



# Short-Term Accident and Sickness Disability Income Choice Portfolio<sup>SM</sup>

## 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 short-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. Your policy's premium may change before Age 67, but only if the same change is made to all policies of this form delivered or issued for delivery in New York to persons of the same Class. After Age 67, the premium will increase every year because the premium rate is then based upon your attained age. The premium may also change for other reasons after Age 67, but only if we make the same change on a Class basis. In no event will the premium increase during the first 12 months following the Policy Date. All premium changes are subject to approval by the New York State Insurance Department.

### 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

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

### 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, partially disabled, or any combination of the two before we will begin to pay you benefits. The available elimination periods are 0/7 (accident/sickness), 7/7, 0/14, 14, 30, 60 and 90 days.

### Benefit Periods

The benefit period is the maximum length of time total disability benefits, partial disability benefits, or any combination of these benefits are payable. The available benefit periods are 3, 6, 12 and 24 months.

### Maximum Monthly Benefit Amounts

The maximum monthly benefit amount available is \$5,000.

## SHORT-TERM ACCIDENT AND SICKNESS DISABILITY INCOME PROTECTION BENEFITS INCLUDE:

### Total Disability Benefits

If an accident or sickness, not covered under workmens' compensation insurance, prevents you from performing the material and substantial duties of your regular occupation, you're 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.

### Partial Disability Benefit

If an accident or sickness prevents you from performing the material and substantial duties of your regular occupation for no more than 50 percent of the time usually spent in the daily performance of such duties, we will pay you 50 percent of the total disability monthly benefit. These benefits commence after the elimination period has been satisfied and are payable for up to six months.

### **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.

## **OPTIONAL BENEFIT RIDERS AVAILABLE FOR AN ADDITIONAL COST**

### **Specified Disease Benefits Rider**

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

### **Hospital Confinement Indemnity Benefits Rider**

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.

Disability Income Insurance underwritten by:

## **MUTUAL OF OMAHA INSURANCE COMPANY**

Mutual of Omaha Plaza  
Omaha, NE 68175  
[mutualofomaha.com](http://mutualofomaha.com)

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



This is a brief description of some of the facts about your coverage. Please read the Outline of Coverage for more information, including exceptions and limitations 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: D82-21100 and D82-21101.  
Rider form numbers: 0LL8M-30 and 0LL9M-30.

These policies provide disability income insurance only. They do NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for D81-21098, D82-21100, D82-21102 and 151BE Series-12495 is 55% (D81-21099, D82-21101 and D83-21103 is 60%). The ratios are the portion of future premiums, which the Company expects to return as benefits when averaged over all people with these policies.