



Long-Term Accident and Sickness Disability Income Choice PortfolioSM

PLAN HIGHLIGHTS

ISSUE AGES

You may apply for coverage if you are between the ages of 18 and 61.

CUSTOMER PROFILE

This product may be right for you if you are working at least 30 hours a week and you want to help protect your income and your assets against the threat of a long-term disability.

Premium Structure

Your initial premium will be based on your issue age, tobacco status, gender, occupation, benefit period, elimination period, monthly benefit amount and any optional coverage selected. Before age 67, your premium may be changed, but only if the same change is made to all policies in the same class. After age 67, premiums will increase annually until the policy terminates, and may also be changed on a class basis. In no event will your premium increase during the first 12 months.

Preferential Rates

If you are a member of a qualifying association, or if you are self-employed, you may qualify for a preferential premium.

Underwriting

This product is fully underwritten.

Renewability

You are guaranteed the right to continue your coverage until age 67. During that time, we cannot cancel your policy as long as you pay the required premium when it is due. After age 67, you may continue your coverage to age 75 if you continue to work full time and pay the necessary premium when due.

Elimination Periods

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

Benefit Periods

The benefit period is the maximum length of time total disability benefits, proportionate disability benefits, or any combination of these benefits are payable. The available benefit periods are 2, 5 and

10 years and to age 67. Benefit periods may be restricted for some issue ages and some occupations.

Maximum Monthly Benefit Amounts

The maximum monthly benefit amount available is \$10,000 base or \$12,300 if the Social Insurance Supplement Benefits Rider is added.

LONG-TERM ACCIDENT AND SICKNESS DISABILITY INCOME PROTECTION BENEFITS INCLUDE:

Total Disability Benefits

If an accident or sickness prevents you from performing the material and substantial duties of your regular occupation, you are not gainfully employed in another occupation, and receive regular medical treatment, we will pay you a monthly benefit once the elimination period has been met. After the first 24 months following the elimination period, if your maximum benefit period has not been met, we will continue to pay you a monthly benefit as long as you are unable to perform the material and substantial duties of any occupation for which you are reasonably suited because of education, training or experience.

Proportionate Disability Benefit

If an accident or sickness prevents you from performing one or more of the material and substantial duties of your regular occupation, or you are unable to perform such duties for as much time as it would normally take you to do them, and your loss of monthly income is at least 20 percent, we will pay you a percentage of the total disability monthly benefit that is proportionate to your loss of income once the elimination period has been met. These benefits are payable for up to 24 months.

Survivor Benefit

If you die while you are disabled, we will pay your beneficiaries a lump sum amount equal to three times the total disability monthly benefit payable at the time of your death.

Terminal Illness Benefit

You have the option to accelerate up to 12 months of disability benefits if you are diagnosed with a terminal illness.

Recurrent Disability

If a related disability occurs within six months of a return to full-time employment, we will consider it a recurrent disability. You won't need to satisfy a new elimination period and the same benefit period will continue.

Presumptive Total Disability

We will presume you to be totally and permanently disabled if sickness or injury results in your complete and irrecoverable loss of hearing, speech, sight, or use of both hands, both feet or one hand and one foot. We will pay you total disability benefits for the full length of the benefit period even if you return to work in another occupation. We also will waive the elimination period.

Waiver of Premium

We will waive your premium for the coverage and all optional riders after you are disabled for 90 days. We also will refund any premiums you paid during this 90-day period.

Transplant Donor Benefits

We will pay you benefits on the same basis as any other sickness if you become disabled as the result of a transplant of part of your body to the body of another person.

Rehabilitation Benefit

If you are disabled and receiving disability benefits, you may be eligible to receive vocational rehabilitation services at our expense.

Policy Fee

\$50 per year

OPTIONAL BENEFIT RIDERS AVAILABLE FOR AN ADDITIONAL COST

Social Insurance Supplement Benefits Rider (Form 0LL3M)

We will pay you an additional monthly benefit when you don't qualify for social insurance, such as Social Security or Workers' Compensation.

Future Insurability Option (Form 0LL4M)

You can increase your base monthly benefit as your income increases, regardless of changes in your health status. The maximum increase amount is two times the base benefit, however, the base monthly benefit may not exceed \$10,000.

Extended Own Occupation Disability Definition Amendment Rider (Form 0LL5M)

We will extend your own occupation disability protection past two years, to the duration of the benefit period.

Extended Proportionate Disability Benefits Rider (Form 0LN6M)

We'll extend the maximum period for which proportionate disability benefits are payable past 24 months, to the duration of the benefit period.

Disability Income Insurance underwritten by:

MUTUAL OF OMAHA INSURANCE COMPANY

Mutual of Omaha Plaza

Omaha, NE 68175

mutualofomaha.com

Cost-of-Living Adjustment Rider (Form 0LL6M)

We will increase your monthly benefit while you are disabled so your benefits aren't degraded by inflation. Your monthly benefit will increase annually by the lesser of the percentage change in the Consumer Price Index or 5 percent.

Critical Illness Benefits Rider (Form 0LL8M; in KS, 0LL8M-14)

We will pay you up to \$25,000 as a lump sum benefit if you are diagnosed with certain specified diseases.

Hospital Confinement Indemnity Benefits Rider (Form 0LL9M)

We will pay you up to \$500 for each day you are confined to a hospital. The benefit doubles for days of confinement in intensive care. Benefits are payable for a maximum of 45 days for any period of confinement. There is a one day deductible period.

Return of Premium Benefit Rider (Form 0AX4M Rev. or 0AX5M Rev.)

We will pay you back either 50 or 80 percent of premiums minus claims paid after 10 years, depending on the option chosen.

Exclusions and Limitations

We will not pay benefits for losses that began while this policy is not in force; results from an act of declared or undeclared war; sustained while serving in the armed forces (upon notice to us of entry into the armed forces, the unearned portion of the premium will be refunded); caused by intentionally self-inflicted injury; resulting from commission or attempted commission of a felony; caused by suicide or attempted suicide, while sane or insane; resulting from your being legally intoxicated or under the influence of an illegal substance or a narcotic (except for narcotics given on the advice of and taken as prescribed by a physician). Benefits are not payable for loss due to normal childbirth, normal pregnancy or voluntarily induced abortion. We will pay benefits for complications of pregnancy on the same basis as any other sickness.

Free Look Period

In the event you are not satisfied with the policy for any reason, it may be returned within 10 days after receipt and any premium paid will be refunded.

Features and riders may not be available with all policies or approved in all states.

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WILD KINGDOM
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OFFICIAL SPONSOR

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: D81 (in LA, D81-20973 and D81-20974; in ID and TX, D81-20896 and D81-20897; in OK, D81-21014 and D81-21015). Rider form numbers: 0LL3M, 0LL4M, 0LL5M, 0LL6M, 0LN6M, 0LL8M (in KS, 0LL8M-14), 0LL9M, 0AX4M Rev. and 0AX5M Rev. or state equivalent.