



Short-Term Accident Only *Disability Income Choice Portfolio*SM

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 premiums will be based on your issue age, occupation, benefit period, elimination period, monthly benefit amount and any optional coverage selected. Your premium may be changed, but only if the same change is made to all policies in the same class. 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

You may qualify for express underwriting depending on your age, occupation and income.

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.

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, 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.

*All benefit periods may not be available in every state.

Maximum Benefit Amounts

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

SHORT-TERM ACCIDENT DISABILITY INCOME PROTECTION BENEFITS INCLUDE:

Total Disability Income Benefit

If an injury, not covered under workmen's compensation insurance, prevents you from performing the material and substantial duties of your regular occupation, you aren't 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 injury prevents you from performing the material and substantial duties of your regular occupation for 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.

Recurrent Disability

If a related disability occurs within six months of returning 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 an 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.

OPTIONAL BENEFIT RIDER AVAILABLE FOR AN ADDITIONAL COST

Accident Hospital Confinement Indemnity Benefits Rider (Form 0LM1M; in TX, Form 0LM1M-41)

This rider will pay you up to \$500 for each day you're confined to a hospital due to an accident. The benefit doubles for days of confinement in intensive care. Benefits are payable for a maximum of 45 days for any period of confinement.

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); loss resulting directly or indirectly from disease or bodily infirmity; for which benefits are provided under any state or federal workers' compensation, employer's liability or occupational disease law.

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.

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



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: D83 (in LA, D83-20977 and D83-20978; in ID and TX, D83-20900 and D83-20901; in OK, D83-21018 and D83-21019). Rider form number: 0LM1M (in TX, 0LM1M-41).