



# Business Operating Expense *Disability Income Choice Portfolio*<sup>SM</sup>

## PLAN HIGHLIGHTS

### ISSUE AGES

You may apply for coverage if you are between the ages of 20 and 59.

### CUSTOMER PROFILE

This product may be right for you if you want help maintaining your business in the event you become disabled. Home-based businesses and businesses less than two years old are not eligible for this coverage.

### Premium Structure

Your initial premiums will be based on your issue age, gender, occupation, benefit period, elimination period and monthly benefit amount. **No premium change will be made unless the same change is made on all policies of this form (and series in AL) issued to persons of the same classification that live in the same state that you do. In SC, you will receive at least 31 days notice of a premium change.**

### Underwriting

You may qualify for express or simplified underwriting based on your age, occupation, income, and benefit amount.

### Renewability

You may continue your coverage until you retire, sell your business, or otherwise discontinue your business or your profession, up to age 65. During that time, we cannot cancel your policy as long as you pay the required premium when it is due.

### Elimination Periods

The elimination period is the number of days you must be disabled before we will begin to pay you benefits. The elimination periods available are 30, 60, 90, 180 or 365 days.

### Benefit Periods

The benefit period is the maximum length of time benefits are payable. The available benefit periods are 12 and 18 months. Benefit periods may be restricted for some issue ages and some occupation classes.

### Maximum Benefit Amount

The maximum monthly benefit amount available is \$15,000. This amount may vary by business expenses and your occupational classification.

### BUSINESS OPERATING EXPENSE DISABILITY INSURANCE INCLUDES:

#### Total Loss of Time Benefit

If you are completely unable to engage in your occupation and you are not gainfully employed in another occupation, we will pay benefits for operating expenses incurred during this total loss of time.

#### Recurrent Total Loss of Time Benefit

If further loss of time results from injury or sickness for which benefits have already been paid, the maximum operating expense benefit and deductible period will be restored after you return to full-time work for a period of six consecutive months.

#### Waiver of Premium

We will waive your premiums for the coverage after total loss of time benefits have been paid continuously for 90 days.

Disability Income Insurance underwritten by:

**MUTUAL OF OMAHA INSURANCE COMPANY**

Mutual of Omaha Plaza

Omaha, NE 68175

*mutualofomaha.com*

MUTUAL of OMAHA'S  
**WILD KINGDOM**  
on Animal Planet



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This is a brief description of some of the facts about your coverage. Please read the Outline of Coverage for more information, including exceptions, limitations and reductions of coverage. Individual policies set forth in detail the rights and obligations of both the insured and Mutual of Omaha Insurance Company.

Disability Income policy form number: 150BE (in OR, Form 150BE Series-13316; in PA, Form 150BE Series-10501) or state equivalent.