



# 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. 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

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.

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

### 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 workmen's 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**

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

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 (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 (Not available in TX) (Form 0AX4M and 0AX5M)**

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); for which benefits are provided under any state or federal workers' compensation, employer's liability or occupational disease law; resulting from substance abuse; resulting from mental or nervous disorders. 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.

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, 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: D82 (in LA, D82-20975 and D82-20976; in ID and TX, D82-20898 and D82-20899; in OK, D82-21016 and D82-21017). Rider form numbers: 0LL8M (in KS 0LL8M-14), 0LL9M, 0AX4M and 0AX5M.