 months	D
With history of TIA, CVA, Congestive Heart Failure or moderate to severe unoperated Heart Valve Disorder	D
Chronic, not on prescription blood thinner	D
Average BP reading >159/89	D
Chronic, in combination with Diabetes	Class II
Autism	D
Autoimmune Disorder	see specific condition
Autoimmune Hepatitis	D
Avascular Necrosis , after 12 months, treated no residual limitations	IC
Untreated or with any limitations	D
Surgically repaired, no limitations, after 1 year	S
Back Pain/Strain single episode, not disabling	S*
Chronic, not disabling	S-IC
Chronic, disabling, or epidural steroid injections within 6 months, or advised to have epidural steroid injections, therapy, or surgery	D
After 6 months	see Herniated Disc
Balance Disorder , after 6 months, resolved	S-IC
Less than 6 months, or currently present	D
Barrett's Esophagus	S
Behcet's Disease	D
Bell's Palsy resolved	S*
Present	D
Benign Essential Tremor	see Tremor
Benign Positional Vertigo (BPV)	
Not associated with falls	S*
Associated with falls	D

Medical Impairments (continued)**Benign Prostatic Hypertrophy (BPH)**

Age <60

PSA 0-4.0 S*

PSA 4.1-6.0 with negative biopsy & repeat PSA S

PSA >6.0 with negative biopsy & repeat PSA S-IC

Age 60-69

PSA 0-6 S*

PSA 6.1-10 with negative biopsy & repeat PSA S

PSA >10.1-15 with negative biopsy & repeat PSA Class I

PSA >15 Decline

Age >70

PSA 0-10 S

PSA 10.1-15 with negative biopsy & repeat PSA Class I

PSA >15 Decline

All others IC

Bipolar

After 3 years, controlled on medication, fully functional not disabled S

<3 years duration, or psychiatric hospitalization within the past 5 years D

2 or more psychiatric hospitalizations D

Blindness

Fully adapted, independent with ADL/IADLs S

Not adapted or with ADL/IADL limitations D

Blood Clotting Disorder

Diagnosed with hypercoagulable state, no history of blood clots S-Class I

History of single blood clot, resolved >6 months, currently on anticoagulation therapy Class I

History of multiple clots, TIA, CVA, Greenfield/IVC (inferior vena cava) filter, or history of clot while adequately anticoagulated or not on anticoagulation therapy D

Blood Pressure

(See High Blood Pressure)

Bone Marrow Transplant D**Brain MRI, abnormal** see Cerebrovascular Disease**Brain Stimulator** D**Brain Tumor**, benign, stable 2 years, no surgery planned, no limitations S-IC

With regrowth after surgery D

Broken Bones see Fracture**Brain Attack** see CVA**Bronchitis**

Acute 2, or fewer episodes per year S*

Chronic see COPD

Bronchiectasis see COPD**Buerger's Disease** D**Bulimia**

Current or within 10 years D

Resolved at least 10 years S-IC

Bullous Pemphigoid in remission 2 years, not on steroids IC

Active disease D

Underwriting Guidelines

Medical Impairments (continued)

Cancer

Any not specifically listed below, not Stage IV, single cancer, 2 years since date of last treatment, full recovery, no recurrence	S-IC
Any site, tobacco use within 12 months	Class I-D
Any site, Stage IV, after 5 years cancer free	Class I
Any site, 2 or more cancers, other than non-melanoma skin cancer, cancer free for 5 years after most recent occurrence	Class I-D
Any site, treated with bone marrow transplant, or stem cell transplant	D

Bladder , transitional/superficial/non-invasive, treated, fully recovered	S
With on going BCG treatment	D
Invasive, after 3 years	IC
Recurrent	IC

Breast

In situ, treatment completed, full recovery, no recurrence	S
Stage I, after 1 year	S
Stage II-III, after 2 years	S
Stage IV, after 5 years	Class I-IC

Colon , after 2 years	S-IC
------------------------------	------

Skin

Basal cell	S*
Squamous cell, of the skin	S*
Squamous cell, other than skin, 2 years since date of last treatment, full recovery, no recurrence	S-IC

Melanoma

Stage 0 or I or Clark's Level I-IV, after 3 months	S
Stage II or III, after 2 years	S
Stage IV, after 5 years	Class I-IC

Pancreas , 5 years since date of last treatment, full recovery, no recurrence	S
--	---

Prostate

Stage I or II, after 12 months, surgically removed, current PSA <0.1	S
Treated with radiation, after 12 months, current PSA <0.5	S
Stage III, after 2 years surgically removed, current PSA <0.1, or treated with radiation, current PSA <0.5	S
Stage IV, after 5 years cancer free	Class I
Any stage, age >70 receiving hormone treatment (Lupron, Casodex, Eulixin, Zoladex), Initial Gleason Score <6, and current PSA <0.5	Class I-D
Age >70, Stage I or II, stable PSA, Gleason <6, watchful waiting	Class I

Cardiomyopathy hypertrophic/ischemic, no CHF, no hospital stays, syncope, or palpitations

Ejection fraction >45% and stable for 2 years	Class I-IC
Dilated	D

Carotid Artery Disease/Stenosis, fully recovered, after 6 months, tobacco free 12 months

Operated, tobacco use within 12 months	D
Unoperated, <70% stenosis, no symptoms, tobacco free 12 months	S
Operated, in combination with heart disease, tobacco free 12 months	Class I
>50% stenosis in combination with other peripheral vascular disease	D
History of TIA or CVA, with unoperated valvular heart disease	D
Operated or unoperated in combination with Type I or Type II diabetes,	
<50% stenosis, no insulin use within 6 months, tobacco free 12 months	S
50-70% stenosis, insulin use within 6 months, tobacco free 12 months	Class I
<50% stenosis, tobacco use within 12 months	Class I
50-70% stenosis, tobacco use within 12 months	D
50-70% stenosis with operated heart valve disorder, or mild, unoperated heart valve disorder	S
50-70% stenosis with unoperated, moderate heart valve disorder	Class II
50-70% stenosis with unoperated severe heart valve disorder	D
>70% stenosis	D

Medical Impairments (continued)**Carpal Tunnel Syndrome**

Unoperated S-IC

Operated, after 3 months, recovered. S*

Castleman's D**Catheter**, urinary independently manages, not due to neurogenic bladder S**Celiac Disease** after 1 year, controlled. S**Cerebral Palsy** D**Cerebrovascular Accident (CVA)** see Stroke**Cerebrovascular Disease**

Brain imaging findings of single lacunar infarct, tobacco free 12 months Class I

Single lacunar infarct, tobacco use within 12 month D

Two or more lacunar infarcts D

Small vessel ischemia or white matter changes considered normal for age. S-IC

Abnormal for age. D

Brain atrophy. D

Chelation Therapy other than for hemochromatosis received within 6 months. D**Cervical Spondylosis**

Mild S

Moderate to severe Class I-IC

Charcot Marie Tooth D**Claudication** see Peripheral Vascular Disease**Chronic Bronchitis** see COPD**Chronic Fatigue**, stable after 12 months, no functional limitations S-IC
5 year maximum
benefit period, minimum
90-day elimination period

Any functional limitations. D

Chronic Hepatitis see Hepatitis**Chronic Pain**Requiring more than 3 doses of narcotic pain medication per week or TENS Unit or implantable
stimulator or with ADL/IADL limitations or with epidural steroid injection within 6 months DAll others IC
5 year maximum
benefit period**Chronic Regional Pain Syndrome** D**Cirrhosis** D**Closed Head Injury** see Head Injury**Clotting Disorder** see Factor V Von Leiden**Cognitive Impairment** DDeclined by another carrier due to cognitive screening or memory impairment and have not
had favorable, complete Neuropsychological testing DDeclined by another carrier due to failed cognitive screening and have undergone complete,
favorable Neuropsychological testing prior to applying with us IC

Underwriting Guidelines

Medical Impairments (continued)

Colitis , including infection or allergic reaction, single episode, resolved, after 6 months	S*
Ischemic Colitis, fully recovered, after 6 months	S
Ischemic Colitis, ongoing symptoms or hospitalization within the past 6 months	D
Ulcerative Colitis	see Crohn's
Collagen Vascular Disease	D
Colostomy/Ileostomy , cares for independently, handle as per cause	S-IC
Requires assistance to care for	D
Compression Fractures due to osteoporosis, or with functional limitations	D
All others	S*-IC
Concussion	see Head Injury
Confusion	D
Congestive Heart Failure (CHF) single episode, recovered, after 12 months	S
Chronic, mild, well controlled, Lasix <60mg/day	Class I-IC
All others, or in combination with atrial fibrillation, diabetes, or heart valve disorder, or ejection fraction <45%	D
Connective Tissue Disorder	D
Continuing Care Retirement Community , within 6 months	D
COPD (Chronic Obstructive Pulmonary Disease)	
Mild, tobacco free for 12 months	S
Mild, smoker diagnosed by chest X-ray only, no treatment, no symptoms, stable Pulmonary Function Tests (PFT's)	Class I
Mild or moderate, tobacco use in the past 12 months, on medication, or symptomatic	D
Moderate, tobacco free for 12 months, stable PFT's	Class I-IC
Moderate, smoker, on medication, or symptomatic	D
Severe, using oxygen, or home nebulizer treatments	D
Any, hospitalized for an exacerbation in the past 6 months, or home nebulizer treatments within the past 6 months	D
Any, FEV1 <65%	D
The form M28872 may be used as a prescreen tool for clients with Chronic Obstructive Pulmonary Disease (COPD).	
Cor Pulmonale	D
Coronary Artery Disease (angina, heart attack, Angioplasty, stent, or Bypass)	
After 6 months, stable, no limitations, no significant residual heart damage, tobacco free 12 months	S
After 6 months, stable, no limitations, tobacco use within 12 months	Class I
With PVD or Carotid Artery Disease, tobacco free 12 months	Class I-IC
With PVD or Carotid Artery Disease, tobacco use within 12 months	D
In combination with diabetes, tobacco use within 6 months	D
In combination with diabetes, tobacco free 12 months	Class I-IC
With poorly controlled hypertension (average BP >158/89), or chronic congestive heart failure, or ejection fraction <45%	D
Corneal Transplant	S*
CPAP	see Sleep Apnea
CREST Syndrome	D
Crohn's in remission at least 2 years	S
After 2 years, 1-2 flares per year	Class I
Multiple flares or with complications	D

Medical Impairments (continued)

Cushing's Syndrome	D
Cystic Fibrosis	D
Deep Brain Stimulator	D
Deep Venous Thrombosis , after 6 months, single episode, recovered, no Greenfield/ IVC (inferior vena cava) filter, no underlying clotting disorder	S*
Recurrent	S-IC
In combination with underlying clotting disorder	see Blood Clotting Disorder
Defibrillator/Automatic Implantable Cardiac Defibrillator	D
Degenerative Disc Disease	see Herniated Disc
Degenerative Joint Disease	see Arthritis
Dementia	D
Demyelinating Disease	D
Depression	
2 or more psychiatric hospitalizations for any reason	D
Mild stable on medication 6 months	S*
Seasonal Affective Disorder	S*
Depression medication for menopause, no diagnosis of depression	S*
Situational recovered, no psychiatric hospitalizations in the past 3 years	S*
Major <70 years of age, after 6 months, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S
>70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S-IC
Any , with suicide attempt or suicidal ideation	See Suicide Attempt/Suicidal Ideation
Depression with Electroconvulsive Therapy (ECT) or Transcranial Magnetic Stimulation (TMS)	
ECT/TMS >10 years ago, fully functional, maintained on antidepressants, no psychiatric hospitalizations after ECT/TMS	S
With subsequent psychiatric hospitalization	D
Dermatomyositis	D
Diabetes Insipidus , controlled on medication	S
Diabetes Type II , Present < 20 years, controlled and stable with diet and exercise or oral medications, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months, tobacco free 12 months	S
Diabetes Type I or II , Present < 20 years, controlled and stable, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months Tobacco use within 12 months	Class I
Insulin <50 units/day	Class I
Insulin >50 units/day	D
In combination with:	
Carotid Artery Disease, operated or unoperated	
<50% stenosis, no insulin use within 6 months, tobacco free 12 months	S
50-70% stenosis, insulin use within 6 months, tobacco free 12 months	Class I
<50% stenosis, tobacco use within 12 months	Class I
50-70% stenosis, tobacco use within 12 months	D
>70% stenosis	D
Retinal artery occlusion, single episode	Class II, 2 years
Retinal vein occlusion, single episode	Class I
Coronary Artery Disease or other heart disease or disorder, tobacco use within 12 months	D

Underwriting Guidelines

Medical Impairments (continued)

Coronary Artery Disease or other heart disease/disorder, tobacco free 12 months	Class I-IC
Diabetic macular edema, neuropathy, numbness or tingling of the extremities, regardless of cause, or nephropathy	D
Retinopathy, mild non progressive	Class I
Skin ulcers or amputation	D
Peripheral Vascular Disease, or history of TIA or Stroke	D
Average BP reading >158/89	D
Hemoglobin Alc>8.5, or noncompliant with treatment	D
Microalbumin >20mg/dl or Microalbumin ratio >30	D
Chronic Atrial Fibrillation	Class II
Present ≥ 20 years	D

The form M28851 may be used as a prescreen tool for clients with Diabetes.

Dialysis D

DiGeorge Syndrome D

Difficulty walking see Balance Disorder

Disabled, collecting any type of disability benefits, other than VA disability D

Aged out of disability benefits, or retired due to disability D

VA Disability for mental nervous condition D

Diverticulitis medically managed S*

With bleeding, weight loss, or surgery recommended D

Dizziness

Benign Positional Vertigo (BPV), not associated with falls S*

BPV associated with falls D

Acute, viral, resolved after 3 months S*

All others, within 6 months D

After 6 months, evaluated, resolved S*

After 2 years, not evaluated, stable with occasional episodes, not associated with falls S-IC

Multiple episodes, or progressive, or associated with falls D

Down's Syndrome D

Drug Abuse treated, active in support group, drug free for 5 years Class I-IC

Within 5 years D

Dwarfism D

Dystonia D

Echocardiography

Left Atrium >5.0 cm D

Ejection Fraction <45% D

Ehlers-Danlos Syndrome D

Ejection Fraction <45% D

Electric Scooter Use D

Emphysema see COPD

Epilepsy After 1 year, controlled with medication, no seizures for 1 year S

1 or 2 seizures per year Class I

Poorly controlled D

Medical Impairments (continued)

Epstein-Barr Virus 2 years treatment free, full recovery, no residuals	S
<2 years since treatment, currently treated, or present.	D
Factor II	Class I
Factor V Von Leiden	see Blood Clotting Disorder
Factor VII	D
Fainting	see Dizziness
Falls , single episode	S-IC
Multiple episodes, or with injuries	IC-D
Familial Tremor	see Tremor
Family History (mother, father, sibling) of any form of Dementia, including but not limited to Alzheimer's	S maximum benefit period 5 years
Fatigue , after 12 months, resolved	S*
Within 12 months, or with functional limitations	IC-D
Fatty Liver incidental finding, not diagnosed as NASH	S-IC
Feeding tube	D
Fibromuscular Dysplasia	D
Fibromyalgia after 1 year, well controlled, no ADL/IADL deficits	S-IC 5 years maximum benefit period, minimum 90-day elimination period
Taking fewer than 4 doses of narcotic pain medication per week	IC
Poorly controlled, or disabling, or requiring more than 3 doses of narcotic pain medication per week	D
Foot Drop unilateral, mild, nonprogressive for at least 2 years	IC
All others	D
Fracture-Traumatic , one bone, after 3 months, fully recovered, no limitations	S*
In combination with mild osteoporosis T-score <-2.9	S
In combination with moderate to severe osteoporosis T-score -3.9 or worse	D
Associated with multiple falls, chronic dizziness, or gait disorder	D
Fracture-Non Traumatic , in combination with any degree of osteoporosis, not on Medication, or with functional impairment	D
Frailty	D
Friedrich's Ataxia	D
Fuch's Dystrophy	S*
Gastric Bypass/Banding/Sleeve , after 2 years, fully recovered, no complications	S
Gaucher's Disease	D
Glaucoma , stable vision, controlled eye pressures	S*
All others	IC
Glomerulonephritis	D

Underwriting Guidelines

Medical Impairments (continued)

Grave's Disease , after 12 months	S
Guillain-Barre Syndrome , after 12 months, no residuals	S
Handicap Placard	Class I
Hashimoto's	S
Head Injury , after 6 months, no residuals	S-IC
With residual functional or cognitive impairment, or multiple head injuries	D
Heart Attack/Heart Disease	see Coronary Artery Disease
Heart Transplant	D
Heart Valve Disorder , operated 1 or 2 valves, fully recovered, after 6 months	S
Unoperated, 1 or 2 valves, mild, no symptoms, no surgery planned	S
Unoperated, moderate 1 or 2 valves	Class I-IC
Unoperated, 1 or 2 valves, severe, or surgery recommended or planned	D
Moderate to severe, unoperated with Atrial Fibrillation, or history of TIA or CVA	D
Operated with mechanical valve, on Coumadin or warfarin	Class I
Operated with bioprosthetic valve	S
With Carotid Artery Disease	See Carotid Artery Disease
Hemiplegia	D
Hemochromatosis , after 12 months, successfully treated with phlebotomy, or chelation, and stable ferritin level not more than 25% above normal, and with normal liver function tests	S-IC
Hemophilia	D
Hepatitis , any chronic, active, or alcohol related, or with residual liver damage	D
Autoimmune	D
Hepatitis A or B , after 6 months, fully recovered	S
Hepatitis C After 2 years, successfully treated with Interferon, or cleared spontaneously without treatment, virus undetectable by PCR	IC
Currently treated, or treated within 2 years	D
Unresponsive to Interferon, or never treated with Interferon, or virus not cleared spontaneously without treatment	D
Virus detectable by PCR – polymerase chain reaction	D
Hereditary Hemorrhagic Telangiectasia	D
Herniated Disc/Degenerative Disc Disease (DDD) , after 6 months Unoperated, epidural steroid injection within 6 months, or additional epidural steroid injections planned	D
Unoperated, no ADL limitations, not advised to have surgery, mild or moderate	S-IC
Unoperated, severe	D
Operated, after 6 months, full recovery, no hardware	S
Operated, after 6 months, full recovery, hardware no ongoing problems, no plans to remove hardware	S
Operated or unoperated, requiring more than 3 doses of narcotic pain medication per week, or implantable stimulator for pain control	D
Epidural steroid injection, or trigger point injection, after 6 months mild to moderate disease	Class I
Epidural steroid injection, or trigger point injection, after 6 months severe disease	D
More than 2 injection series per year	D
Operated or unoperated with ADL limitations	D
High Blood Pressure , after 3 months, compliant with treatment: Average BP <140/90	S*

Medical Impairments (continued)

Average BP <160/90	S
Average BP <170/94	Class I
Average BP >170/94, or any, noncompliance with treatment	D
High Risk Sexual Behavior or prescription for, or taking nPEP or PrEP, within 6 months	D
Hip Replacement	see Joint Replacement
HIV Positive	D
Hoarder	D
Hodgkin's Disease stage I, after 3 years, fully recovered	S
All others, fully recovered, after 5 years	IC
Treated with bone marrow or stem cell transplant	D
Home Health Care received within 6 months	D
Huntington's Chorea	D
Hydrocephalus with or without shunt	D
Hypoparathyroidism/Hyperparathyroidism	S*
Hypothyroidism/Hyperthyroidism	S*
IADL Impairment	D
Idiopathic Hypertrophic Subaortic Stenosis (IHSS)	see Cardiomyopathy
Idiopathic Thrombocytopenia Purpura (ITP)	
Platelet count >50,000 for 1 year	Class I 3 years
Imbalance	see Balance Disorder
Immune Deficiency	D
Impaired Glucose Tolerance	
Glucose <110, creatinine <1.3	S
A1c <6.0	S
A1c 6.1-6.4 with no condition listed as a comorbid under diabetes section	S
A1c 6.1-6.4 with condition listed as comorbid under diabetes section	see Diabetes
A1c >6.4	see Diabetes
Creatinine >1.3	D
Implantable Stimulator	D
Incontinence , urinary, stress, manages independently	S
Urinary, uncontrolled, or requires assistance with management	D
Stool	D
Interstitial Lung Disease	see COPD
Irritable Bowel Syndrome , controlled, weight stable	S*
Uncontrolled or with weight loss	D
Joint Injections mild to moderate disease, fully functional, no surgery recommended,	
1-2 single injection(s) per year	S
Mild to moderate disease, fully functional, no surgery recommended,	
3-4 single injection(s) per year	IC-D
Mild to moderate disease, fully functional, no surgery recommended,	
2 injection series per year	Class I

Underwriting Guidelines

Medical Impairments (continued)

Mild to moderate disease, fully functional, no surgery recommended, >2 injection series per year	IC-D
Severe disease	D
Spinal injections	see Herniated Disc or Spinal Stenosis
Joint Replacement , one joint after 3 months, fully recovered, no use of assistive devices, no longer receiving physical therapy.	S
Two joints build not rateable, fully recovered, no limitations	S-IC
Two or more joints, rateable build	D
Three joints, build not rateable	Class I-D
More than 3 joints	D
Surgery recommended or planned	D
Kidney Disorder , mild renal insufficiency, stable 2 years	S-IC
Creatinine <1.5, no proteinuria, not diabetic, well controlled blood pressure	S-IC
Creatinine >1.5	D
Kidney failure, single episode, fully recovered after 2 years	S-IC
Kidney Transplant	D
Kidney removal (1), after 2 years, with stable kidney function	S
Polycystic Kidney Disease	D
Dialysis	D
Chronic Kidney Failure	D
Kidney Transplant	D
Kidney Donor after six months, normal function in remaining kidney	S
Knee Replacement	see Joint Replacement
Labrynthitis	see Dizziness
Lacunar Infarct	
Single	see Stroke
Single in combination with white matter or small vessel ischemia	D
Multiple	D
Lap Band Surgery	see Gastric Bypass
Left Atrial Enlargement >5.0 cm	D
Leukemia	
AML, CML, Hairy Cell	D
Acute, after 3 years	IC
CLL	
Stage 0 or I, WBC <15,000 for 2 years	Class I
Stage II-IV in remission 4 years	S-IC
Treated with bone marrow or stem cell transplant	D
Leukopenia , stable 2 years WBC >2.5	S-IC
Liver Transplant	D
Living Environment noted during face-to-face interview to be excessively cluttered, filthy, unsafe, or with evidence of hoarding	D
Lou Gehrig's Disease	D
Low Back Pain	see Back Pain/Strain
Lung Transplant	D

Medical Impairments (continued)

Lupus , discoid, after 12 months	S
Systemic	D
Lyme Disease , after 12 months, fully recovered, no residuals	S*-IC
Undergoing treatment, or with residuals, or with chronic disease	D
Lymphedema , medically managed, no limitations	S
With limitations or history of skin ulcers	D
Lymphoma	
Stage I or II, after 2 years, in complete remission	S-IC
Stage III after 4 years, in complete remission	S-IC
Stage IV after 5 years, in complete remission	Class I
Low-grade, after 1 year, not requiring treatment	Class I
Cutaneous T Cell Stage I, stable 3 years	Class I
Stage II or greater, or Stage I not stable 3 years	D
Treated with bone marrow or stem cell transplant	D
Macular Degeneration , one eye	S
Both eyes	IC-D
Manic Depression	see Bipolar
Marfan's Syndrome	D
Medicaid Recipient	D
Medical Marijuana	D
Medullary Sponge Kidney	IC
Melanoma	see Cancer
Memory Loss , present or within 1 year	D
Resolved for at least 1 year	IC
Meniere's Disease , after 6 months, symptoms controlled, no limitations	S
Associated with falls	D
Meningioma removed, after 12 months, no limitations	S-IC
Surgery planned	D
Recurrs after surgery	D
Stable at least 3 years, surgery not planned	IC
Meningitis , after 12 months, fully recovered	S-IC
Present	D
Mental Retardation	D
Migraines , not daily, controlled with medication, no restrictions or limitations	S*
Mild Cognitive Impairment	D
Mitral Valve Prolapse	S*-IC
Mixed Connective Tissue Disease	D
Monoclonal Gammopathy , after 1 year	IC-D
Moyamoya	D

Underwriting Guidelines

Medical Impairments (continued)

MRSA

Single occurrence recovered after 1 year S
1 recurrence 18 months after recurrence Class I

Multiple Myeloma D

Multiple Personality Disorder D

Multiple Sclerosis D

Murmur see Heart Valve Disorder

Muscular Dystrophy D

Myasthenia Gravis, ocular, after 1 year S
Generalized D

Mycosis Fungoides See Lymphoma Cutaneous T Cell

Myelodysplastic Syndrome D

Myelofibrosis D

Myocardial Infarction see Coronary Artery Disease

Narcolepsy effectively treated S-IC
Untreated or resulting in accidents or injury D

Narcotic Pain Medication

Reason for narcotic pain medication use see specific medical impairment
All others, use of narcotic pain medication for acute (not to exceed 14 days)
 self-limiting condition or taking fewer than 4 doses of narcotic pain medication per week IC
All others, requiring more than 3 doses of narcotic pain medication per week D

NASH – Nonalcoholic Steatohepatitis, after 2 years, ALT <2x normal, weight within
 Select maximum, well controlled diabetes (if applicable) and well controlled lipids,
 and <3 alcoholic drinks per week, no fibrosis by liver biopsy Class I
Mild fibrosis 3 years, 90-day elimination, Class II-IC
Moderate to severe fibrosis or cirrhosis D
Weight above Select maximum D

Nebulizer use, within 6 months, other than for acute infection with no
 underlying respiratory disease D

Neurofibromatosis D

Neurogenic Bowel or Bladder D

Neuropathy, mild, fully evaluated, no limitations S-IC
Not fully evaluated, related to diabetes or alcohol, or with history of falls,
 imbalance, or gait disorder, or skin ulcers, or severe D

Neutropenia, stable 2 years neutrophils >1,000 S-IC

Non Hodgkin's Lymphoma see Lymphoma

Nursing Home Confinement, after 6 months, full recovery, no limitations IC
Within 6 months D

Obesity see Weight chart

Obsessive Compulsive Disorder, after 3 years, controlled on medication
Fully functional S-IC

Medical Impairments (continued)

Limits functional ability	D
Psychiatric hospitalization within 5 years	D
Occupational Therapy	See Physical Therapy
Optic Neuropathy or Neuritis , refer to specific cause	IC
Related to Multiple Sclerosis	D
Organic Brain Syndrome	D
Organ Transplant	D
Osler-Weber-Rendu Syndrome	D
Osteoarthritis	see Arthritis
Osteomyelitis	see Avascular Necrosis
Osteoporosis , T score -2.5 to -2.9, no tobacco 1 year, no history of nontraumatic fractures, regular weight bearing exercise, tobacco free 1 year	S*
T score -3.0 to -3.9, no history of nontraumatic fractures, regular weight bearing exercise, tobacco free 1 year	Class I
T score -3.0 to -3.9, tobacco use within 1 year	Class II
T score -4.0 or worse	D
Any with history of nontraumatic fracture, or not on medication, or with functional limitations, or with balance disorder, abnormal gait, or 2 or more falls in the past year	D
Oxygen use	D
Pacemaker , after 3 months	S-IC
Recommended or surgery pending	D
Paget's Disease , no symptoms and no limitations	IC
With symptoms or history of fractures	D
Pancreas Transplant	D
Pancreatitis , after 12 months, single episode, fully recovered	S
Related to alcohol use, or 2 or more episodes, or chronic	D
Panic Attack/Disorder	see Anxiety
Paralysis	D
Paraplegia	D
Parkinson's Disease	D
Parkinsonism	D
Patent Foramen Ovale surgically corrected after 6 months	S
Surgically corrected, single TIA or CVA prior to surgery	Class I-IC
Surgically corrected, TIA or CVA after surgery	D
Not corrected, incidental finding, no history of clots, TIA, CVA, no underlying clotting disorder	S-IC
Pemphigus Vulgaris	D
Peripheral Neuropathy	see Neuropathy
Peripheral Vascular/Arterial Disease	
Mild, ABI >.80, tobacco free 12 months, no symptoms, no limitations after 6 months	S
Moderate, ABI .40-.80 or in combination with coronary artery disease, after 6 months	Class I-IC
Severe, ABI <.40 or any with tobacco use within 12 months, operated or unoperated	D

Underwriting Guidelines

Medical Impairments (continued)

Average BP reading >159/89	D
Any, with limitations, history of leg ulcers, TIA, diabetes, carotid stenosis >50%, operated, or unoperated, pending surgery, or stent placement or surgery within the past 6 months, or progressive, or with more than 2 surgical procedures	D
Physical Therapy	
Completed, after 3 months, recovered	S*-IC
Current	D
Age <65, within 3 months for an acute, self-limiting condition	IC
Pick's Disease	D
Pituitary Adenoma removed, after 12 months, no limitations.	S
Stable x3 years, no surgery planned	IC
Surgery planned	D
Plantar Fasciitis	S*
Platelet Abnormality	see specific condition
Pneumonia , after 3 months, single episode, fully recovered.	S*
Associated with chronic lung disease	see COPD
Polio fully recovered, no limitations, no assistive devices.	S
Fully recovered, no limitations, leg brace	IC
With recurrence or limitations	D
Post Polio Syndrome after 2 years, nonprogressive, no limitations, no assistive devices	IC
Progressive weakness or fatigue, or with limitations	D
Polycystic Kidney Disease	D
Polycythemia Vera after 2 years, managed with medication or Phlebotomy, platelets <450,000	Class II, 2 years 90-day elimination
Polymyalgia Rheumatica mild, after 1 year, no limitations	S
Moderate, no functional limitations.	Class I-IC
Severe, or with limitations	D
Polymyositis/Dematomyositis	D
Polyneuropathy	D
Post Herpetic Neuralgia	D
Post Traumatic Stress Disorder (PTSD) , after 12 months, controlled, fully functional	S-IC
After 12 months, not adequately controlled or with functional impairment.	D
Power of Attorney (POA) , active, due to applicant's medical or cognitive impairment	D
All others	IC
Pregnancy	D
Undergoing fertility evaluation or treatment	D
Primary Biliary Cirrhosis	D
Prostate Specific Antigen (PSA)	see BPH
Prosthetic Limb	
One, limb loss due to trauma or cancer.	S-IC
More than one, or limb loss due to disease other than cancer	D

Medical Impairments (continued)

Protein C or S Deficiency	see Factor V Von Leiden
Proteinuria , with kidney disease or diabetes	D
Pseudotumor Cerebri	D
Psoriasis , mild to moderate, controlled with medication	S*
Severe	IC
Psoriatic Arthritis	see Rheumatoid Arthritis
Psychosis	D
Pulmonary Edema	D
Pulmonary Embolism , after 6 months, single episode, fully recovered	S*-IC
Present, multiples, Greenfield/IVC (inferior vena cava) filter, or underlying coagulation disorder that is not treated with prescription blood thinner (other than aspirin) or occurred while adequately anticoagulated	D
Pulmonary Fibrosis , localized, nonprogressive, normal PFT's, after 2 years	IC
Active, progressive disease, abnormal PFT's	D
Pulmonary Hypertension	
Incidental findings, no symptoms	S
All others	D
Quad Cane Use	D
Quadriplegia	D
Raynaud's	S*
Reactive Airway Disease	S*-IC
Reflex Sympathetic Dystrophy (RSD)	D
Renal Disease/Failure	see Kidney Disorder
Residential Care Facility Resident within 6 months	D
Restless Leg Syndrome	S*
Retinal Artery Occlusion	
One	Class I
One, in combination with Diabetes	Class II, 2 years
Two or more	D
Retinal Vein Occlusion	
One	S
One, in combination with Diabetes	Class I
Two or more	D
Retinitis Pigmentosa	see Blindness
Rheumatoid Arthritis	see Arthritis
Sarcoidosis	
In remission 10 or more years	S
In remission 3 years, treatment free	Class I
Currently treated	D
Disease present outside the lungs	D

Underwriting Guidelines

Medical Impairments (continued)

Sciatica	S-IC
Schizophrenia	D
Scleroderma	D
Sclerosing Cholangitis	D
Scoliosis	
Mild, normal gait, no impairment of internal organ function, normal PFTS	S*
Moderate, no impairment of internal organ function, normal PFTS	IC
Severe, or with impaired gait, or abnormal PFTS	D
Any degree, with chronic pain or limitations	D
Scooter Use	D
Seizures	see Epilepsy
Shingles , after 6 months, fully recovered	S*
Present, or with residuals, or postherpetic neuralgia	D
Short Stature , due to chronic disease or genetic disorder	D
Shy-Drager Syndrome	D
SICCA	see Sjogren's Syndrome
Sickle Cell Anemia	D
Trait only, no active disease	S*
Active disease	D
Sick Sinus Syndrome	
With pacemaker	S
Without pacemaker, no symptoms	IC
Without pacemaker, with dizziness or fainting, or pacemaker recommended but not done	D
Sjogren's Syndrome	
Mild, dryness of eyes and mouth only	S*
In combination with Rheumatoid Arthritis, Connective Tissue Disease, or with other organ involvement	D
Skin Cancer	see Cancer
Sleep Apnea after 3 months	S
Mild, treated or non-treated	S*
Moderate to severe, responsive to treatment, compliant with CPAP or BIPAP or dental device	S
Moderate to severe, unresponsive to treatment, or non compliant with treatment	D
Unresponsive to treatment, or non compliant with CPAP or BIPAP, or dental device, or with supplemental oxygen	D
Social Security Disability receiving	D
Social Withdrawal	D
Small Bowel Transplant	D
Speech Therapy	See Physical Therapy
Spina Bifida	D

Medical Impairments (continued)

Spinal Stenosis operated, fully recovered, after 6 months	S
Unoperated, mild, stable 6 months	S
Unoperated, moderate, stable 6 months	Class I-IC
Unoperated, severe or surgery recommended	D
Any, with epidural injections or physical therapy within 6 months, or functional limitations, or chronic pain requiring more than 3 doses of narcotic pain medication per week, or advised to have therapy, injections, or surgery	D
Stem Cell Transplant	D
Stent	see specific condition
Stroke	
Single episode, fully recovered after 2 years, no limitations, tobacco free 12 months	Class I
Two or more	D
In combination with any of the following:	
Atrial Fibrillation	D
Unoperated carotid stenosis	D
Heart valve disorder	D
Average blood pressure reading >159/89	D
Previous TIA(s)	D
Diabetes	D
Residual weakness or functional loss	D
Tobacco use within the past 12 months	D
Occurred while adequately anticoagulated	D
Peripheral Arterial/Vascular Disease, other than carotid artery disease	D
Patent Foramen Ovale (PFO) unoperated	D
Patent Foramen Ovale (PFO) operated, no stroke or TIA after surgery	Class I-IC
Patent Foramen Ovale (PFO) operated, stroke or TIA after surgery	D
Clotting Disorder	D
Subarachnoid Hemorrhage	see Stroke
Subdural Hematoma , after 6 months, recovered, no residuals	S
Suicide Attempt	
One, after 5 years	S-IC
More than one	D
Suicidal Ideation within 2 years	D
Supraventricular Tachycardia (SVT)	S*-IC
Surgery , requiring general anesthesia, planned, not completed	D
Syncope	see Dizziness
Systemic Lupus	D
Temporal Arteritis , after 12 months, fully recovered	S-IC
TENS Unit	
Past use	IC
Current use	D
Thalassemia	
Minor	S
Major	D

Underwriting Guidelines

Medical Impairments (continued)

Thrombocythemia D

Thrombocytopenia, without splenectomy, platelet count >50,000 for 1 year Class I 3 years
With splenectomy, platelet count normal for 1 year without medication or treatment S

Thrombocytosis, platelet count >650,000 D
Platelet count <650,000, stable 2 years Class I

Thrombosis see DVT

Tobacco Use within 2 years S
Tobacco use within 1 year in combination with comorbid condition Class I-D
Celebratory cigar up to 1 per month S*

Torticollis resolved with Botox, after 6 months S

Tourette's Syndrome fully functional, no limitations IC
Any functional limitations D

Transgender/Transsexual

Completed all gender reassignment surgeries, recovered, no additional surgery planned S
Treated with hormones, psychotherapy, no gender reassignment surgery planned S
Surgery planned, not completed D

*Note: premium rate will be based upon chromosomal makeup

Transient Global Amnesia see TIA

Transient Ischemic Attack (TIA) single episode, fully recovered after 1 year Class I
Two or more D
In combination with any of the following:

Atrial Fibrillation D
Unoperated carotid stenosis D
Unoperated heart valve disorder, mild Class I
Operated or unoperated heart valve disorder moderate to severe D
Previous stroke, moderate or severe D
Diabetes D
Average BP reading >159/89 D
Residual weakness or functional loss D
Tobacco use within the past 12 months D
Occurred while adequately anticoagulated D
Other peripheral vascular disease D
Peripheral Arterial/Vascular Disease, other than carotid artery disease D
Patent Foramen Ovale (PFO) unoperated D
Patent Foramen Ovale (PFO) operated, no stroke or TIA after surgery Class I-IC
Patent Foramen Ovale (PFO) operated, stroke or TIA after surgery D
Clotting Disorder D

Transplant (except corneal) organ, bone marrow, stem cell D

Transverse Myelitis D

Tremor fully evaluated, benign familial, no limitations, mild to moderate S
Not fully evaluated, with limitations, or gait disturbance D
Benign Essential Tremor age >65, present at least 10 years, not progressive, no limitations S*

Trigeminal Neuralgia

After 12 months managed with antispasmodics or anticonvulsants, no limitations S
6 months after surgery, resolved S
Poorly controlled or disabling D

Medical Impairments (continued)

Tuberculosis after 12 months, treated, fully recovered, normal PFT's	S*
Present or with lung damage or other organ involvement	D
Turner's Syndrome	D
Ulcerative Colitis	see Crohn's
Underweight	D
Undifferentiated Connective Tissue Disease	D
Uveitis	S*
Valvular Heart Disease	see Heart Valve Disorder
Varicose Veins	S
With history of leg ulcers or pending surgery	D
Venous Insufficiency	S
With history of leg ulcers or pending surgery	D
Ventricular Tachycardia	
Controlled on medication 6 months	S
With implantable defibrillator	D
Ventriculoperitoneal Shunt	D
Vertigo	see Dizziness
Von Hippel-Lindau	D
Von Willebrand's Disease	D
Waldenstrom's Macroglobulinemia	D
Walker Use	D
Weakness , other than related to acute, self-limiting condition	D
Wegener's Granulomatosis	D
Weight Loss , unexplained, or not fully evaluated	D
Weight Loss Surgery , after 2 years fully recovered, no complications, no revisions planned	S-IC
Wheelchair Use	D
Wilson's Disease	D
Wolff-Parkinson-White Syndrome , after 6 months, ablated, not present	S*
Uncontrolled, or with fainting, or low blood pressure, or ablation or surgery recommended, but not done	D
Present, not structural heart damage, no treatment required	S
Workers' Compensation receiving	D

Completing the Application

General Guidelines

The MutualCare® Solutions application packet 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. Non-resident 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. (A special note about Kansas: If you take an application on a Kansas resident, you must be appointed both in Kansas and in the state where the application is signed)
- **Only the applicant may sign** – Many long-term care sales are made to married couples. Keep in mind that each applicant is underwritten individually and, upon approval, both partners are issued their own policies. Only the applicant for insurance may complete and sign the application
- **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
- **Consider including a quote** – Providing a copy of the quote when you submit the application packet is beneficial but not required
- **Keep the check separate** – Do not attach the check to the application
- **Watch the date** – Applications must be received by Mutual of Omaha within 30 days of the application date. Applications that are more than 30 days old will require you to submit a new, complete, currently dated application. Premium will be based on the applicant's age as of the new application signing date

REMEMBER...

Your LTC training must be up-to-date or your application cannot be accepted.

Verify the correct Social Security number is filled out.

Write clearly as all items have to be entered into the underwriting system.

Verify the routing number and account numbers are correct for Automatic Bank Account Withdrawal (verify with clients check).

Confirm and state if it is a checking or savings account for Automatic Bank Account Withdrawal.

There are now two ways to submit long-term care business; traditional paper applications and via an electronic application. The e-app will allow you to complete and submit long-term care applications online. It will also ensure the application is completed in its entirety before submitted. Both applications can be found on Sales Professional Access (SPA).

Steps for Completing the Application

There's a lot to remember when completing an application. Here's a rundown of what you need to know so you don't skip a step.

Step 1: General Information

Make sure you answer all general information questions, including the best time to call the applicant. If you don't initiate the personal health interview at the time of sale, be sure to tell the applicant that a representative will call them to schedule a telephone interview or a face-to-face interview.

Step 2: Premium Allowances

Answer all questions in the premium allowances section. Applicants may be eligible for premium allowances based on their answers.

Step 3: Replacement Coverage

Be sure to provide all requested information. If a Mutual of Omaha policy will replace an existing long-term care policy, replacement form(s) must be completed based on the applicant's state of residence and the prior coverage must be shown on the application. Remember the laws are strict regarding long-term care replacement.

Please Note: When providing prior or existing coverage information, the benefit amount should reflect current coverage amounts, not the initial amount of coverage.

Step 4: Health Insurability

Provide complete and accurate information about the applicant's health status (see the Health-Related Guidelines section for assistance). Also, be sure to include the address and phone number of the applicant's primary care physician. While answers to health insurability questions are verified via medial records and/or during the personal health interview, failure to disclose an existing condition can result in denial of a future claim related to that condition.

Step 5: Benefit Selection

Be sure to complete all appropriate sections.

Please Note:

- The total monthly benefit for nursing home/assisted living or home health care, including all long-term care policies (includes policies from other companies), cannot exceed \$10,000 per month at the time of issue
- The 5 percent compound lifetime inflation option must be offered to all applicants. If not elected, the applicant must check the "no" box in the inflation protection option section of the application. An inflation protection option or "no inflation" must be selected
- The Nonforfeiture – Shortened Benefit Period must be offered. If not chosen, the applicant must check the "no" box in the appropriate section of the application and the Contingent Nonforfeiture Benefit will become the default

Completing the Application

Step 6: Premium Options

For Initial Premium payment, indicate one of the following:

- Check
- Automatic Bank Account Withdrawal

For Recurring Premium payment, indicate one of the following:

- Direct Bill
- Automatic Bank Account Withdrawal

Also indicate premium mode desired and the modal premium amount.

Step 7: Effective Date

Indicate how the applicant wishes to have coverage issued, if approved. Options include:

- Date of the application
- Date the policy is issued
- Requested effective date of coverage (for replacements only). This can be up to 60 days from the date the application is signed

Coverage Effective Date Rules		
Considerations	Date of Application	Date Policy Is Issued
Premium Required with Application	Yes	No
Conditional Coverage/Temporary Insurance during underwriting; provides coverage based on health of insured at time of application	Available (based on conditional receipt or temporary insurance criteria)	Not Available
Premium charged	As of date of application	As of date issued
Premium not received with application	Effective date will be changed to Issue Date	Effective date is Issue Date

For Policies with Shared Care: Effective date allowed to move up to 30 days following issue in order for both policies to share the same effective date.

For all other Policies: Any requests received to adjust the effective date from application date to issue date will not be granted.

NOTE: Subsequent applications submitted will not be accepted if the application is received within 6 months of the original application date. Applications received **after** the 6-month period will be handled as an Internal Replacement if the original policy is still in force.

Step 8: Notice Before Lapse or Termination

This section must always be completed. However, if the applicant does not wish to designate a person to receive a lapse or termination notice when payment is 30 days past due, he or she must check the appropriate box.

Step 9: Agreements and Acknowledgements

Have each applicant sign and date this section and include the city where the application was signed. Check the appropriate box and provide an explanation, if indicated. Then be sure to sign the application yourself.

Step 10: Authorization to Disclose Personal Information

This section gives Mutual of Omaha Insurance Company permission to obtain information needed to complete the underwriting process. Please make certain the applicant signs and dates this page. Failure to do so will result in processing delays and a non-issued policy.

Step 11: Producer Statement/Conditional Premium Receipt

Don't forget to complete this section. Be sure to include your contact information, or that of a designated contact, so we can reach you if we have questions or need additional information.

Please Note: We currently support a maximum of three producers completing this section.

Underwriting Requirements

In order to determine an applicant's eligibility, additional information may be requested following submission of the application. This chart provides a quick overview.

MIB	Pharmaceutical Check	Medical Records	Personal Health Interview	Cognitive Assessment
All applicants	All applicants	All applicants	Telephone - Ages 30-64 Face-to-Face - Ages 65-79 - Younger ages at underwriter discretion	Included with telephone and face-to-face interview - Age 65 -79 - Younger ages if history of CVA, TIA, memory loss or depression, or if application was mailed

NOTE: Medical Information Bureau (MIB), Pharmaceutical Check and Medical Records may be requested on all applicants in order to assist the underwriter in making an informed decision regarding the applicant's insurability.

Ages 65-79: A complete head-to-toe physical examination and complete metabolic profile (CMP)* chemistry lab panel is required within the past 24 months.

Ages 30-64: A complete physical assessment – an examination routinely completed during a visit for a specific concern (e.g., migraine or sinusitis appointment) – is required within the past 24 months. Any additional lab and testing will be requested at the discretion of the underwriter. This may include, but is not limited to: complete metabolic profile (CMP), specific labs, such as a prostate specific antigen (PSA), or radiology studies, such as mammogram or bone density scan.

All ages: A complete head-to-toe physical examination and complete metabolic profile (CMP) chemistry lab panel is required within the past 24 months to qualify for preferred rates, a benefit period greater than five years, or a maximum monthly benefit greater than \$8,000.

*A CMP is required ages 65+ and may be required for ages 30-64 at the underwriters discretion. We will then offer two options.

A Comprehensive Metabolic Panel is a group of blood tests that provide an overall picture of your body's chemical balance and includes the following; albumin, alkaline phosphatase, ALT, AST, BUN, calcium, chloride, CO2, creatinine, glucose, potassium, sodium, total billrubin and total protein.

Completing the Application

Option #1 – Have the CMP completed by the applicant with their physician and at their expense. The CMP can be:

1. Sent directly to us
2. Or upon notification of completion we can request the results directly from the physician

If the client has completed this medical requirement with a different physician, please provide us with the full name, address and phone number of that provider so medical records can be obtained.

Option #2 – Have the CMP completed by a paramedical vendor at our expense. Should this option be chosen the following should be noted:

(For insurability purposes only) Allow us to pay the expense of the CMP, by completing it with one of our approved paramedical vendor's listed below. You will need to order and request a "complete blood profile only":

APPS (American Para Professional Systems, Inc.) – <http://www.appslive.com/>
 EMSI (Examination Management Services, Inc.) – <http://www.emsinet.com/>
 Exam One – <http://examone.com/>
 SMM (Superior Mobile Medics) – <http://www.superiormobilemedics.com/>

If you decide to utilize Option 2, your client will be provided with a lab slip/reference number. We will need this reference number and sample taken date to be submitted via email to lrc_new_business@mutualofomaha.com, ATTN: (Case Manager Name). Lab completion will take approximately 7 days.

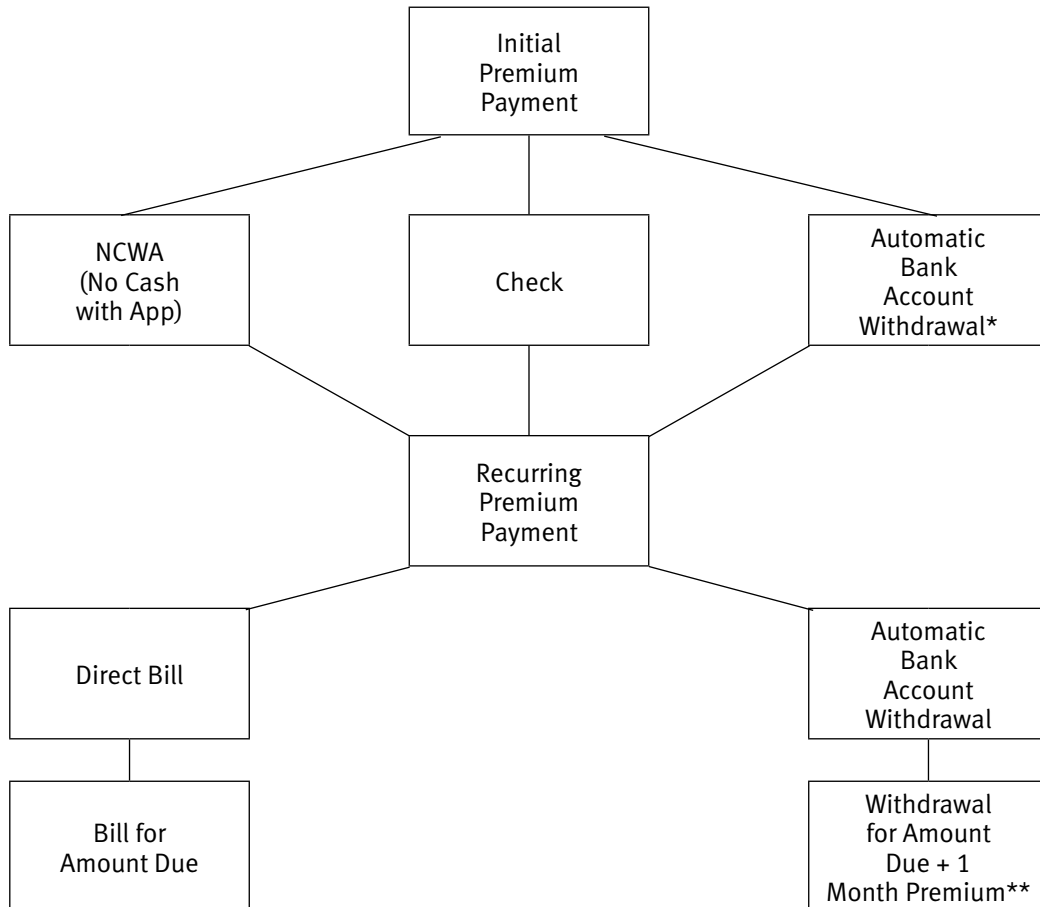
Preparing Your Client for the Personal Health Interview

- Explain what comes next in the underwriting process using the Next Steps brochure (M28399).
- Let the applicant know he or she will be required to complete a personal health interview and help him or her compile a list of doctors' names and medications
- Recommend your client set aside one hour for the interview and explain the importance of giving the interview his or her full attention
- Give the applicant a heads up that a cognitive interview also may be conducted
- Indicate on the application the best time to contact the applicant for a telephone or face-to-face interview. A representative will call your client to schedule an interview after the application is received
 - For a telephone interview: the scheduler will set up a convenient time with your client. It may be possible to do the interview at the time of the initial call if both your client and the interviewer are available
 - For an in-person interview: the interviewer will schedule a convenient time with your client
- If hearing loss prevents an applicant from completing a telephone interview, include a note with the application that a face-to-face interview is needed. For deaf applicants, please indicate if they are able to read lips or communicate using sign language
- A face-to-face interview must be conducted in the applicant's home where he or she resides. It cannot be completed at their place of work, a relative's home or in a public place, such as a restaurant.

Submitting the Application and Initial Premium

Applications can be submitted through your normal channels or directly to our Long-Term Care Service Office, depending upon your currently established process.

The applicant has the option to submit a minimum of two month's premium with the application. Keep in mind, a Conditional Receipt or Temporary Insurance Agreement is only applicable if premium is submitted with the application. Other factors also should be considered. This chart shows the options.



Note: If submitting premium – two months minimum required (one month in CA).

*Withdrawal will occur within three days of receipt of application.

** If there is a shortage at issue and issue date is 20 days or less from withdrawal date, the withdrawal will occur the following month. If the issue date is more than 20 days from withdrawal date, the withdrawal will occur in the same month.

REMEMBER...

All checks should be made payable to Mutual of Omaha Insurance Company. Do not attach the check to the application.

Completing the Application

Indicate the amount of initial premium collected and payment method on the Application (Section K, #3):

Section K PREMIUM INFORMATION	
Applicant A	Applicant B
1 Premium Option: ☐ Lifetime	1 Premium Option: ☐ Lifetime
2 Select Effective Date: ☐ Date of Application (Initial Premium Required) ☐ Date Policy is Issued ☐ For Replacements Only, Requested Effective Date of Coverage _____ (up to 60 days from application date)	2 Select Effective Date: ☐ Date of Application (Initial Premium Required) ☐ Date Policy is Issued ☐ For Replacements Only, Requested Effective Date of Coverage _____ (up to 60 days from application date)
3 Initial Premium Payment: Initial Premium Collected: \$ _____ Two Months Minimum ☐ Check ☐ Automatic Bank Account Withdrawal Note: Complete and Sign Payment Authorization below.	3 Initial Premium Payment: Initial Premium Collected: \$ _____ Two Months Minimum ☐ Check ☐ Automatic Bank Account Withdrawal Note: Complete and Sign Payment Authorization below.

Reminder: When submitting premium, please indicate collected amount for either check or Automatic Bank Account Withdraw.

Automatic Bank Account Withdrawal Process

If Automatic Bank Account Withdrawal is selected for the initial premium payment, the application may be sent by mail or fax, or an e-app may be submitted as outlined above. The Payment Authorization section (K #4) must be completed for Initial and/or recurring premium payments.

Payment Authorization (Complete and Sign if Initial and/or Recurring Monthly Automatic Bank Account Withdrawal Selected.)	
Specify the date premiums will be withdrawn (1st through the 28th of the month): _____ Bank Name: _____ Complete information below or attach a voided check. Bank Routing Number: _____ Bank Account Number: _____ (Do not use Debit/Credit Card numbers)	Specify the date premiums will be withdrawn (1st through the 28th of the month): _____ Bank Name: _____ Complete information below or attach a voided check. Bank Routing Number: _____ Bank Account Number: _____ (Do not use Debit/Credit Card numbers)
When choosing automatic bank account withdrawal, MONEY MAY BE WITHDRAWN FROM YOUR ACCOUNT IMMEDIATELY UPON RECEIPT OF YOUR APPLICATION, BUT IN NO EVENT LATER THAN AT POLICY ISSUE. The first withdrawal date or charge date may be different from the monthly date selected for ongoing premiums. Depending on the amount of time elapsed between the policy date and the date the policy is issued, the amount of the withdrawal or charge may exceed one modal premium and may occur on a date other than the policy date. We CANNOT establish electronic payments from foreign banks. I authorize Mutual of Omaha Insurance Company ("Mutual of Omaha") to withdraw funds from my account for the initial and/or monthly renewal premiums as indicated above and understand that the amounts may differ. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize my financial institution to pay from my account to Mutual of Omaha any preauthorized bank account withdrawals. I agree that my financial institution shall be fully protected in honoring any such payment and that its rights and responsibilities regarding the payment shall be the same as if the payment were signed personally by me. I agree to notify the business in writing of any changes in my account information. This authorization will be effective until I give you at least three business days' notice to cancel. If notice is given verbally, Mutual of Omaha may require written confirmation from me within 14 days after my verbal notice.	
 X Authorized Signature as Shown on Account Date _____	 X Authorized Signature as Shown on Account Date _____

This will occur within 3 business days of receipt of application

Recurring Premium Processing

For Recurring Premium Payment, indicate the premium mode desired and the modal premium amount.

4 Recurring Premium Payment: (Annual Direct Bill Mode is default if no option selected) Modal Premium: \$ _____ ☐ Annual Direct Bill ☐ Semiannual Direct Bill ☐ Quarterly Direct Bill ☐ Monthly Automatic Bank Account Withdrawal Note: Complete and Sign Payment Authorization below.	4 Recurring Premium Payment: (Annual Direct Bill Mode is default if no option selected) Modal Premium: \$ _____ ☐ Annual Direct Bill ☐ Semiannual Direct Bill ☐ Quarterly Direct Bill ☐ Monthly Automatic Bank Account Withdrawal Note: Complete and Sign Payment Authorization below.
Payment Authorization (Complete and Sign if Initial and/or Recurring Monthly Automatic Bank Account Withdrawal Selected.)	
Specify the date premiums will be withdrawn (1st through the 28th of the month): _____ Bank Name: _____ Complete information below or attach a voided check. Bank Routing Number: _____ Bank Account Number: _____ (Do not use Debit/Credit Card numbers)	Specify the date premiums will be withdrawn (1st through the 28th of the month): _____ Bank Name: _____ Complete information below or attach a voided check. Bank Routing Number: _____ Bank Account Number: _____ (Do not use Debit/Credit Card numbers)
When choosing automatic bank account withdrawal, MONEY MAY BE WITHDRAWN FROM YOUR ACCOUNT IMMEDIATELY UPON RECEIPT OF YOUR APPLICATION, BUT IN NO EVENT LATER THAN AT POLICY ISSUE. The first withdrawal date or charge date may be different from the monthly date selected for ongoing premiums. Depending on the amount of time elapsed between the policy date and the date the policy is issued, the amount of the withdrawal or charge may exceed one modal premium and may occur on a date other than the policy date. We CANNOT establish electronic payments from foreign banks. I authorize Mutual of Omaha Insurance Company ("Mutual of Omaha") to withdraw funds from my account for the initial and/or monthly renewal premiums as indicated above and understand that the amounts may differ. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize my financial institution to pay from my account to Mutual of Omaha any preauthorized bank account withdrawals. I agree that my financial institution shall be fully protected in honoring any such payment and that its rights and responsibilities regarding the payment shall be the same as if the payment were signed personally by me. I agree to notify the business in writing of any changes in my account information. This authorization will be effective until I give you at least three business days' notice to cancel. If notice is given verbally, Mutual of Omaha may require written confirmation from me within 14 days after my verbal notice.	
 X Authorized Signature as Shown on Account Date _____	 X Authorized Signature as Shown on Account Date _____

Use the following modal factors to calculate premium:

Monthly Bank Draft	Quarterly	Semiannual	Annual
.09	.26	.51	1.00

If the applicant wishes to pay monthly premiums through the Monthly Bank Draft, the Recurring Premium Mode section of the application must be completed. If future premiums will be drawn from an account other than the account used for the initial premium, a voided check must accompany the application.

NOTE: The Automatic Bank Account Withdrawal for recurring premium is only available through Monthly Bank Draft mode. All other modes for recurring premium payment will be through done through direct bill.

Completing the Application

Missing Requirements

An application will be withdrawn within 90 days of receipt if an underwriting determination cannot be made due to missing requirements, including health interview, medical records or underwriter requested medical follow-up, or in the event application corrections have not been received. *

- A case may be reopened if missing requirements are received within 90 days of the application signing date. The underwriter may request a Statement of Good Health or personal health interview. The original application and premium age will be used
- If requirements are received longer than 90 days after the application signing date, a new application and health interview will be required. Updated medical records also may be requested. Premium will be calculated based on the attained age of the applicant

*California – an application must be withdrawn 60 days from the date of application.

Checking Case Status

Application and underwriting status is available on Sales Professional Access (SPA) – our secure agent website. Log in using your seven-digit production number. Select the “Reports” tab. Then select the link labeled “Med Supp, LTC, DI and Other Health Products” to view your case status report.

Appealing an Underwriting Decision

Applications that are declined and policies that are rated or issued other than applied for are eligible for reconsideration through an appeal process. To ensure privacy, the specific reason for a policy being declined or rated/issued other than applied for 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, which includes additional information that may have a bearing on our decision must be submitted in writing by the applicant and/or his or her physician within 30 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 30 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

Other Application-Related Questions

What if I have a non-English speaking applicant?

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

Completing the Application

- 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

What's the process for non-witnessed applications?

Non-witnessed applications are those completed via mail, telephone or online. Only applications mailed in the United States will be accepted. As the agent, you must:

- Be licensed in the state where the application is signed
- Answer “no” to question 2 on the Producer Statement section of the application: “I certify that each question was asked exactly as written and recorded the answers completely and accurately in the presence of the Proposed Insured”
- Indicate how the application was completed. Use the line that reads, “If No, explain”

What about an applicant who is active duty military or traveling outside the United States?

All applicants must be in the United States to complete and sign the application, complete the health interview and accept delivery of the policy. This includes members of the military and U.S. citizens traveling abroad. Those traveling to an OFAC sanctioned country (Office of Foreign Assets Control) are ineligible for coverage.

What if my client is a foreign national?

Foreign nationals must be living in the United States for at least 36 continuous months to be eligible for coverage. Also, policies will not be issued to those who do not have a valid “Green Card” (Permanent Resident Card Form I-551). If the applicant meets residency requirements, include the Foreign National and Foreign Travel Questionnaire (L5719) with the application.

Table
of
Contents

Product
Information

Underwriting
Guidelines

Completing
the
Application

Premium
Processing

Administrative
Handling

Sales
&
Marketing
Information

Understanding
the Claims
Process

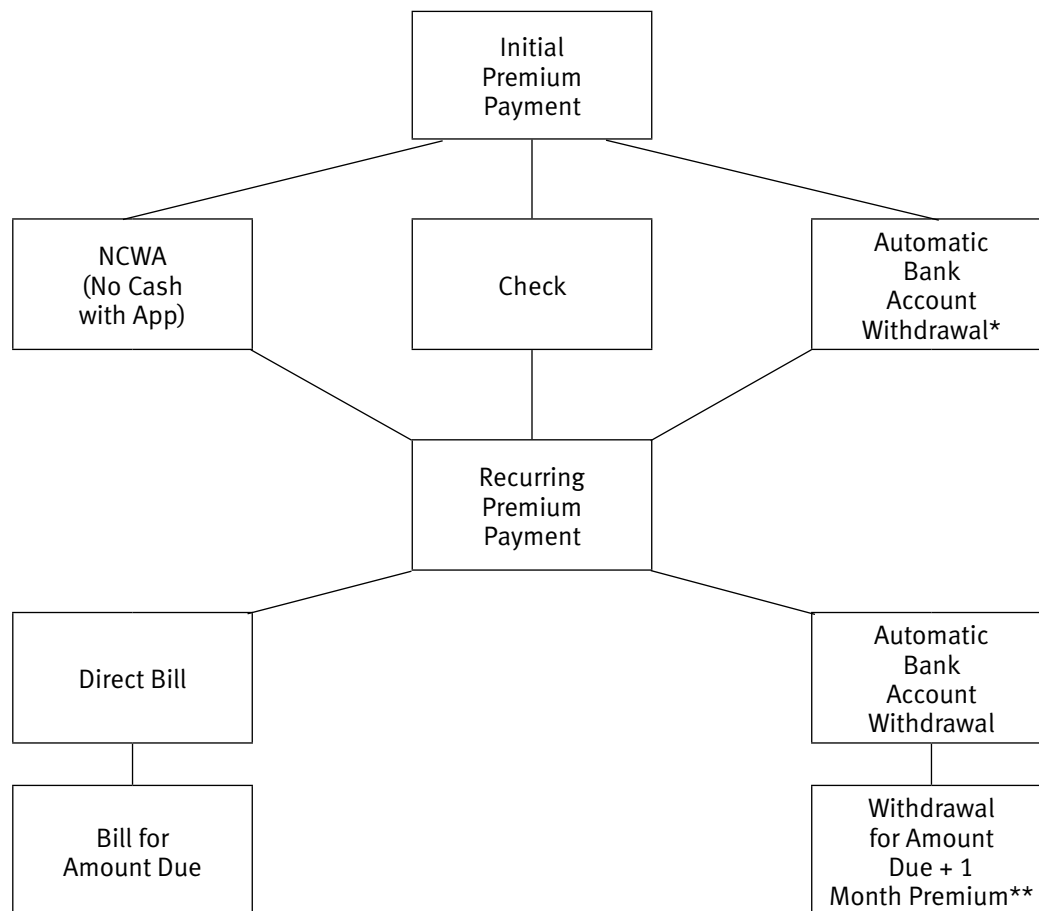
Contact
Information

Premium Processing

Initial Premium Processing

Applications can be submitted through your normal channels or directly to our Long-Term Care Service Office, depending upon your currently established process.

The applicant has the option to submit a minimum of two month's premium with the application. Keep in mind, a Conditional Receipt or Temporary Insurance Agreement is only applicable if premium is submitted with the application. Other factors also should be considered. This chart shows the options.



Note: If submitting premium – two months minimum required (one month in CA).

*Withdrawal will occur within three days of receipt of application.

** If there is a shortage at issue and issue date is 20 days or less from withdrawal date, the withdrawal will occur the following month. If the issue date is more than 20 days from withdrawal date, the withdrawal will occur in the same month.

REMEMBER...

All checks should be made payable to Mutual of Omaha Insurance Company. Do not attach the check to the application.

Indicate the amount of initial premium collected and payment method on the Application (Section K, #3):

Section K PREMIUM INFORMATION	
Applicant A	Applicant B
1 Premium Option: ☐ Lifetime	1 Premium Option: ☐ Lifetime
2 Select Effective Date: ☐ Date of Application (Initial Premium Required) ☐ Date Policy is Issued ☐ For Replacements Only, Requested Effective Date of Coverage _____ (up to 60 days from application date)	2 Select Effective Date: ☐ Date of Application (Initial Premium Required) ☐ Date Policy is Issued ☐ For Replacements Only, Requested Effective Date of Coverage _____ (up to 60 days from application date)
3 Initial Premium Payment: Initial Premium Collected: \$ _____ Two Months Minimum ☐ Check ☐ Automatic Bank Account Withdrawal Note: Complete and Sign Payment Authorization below.	3 Initial Premium Payment: Initial Premium Collected: \$ _____ Two Months Minimum ☐ Check ☐ Automatic Bank Account Withdrawal Note: Complete and Sign Payment Authorization below.

Check Submission Process

If the application is submitted by **mail** and the initial premium payment is made via check, include the check with the application and send to:

General Mail: Long-Term Care Service Office P.O. Box 64901 St. Paul, MN 55164-0901	Expedited Mail: Long-Term Care Service Office 7805 Hudson Rd., Suite 180 Woodbury, MN 55125-1591
--	--

If the application is submitted by **fax**, fax to 1-888-539-4672 and include a copy of the initial premium check as the last page of the fax. Write the policy number on the check and mail the check to:

General Mail: Mutual of Omaha P.O. Box 30154 Omaha, NE 68103-1254	Expedited Mail: First National Bank Attn: Stop 2203 Box 30154 1620 Dodge St. Omaha, NE 68197-2203
---	---

Premium Processing

E-app Submission Process

If an **E-app** is submitted, attach a copy of the check in .pdf format to the Attachment section of the Application Information page (see below).

Application Information	
Product:	Long Term Care
Residential State:	AK
Commission Code:	ZZ
Created:	12/29/2014 12:11 PM
Type:	Single Application
Applicant A:	test a
Status:	Signed - Ready to Submit
Attachment:	Browse...
Review:	Submit to Back Office
Actions:	View Edit

Automatic Bank Account Withdrawal Process

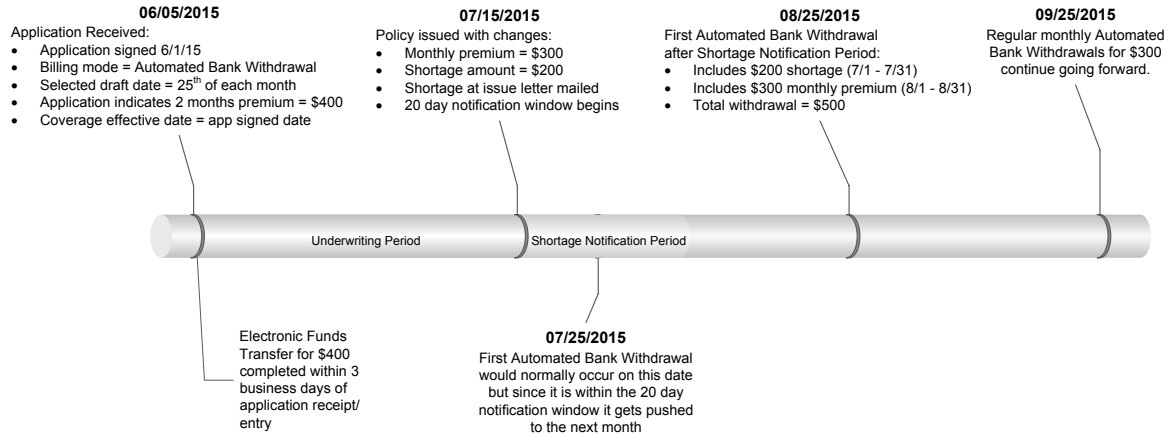
If Automatic Bank Account Withdrawal is selected for the initial premium payment, the application may be sent by mail or fax, or an e-app may be submitted as outlined above. The Payment Authorization section (K #4) must be completed for Initial and/or recurring premium payments.

Payment Authorization (Complete and Sign if Initial and/or Recurring Monthly Automatic Bank Account Withdrawal Selected.)	
Specify the date premiums will be withdrawn (1st through the 28th of the month): _____	Specify the date premiums will be withdrawn (1st through the 28th of the month): _____
Bank Name: _____	Bank Name: _____
Complete information below or attach a voided check.	Complete information below or attach a voided check.
Bank Routing Number: _____	Bank Routing Number: _____
Bank Account Number: _____ (Do not use Debit/Credit Card numbers)	Bank Account Number: _____ (Do not use Debit/Credit Card numbers)
When choosing automatic bank account withdrawal, MONEY MAY BE WITHDRAWN FROM YOUR ACCOUNT IMMEDIATELY UPON RECEIPT OF YOUR APPLICATION, BUT IN NO EVENT LATER THAN AT POLICY ISSUE. The first withdrawal date or charge date may be different from the monthly date selected for ongoing premiums. Depending on the amount of time elapsed between the policy date and the date the policy is issued, the amount of the withdrawal or charge may exceed one modal premium and may occur on a date other than the policy date. We CANNOT establish electronic payments from foreign banks. I authorize Mutual of Omaha Insurance Company ("Mutual of Omaha") to withdraw funds from my account for the initial and/or monthly renewal premiums as indicated above and understand that the amounts may differ. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize my financial institution to pay from my account to Mutual of Omaha any preauthorized bank account withdrawals. I agree that my financial institution shall be fully protected in honoring any such payment and that its rights and responsibilities regarding the payment shall be the same as if the payment were signed personally by me. I agree to notify the business in writing of any changes in my account information. This authorization will be effective until I give you at least three business days' notice to cancel. If notice is given verbally, Mutual of Omaha may require written confirmation from me within 14 days after my verbal notice.	
 X Authorized Signature as Shown on Account Date _____	 X Authorized Signature as Shown on Account Date _____

This will
occur within
3 business
days of
receipt of
application

Premium Processing

IMPORTANT TO NOTE: If there is a Premium Shortage at Issue and the applicant selected Monthly Automatic Bank Account Withdrawal for their Recurring Premium Payment, a notification letter will be sent to the Policyholder and a copy to the producer. Depending on the day of the month that was selected for the Automatic Bank Withdrawal, the shortage may be taken within the same month or taken the following month. (see timeline below)



If there is no Premium Shortage at Issue, regular Monthly Automated Bank Withdrawals will occur based on the date indicated on the application.

Recurring Premium Processing

For Recurring Premium Payment, indicate the premium mode desired and the modal premium amount.

4 Recurring Premium Payment: (Annual Direct Bill Mode is default if no option selected) Modal Premium: \$ _____ ☐ Annual Direct Bill ☐ Semiannual Direct Bill ☐ Quarterly Direct Bill ☐ Monthly Automatic Bank Account Withdrawal Note: Complete and Sign Payment Authorization below.	4 Recurring Premium Payment: (Annual Direct Bill Mode is default if no option selected) Modal Premium: \$ _____ ☐ Annual Direct Bill ☐ Semiannual Direct Bill ☐ Quarterly Direct Bill ☐ Monthly Automatic Bank Account Withdrawal Note: Complete and Sign Payment Authorization below.
Payment Authorization (Complete and Sign if Initial and/or Recurring Monthly Automatic Bank Account Withdrawal Selected.)	
Specify the date premiums will be withdrawn (1st through the 28th of the month): _____ Bank Name: _____ Complete information below or attach a voided check. Bank Routing Number: _____ Bank Account Number: _____ (Do not use Debit/Credit Card numbers)	Specify the date premiums will be withdrawn (1st through the 28th of the month): _____ Bank Name: _____ Complete information below or attach a voided check. Bank Routing Number: _____ Bank Account Number: _____ (Do not use Debit/Credit Card numbers)
When choosing automatic bank account withdrawal, MONEY MAY BE WITHDRAWN FROM YOUR ACCOUNT IMMEDIATELY UPON RECEIPT OF YOUR APPLICATION, BUT IN NO EVENT LATER THAN AT POLICY ISSUE. The first withdrawal date or charge date may be different from the monthly date selected for ongoing premiums. Depending on the amount of time elapsed between the policy date and the date the policy is issued, the amount of the withdrawal or charge may exceed one modal premium and may occur on a date other than the policy date. We CANNOT establish electronic payments from foreign banks. I authorize Mutual of Omaha Insurance Company ("Mutual of Omaha") to withdraw funds from my account for the initial and/or monthly renewal premiums as indicated above and understand that the amounts may differ. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize my financial institution to pay from my account to Mutual of Omaha any preauthorized bank account withdrawals. I agree that my financial institution shall be fully protected in honoring any such payment and that its rights and responsibilities regarding the payment shall be the same as if the payment were signed personally by me. I agree to notify the business in writing of any changes in my account information. This authorization will be effective until I give you at least three business days' notice to cancel. If notice is given verbally, Mutual of Omaha may require written confirmation from me within 14 days after my verbal notice.	
X Authorized Signature as Shown on Account Date _____	X Authorized Signature as Shown on Account Date _____

Table
of
Contents

Product
Information

Underwriting
Guidelines

Completing
the
Application

Premium
Processing

Administrative
Handling

Sales
&
Marketing
Information

Understanding
the Claims
Process

Contact
Information

Administrative Handling

Use the following modal factors to calculate premium:

Monthly Bank Draft	Quarterly	Semiannual	Annual
.09	.26	.51	1.00

If the applicant wishes to pay monthly premiums through the Monthly Bank Draft, the Recurring Premium Mode section of the application must be completed. If future premiums will be drawn from an account other than the account used for the initial premium, a voided check must accompany the application.

NOTE: The Automatic Bank Account Withdrawal for recurring premium is only available through Monthly Bank Draft mode. All other modes for recurring premium payment will be through direct bill.

Recurring Premium

Premium Submission

General Mail:

Mutual of Omaha
P.O. Box 30154
Omaha, NE 68103-1254

Expedited Mail:

First National Bank
Attn: Stop 2203
Box 30154
1620 Dodge St.
Omaha, NE 68197-2203

Upgrades

The insured may apply for a currently marketed policy option or benefit increase at the time of sale or within 60 days of policy issue. If the upgrade is approved, the change will appear either on an updated Schedule of Benefits page or a re-issued policy bearing the same number as the initial policy. Premium for the upgrade will be based on the applicant's age at initial policy issue.

- A Benefit Change Request form (M24710) must be signed and dated by both you and the applicant prior to processing
- A Statement of Good Health form (M24181) also is required

If the insured wishes to apply for an upgrade after the 60-day period, it is recommended that he or she retain the initial policy and apply for a second policy with the desired upgrades. Premium for the new policy will be based on the insured's age at the time of application.

Downgrades

Benefit decreases are allowed. If the decrease is requested within 60 days of the original effective date, it will be effective on the original effective date. If the decrease is requested after the 60-day period, the effective date of the change is the next renewal date following approval of the decrease. The decrease will appear either on an updated Schedule of Benefits page or a re-issued policy bearing the same number as the initial policy. Continuing benefits will keep the original issue age and will continue to earn renewal compensation.

Drop Coverage	Reduce Coverage
Allowable Features: • Inflation Protection • Nonforfeiture – Shortened Benefit Period • Survivorship Benefit • Joint Waiver of Premium • Shared Care Benefit (if partner's benefits have not been accessed) • Security Benefit Subject to rider termination provisions	Allowable Reductions: • Inflation Protection • Maximum Monthly Benefit • Policy Limit Allowable Increase: • Elimination Period Subject to rider termination provisions

Reinstatements

An insured may be eligible for policy reinstatement if his or her attained age is within current product age eligibility and the policy has been lapsed for less than 180 days.

- The insured must contact Customer Service to initiate reinstatement. They will be asked to complete an application
- At underwriter discretion, a current telephone interview and medical records may be required
- If reinstatement is approved, the insured must pay all back premium within 35 days of reinstatement approval. If not received in that timeframe, the insured will become ineligible for reinstatement and will be required to reapply for coverage at his or her current age
- Reinstatement is not available when the policy is terminated as of the effective date
- To be eligible for reinstatement there must have been coverage in force and premium paid

Administrative Handling

Licensing and Appointments

Non-appointment states (all states except MT & PA)

- If you are properly licensed in your state, you may solicit business prior to becoming appointed with Mutual of Omaha
- Applications must be submitted along with contracting paperwork
- Policies cannot be issued until the effective date of your appointment

Pre-appointment states (MT & 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

Note: Pre-appointment requirements do not apply to agents holding a broker license

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 question, 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 three to five business days. If an issue is found, you will be contacted 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
- All existing agents must have a background check when an appointment is added or if the last background check is more than two years old

NOTE:

It's nearly impossible to get an agent approved if something turns up on the background check that was not disclosed.

Errors and Omissions Insurance

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

Long-Term Care Training

Training is required in order for you to sell long-term care insurance and/or partnership-qualified policies in states where partnership programs are approved. Contact your state Department of Insurance for more information on partnership requirements in your state. Remember, you must take the required refresher course to keep your training up to date.

Mutual of Omaha has joined forces with LTCiTraining.com to bring you the industry's most comprehensive partnership training courses.

- Developed by industry expert, Phyllis Shelton
- Meets mandated NAIC and Deficit Reduction Act partnership training requirements
- ClearCert certified
- Technical support provided
- May be free for agents who sell Mutual of Omaha's LTCi products (contact your marketer for details)
- Training can be accessed through Sales Professional Access (SPA)

General Partnership Requirements

- **Licensing** – You must be licensed in the state where the applicant is physically located at the time of the partnership-qualified sale. (If the applicant is a resident of Kansas, you must be licensed in Kansas regardless of where the sale is made. For example, if an application is signed in Nebraska for an applicant who resides in Kansas, you must be licensed in both states)
- **Training** – You must have completed partnership training for the state in which the application is signed. (In Kansas, you also must have completed partnership training for the state in which the client resides.) Reciprocity rules will apply. Training must be completed prior to the date the application is signed or the application cannot be accepted.
- **Application** – You must use the application for the state in which the client resides

Long-Term Care Continuing Education

Your state may require long-term care continuing education. Please contact your state's Department of Insurance for more information.

Common Employer Referral Program

Targeting people with a common employer is a good way to generate multiple sales with minimal effort. It's easier than a true multi-life sale because there's no group approval to obtain. So when you're asking for referrals, be sure to ask prospective clients for names of co-workers.

Common Employer Referral Premium Allowance

When five or more employees who work for a common employer purchase a long-term care policy from you, they each save 5 percent on their premium. Here's how it works:

- Complete the Common Employer information in the allowance section of the application. There is also an indicator on page 1 of the application to help our service representatives look for this information
- Submit the Common Employer Questionnaire (M28378) as a cover sheet along with the initial five applications. Be sure to include the names of all applicants plus the name of their common employer

Sales & Marketing Information

- Subsequent applications can be submitted under the common employer referral program. Just indicate the common employer group number on all subsequent applications
- The Common Employer referral allowance is available to the employee and his or her partner

Important Notice: This long-term care policy is not designed to be compliant with ERISA or Title VII or similar state laws and generally is not appropriate for an employer sponsored plan. Employers 'sponsorship' includes but not limited to: paying a portion of the premium, payroll deduction, list billing and endorsing or promoting the solicitation of the coverage during working hours. Please have your client's consult a legal or tax advisor or other qualified professional for more information.

If the Common Employer Cover Sheet is not submitted, applications are likely to be processed without the Common Employer allowance or they will be returned to you to resubmit when the five-application minimum is met.

Association and Sponsored Group Marketing

Marketing to associations is a cost-effective and efficient way to target groups of individuals who share a common occupation or interest. That allows you to build your business through the power of a third-party agreement. This marketing approach gives you potential sales not only for the members and their partner, but it also offers referral business and collateral sales.

Association/Sponsored Group Premium Allowance

A 5 percent premium allowance is available if the insured and/or his or her eligible partner is a member of an approved association. Here's how it works:

- An association must have:
 - At least 100 members
 - Been in existence for at least two years
 - Officers and bylaws
 - Members who pay dues or fees on a regular basis and vote on officers and matters of policy
- Associations are not eligible if they:
 - Are formed for the purpose of obtaining insurance
 - Are formed to promote political views
 - Primarily consist of members with hazardous occupations

Association/Sponsored Group Approval Process

Follow these steps to get a new association/sponsored group approved.

Step 1: Submit the Proposal Request Form with the association's by-laws to association.marketing@mutualofomaha.com.

Note: Notification of approval will be completed in 5-7 business days.

Step 2: Once approval is obtained, submit the signed Marketing Plan and a signed Affiliation Agreement to association.marketing@mutualofomaha.com.

Note: Formal approval will be sent via email noting the Association/Sponsored Group number that should be used when completing the application.

Additional Details for Approved Associations

- All applications are individually underwritten
- Due to employer benefit laws, employees of members are not eligible for coverage using the Association Marketing program
- To keep the group open and eligible for program benefits, you must issue the number of applications agreed upon in the marketing plan within the agreed timeframe
- After the initial evaluation period, there must be 10 issued application every 12 months to keep the group open
- Approved marketing materials available to help you communicate with the association and its members can be found on Sales Professional Access
- You are permitted exclusive marketing rights to that association
- A strong Marketing Plan is required, as well as, consideration would be taken on how many members are within the producer's state they are licensed in

Examples of groups that DO qualify for the Association Marketing Program

Please Note: This is not an all inclusive listing of qualified associations, but rather should be used as a guidance to assist in identifying the types of organizations that are good fits for the Program.

- Chambers of Commerce – The Program benefits extend to the individual members (dues paying member) and eligible spouse or partner
- Business or Professional Organizations – Associations made up of members that are business owners or in a professional occupation are qualified for this program. Examples: Realtors, Lawyers, Restaurant Owners, CPA's etc.
- Labor Unions – As long as the occupation of the labors would not be considered Hazardous
- Credit Unions – Closed only – These memberships are exclusively limited to a specified professional or trade group. Examples: Teachers Unions, Municipal Employees, or Employees of a Specific Company
- Condos/Homeowner's Associations, Retirement Communities – These members must be linked through common property or share common equity and have active involvement, such as regular meetings, newsletter, etc.
- Alumni Association of a Higher Educational Institution – Must be from a college, university, or graduate school. Members must have received a degree or honorary degree from such institution
- Fraternal Organizations – Organizations that represent the relationship between its members as akin to brotherhood and are active in membership involvement activities
- Co-Op Organizations – As long as the co-op would not be considered hazardous such as long term chemical or dust exposure

Sales & Marketing Information

Examples of groups that **DO NOT** qualify for the Sponsored Group Program

Based on the minimum requirements guidelines of the Program and suitability, the following groups are examples of those that do not qualify for the Association Marketing Program and benefits.

- Citizens or Cultural Groups – These include any groups that are not trade, occupational or professional, and who may have only cultural heritage in common
- Charitable/Philanthropic Organizations or Associations – Organizations such as the American Heart Association, American Cancer Society, Red Cross, PBS, etc. are not eligible
- Customer Groups and Discount Clubs – Organizations where the relationship with members is primarily a customer relationship. There is no active relationship between its members, or those whose primary purpose is to offer a member discount are not eligible
- Bank Customers – Customers or customer groups within banks are not eligible
- Credit Card Holders – Holders of credit cards or cards from an oil company or department store are not eligible
- Investment Clubs or Members of a Particular Investment Fund – Investors in a club or who invest in particular funds are not eligible
- Open Credit Unions – We will not accept Credit Unions whose membership is open to anyone and where there is only a customer relationship
- Fitness Centers – Members of health clubs or fitness centers are not eligible
- Employees of a Business or Member Employees – Due to employer-benefit laws, employees of members are not eligible for the program benefits. Example: Employee groups and employees of a Chamber of Commerce member company
- Church Organizations – Members of a church/congregation/temple, or any organization within a church are not eligible
- Social/Senior Clubs – While these groups may present excellent opportunities for marketing certain products, they would be considered too social in nature to qualify for the program benefits
- HMOs or PPOs – Members of HMOs or PPOs are not eligible

“Power Up” your business through Association Marketing!

After the association is approved and set up, work your Marketing Plan.

Position yourself as the expert to build relationships and trust with the members.

A variety of Marketing materials are available to communicate with the membership. Most can be customized with your contact information.

Get more information on Sales Professional Access or contact our Sales Support Area.

The Association Marketing Department may be reached directly at association.marketing@mutualofomaha.com or by calling 800-624-5554.

Understanding the Long-Term Care Claims Process

When the need for long-term care services arises, the agent is often the first person a policyholder contacts. That's why it's important for you to know how the claims process works in order to understand your role.

Step 1: Making initial contact

Mutual of Omaha's claims department wants to be notified as soon as possible when it's believed there may be a need for long-term care services. There are two ways the initial contact can be made:

- The insured may contact you. If you are the first point of contact, please notify the claims department as soon as possible to let us know a claim is coming
- The insured can contact Mutual of Omaha's claims department directly during normal business hours. The appropriate phone number is listed in the policy

Step 2: Gathering information

Once we receive the initial notification, a representative from Mutual of Omaha's claims department will talk with the insured to gather more information. We'll send the insured a claims packet that includes the claim form and a list of documentation needed to evaluate the claim and determine eligibility. This may include things like medical records and provider bills:

Medical Records

We may need to contact medical providers to collect additional information that can help us determine the need for long-term care services and eligibility for benefits under the policy

Provider Bills

We'll ask the insured to submit bills for any expenses they may have already incurred to determine if those services are covered under the policy

Step 3: Explaining how the policy works

Not all long-term care insurance policies are the same, so a claims representative will explain the benefits of the policy to the insured. This may include:

- Elimination period
- Care coordination services
- Payment of benefits
- Waiver of premium

Elimination Period

There are two different types of elimination periods – calendar day and service day. A claims representative will explain which type of elimination period the policy contains. For example:

- 90 calendar days means the waiting period begins the first day covered services are received and ends 90 days later
- 90 service days means the waiting period begins the first day covered services are received and ends after services are received for 90 days (not necessarily consecutive days)

Care Coordination Services

If the policy includes the services of a care coordinator, the claims representative will explain how this provision works. A care coordinator is a licensed health care professional – typically a registered nurse – who becomes the insured's point of contact with Mutual of Omaha. The care coordinator will work with the insured to develop an individualized plan of care, help to arrange for long-term care services and monitor the care the insured receives.

Understanding the Claims Process

Keep in mind there's usually no elimination period for care coordination. That means if the policy contains a care coordination provision, the insured may have immediate access to the services of a caring professional who will work closely with them to ensure care needs are met.

Payment of Benefits

Some policies may contain an option that allows insureds to choose how they prefer to receive policy benefits. If the policy contains this option, the insured can elect to receive either a cash benefit or a reimbursement benefit.

- A cash benefit is a percentage of the policy's maximum monthly benefit amount and is payable each month the insured is eligible for benefits. There's no elimination period to satisfy, and the cash can be used to pay any long-term care related expense
- A reimbursement benefit simply reimburses the insured for actual long-term care expenses incurred, up to the maximum daily or monthly benefit provided by the policy

Waiver of Premium

The policy may contain a waiver of premium benefit, which means the insured won't have to make premium payments while receiving benefits. However, it's important for the insured to continue paying premiums until notified that no further premium is due.

Step 4: Determining benefit eligibility

Each policy states how the insured is eligible for benefits. For example, the policy may state that a licensed health care practitioner must submit a plan of care certifying the insured is chronically ill. That means for a period of at least 90 days, he or she needs help with two or more activities of daily living (bathing, dressing, eating, transferring, toileting and continence) or requires continual supervision due to a severe cognitive impairment.

Typically, it takes approximately 10 business days to determine eligibility, providing we have access to all the information we need. Once eligibility has been confirmed, we'll notify the insured or their representative/power of attorney.

If it's determined the insured is not eligible for benefits at this time, we'll send a letter explaining the decision and detailing the options. Keep in mind that the insured's health situation and need for care may change quickly, which means that even if they're not eligible for benefits initially, they may become eligible at a later date. If their condition worsens, we ask that they contact the claims department to re-evaluate their claim.

Step 5: Paying the claim

After satisfying the policy's elimination period,* the insured will become eligible to receive benefit payments. Once an eligible expense is received, it takes approximately 10 business days to approve it and issue a check. Payment can be sent directly to the insured, to his or her representative/power of attorney or to any long-term care service provider designated by the insured (i.e., a nursing home).

Each time a bill is submitted for reimbursement and a claim is paid, the insured will receive an explanation of benefits (EOB) statement showing the amount of the maximum lifetime benefit paid to date. This allows the insured to track benefits that have been paid and to calculate the remaining benefit amount.

*Remember if the policy includes a cash benefit and that option is elected, there is no elimination period to satisfy.

The Role of the Agent

If you become aware of a potential claim, be sure to notify us as soon as possible. Please use this checklist to provide the following information about your client:

- ☐ Name
- ☐ Phone number
- ☐ Mailing address (so we can send a claims packet)
- ☐ Email address
- ☐ Policy number
- ☐ Policyholder's representative/power of attorney
- ☐ Type of claim (i.e., home health care, assisted living, nursing home)

Remember...as an insurance agent, **you may not act on behalf of your client** unless you are authorized to do so. HIPAA regulations require that all claims dealings must be between Mutual of Omaha and the insured or his or her representative/power of attorney.

Claims Department Contact Information

There are different phone numbers based on the type of policy the insured owns. Please be sure to use the correct number.

Legacy Policies (policies sold from 1987 to 2004)

Phone: 800-268-6443

Hours: Monday-Thursday: 7 a.m. – 5:30 p.m. CST

Friday: 7 a.m. – 5 p.m. CST

Modern Policies (LTC04 and later; modern policies have 33-xxxxxx numbers)

Phone: 877-894-2478

Hours: Monday-Friday: 7 a.m. – 5 p.m. CST

Contact Information

Application Submission

General Mail:

Long-Term Care Service Office
P.O. Box 64901
St. Paul, MN 55164-0901

Expedited Mail:

Long-Term Care Service Office
7805 Hudson Rd., Suite 180
Woodbury, MN 55125-1591

Premium Submission (if premium is not submitted with the application)

General Mail:

Mutual of Omaha
P.O. Box 30154
Omaha, NE 68103-1254

Expedited Mail:

First National Bank
Attn: Stop 2203
Box 30154
1620 Dodge St.
Omaha, NE 68197-2203

LTC Service Office

Customer Service:

- New Business Service and Status
- Policy Issue
- Billing & Collection

Phone: 877-894-2478
Hours: 7 a.m. to 5 p.m. CT; M-F

Application Requirements:

- Missing application requirements
- Authorizations

Fax: 888-539-4672

Medical Information

Fax: 800-921-9335

Claims:

Phone: 800-268-6443
Hours: 7 a.m. to 5 p.m. CT; M-F

Miscellaneous:

- Delivery Requirements
- Policy Change Requests
- Correspondence

Fax: 952-833-5410

General Contact Information

Licensing:

Phone: 800-867-6873
Hours: 8 a.m. to 4:30 p.m. CT; M-F

Underwriting:

- Prequalification
- Risk Selection

Phone: 800-551-2059
Email: ltcunderwriting@mutualofomaha.com
Hours: 8 a.m. to 4:30 p.m. CT; M-F

Sales Support:

- Appointments
- Contracts & Licensing
- Proposals
- Sales & Product Support

Agency: 877-617-5589
Brokerage: 800-693-6083
Email: sales.support@mutualofomaha.com
Hours: 7:30 a.m. to 5:30 p.m. CT; M-F