

Attention: For sample purposes only. Not valid for all states.



APPLICATION TO
MUTUAL OF OMAHA INSURANCE COMPANY/UNITED OF OMAHA LIFE INSURANCE COMPANY
FOR STOP LOSS INSURANCE

1. UNDERWRITING COMPANY (Check Appropriate Box Below):

- MUTUAL OF OMAHA INSURANCE COMPANY
- UNITED OF OMAHA LIFE INSURANCE COMPANY

Home Office: Mutual of Omaha Plaza, Omaha, NE 68175

<p>For Home Office Use Only</p> <p>POLICY NUMBER ASSIGNED</p> <p>_____</p> <p>_____</p>
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2. APPLICANT (Full Legal Name) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER (_____) _____ - _____

3. The Applicant applies for stop loss insurance with the following terms and conditions.
This section may be updated by an addendum to this Application. The Application consists of this form and any written addendums to this Application, attached to this Application and signed by an officer of the underwriting company.

4. FINANCIAL CONDITION

Within the last five (5) years, has the Applicant remained continually solvent? Yes No

Does the Applicant reasonably expect to be solvent within the next 12 months? Yes No

If no to either question, please give details. _____

Solvent means not having filed a voluntary or involuntary petition in bankruptcy, a reorganization or an arrangement with creditors, or a general assignment for the benefit of creditors, the ability to pay debts as they become due, not having a trustee, receiver or other custodian appointed on its behalf, or any other case or proceeding under any bankruptcy or solvency law, or the commencement of any dissolution or liquidation proceeding.

Requested effective date of the policy: _____

This Application is submitted with the following advance payment: \$ _____

I understand that the underwriting company will rely and act upon the answers, statements and any misstatements or omissions of information that are made on this Application or given and used in the preparation of the Proposal upon which this Application is based. Erroneous information and any material omission of information may result in the rescission, cancellation or rating of coverage issued in reliance thereon.

If this Application is not approved by an officer at the Home Office of the Underwriting Company, no coverage is in effect at any time and any advance payment received will be returned.

If this Application is approved by an officer at the Home Office of the Underwriting Company, it will be attached to and made a part of the policy and any reissue of the policy which is approved by an officer at the Home Office of the Underwriting Company. The effective date of the Policy is the effective date shown on the attached addendum, which is made a part of this Application.

Receipt of the policy or any reissued policy, and payment of any subsequent premium for the policy or any reissued policy, will constitute the applicant's acceptance of the provisions of the policy or the reissued policy.

I represent that no employee contributions or plan assets shall be used to pay premium or otherwise fund stop loss coverage. Stop loss reimbursements shall not be used to fund plan benefits nor shall this stop loss insurance be considered an asset to my plan.

Deposit of premium by the Underwriting Company does not constitute an approval or acceptance of liability if issuance of the policy is not approved by the Underwriting Company. If issuance of the policy is not approved, the premium will be refunded regardless of whether or not it was deposited.

For Applicant:

Accepted By _____

Date _____