Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Group Portability
3300 Mutual of Omaha Plaza
Omaha, NE 68175-0001
Toll Free (877) 466-8367

A Guide for Successfully Completing the Mutual of Omaha Term Life Portability Request Form

Mutual of Omaha appreciates the opportunity to provide you with valuable life insurance protection for yourself and/or your loved ones. So that we can effectively process your request for life insurance under the Term Life Portability Plan, we rely on the information you provide on this form.

This guide provides information and instruction to help you successfully complete and submit the form. Please consult your employer/benefits administrator if you need assistance with information for the form.

About the Form

The Term Life Enhanced Portability Form is a request for insurance under Mutual of Omaha's Term Life Portability Plan. Insurance under this plan is available to employees/members (hereafter referred to as "members") and/or eligible dependents when insurance under a Mutual of Omaha group term life insurance plan (voluntary and/or basic) offered by an employer/group ceases.

A completed and signed form with initial premium payment MUST be mailed to Mutual of Omaha within 60 days after insurance has ceased under the group plan for your request to be considered. All sections of the form are to be completed. Make sure you provide all required information and answer all questions completely and accurately. If information is missing or is illegible (unreadable), the processing of the form will be delayed. Please contact the employer/benefits administrator to determine or confirm information as needed.

Refer to the guidelines for each section below, which provide valuable information to help you successfully complete the form.

Section 1: Employer/Group Information

Provide the name and ID number for the employer/group. The number will have eight characters, beginning with "G000" followed by four additional letters or numbers specific to the employer/group. The original date of hire or date of association for the member must also be provided.

Section 2: Applicant Information

Please provide all required applicant information. If the Member is eligible to port insurance, the member must be the applicant and elect insurance for dependents to be eligible. If the member is not eligible to port insurance, the spouse (in the event of divorce or the employee's death, for example) can be the applicant and is eligible to port term life insurance for her/himself and dependents.

The applicant must be age 70* or less to be eligible for insurance. Insurance under the portability plan terminates at age 70*.

To ensure any additional correspondence regarding your request occurs as quickly as possible, check the box to consent to receive future correspondence via email.

Section 3: Dependent Information

To be eligible to port term life insurance, dependents must have been insured under the group plan on the day preceding the day coverage ceased under the plan. If the member is eligible to port insurance, the member must elect insurance for dependents to be eligible.

Section 3: Dependent Information (continued)

In addition, a spouse must be age 70* or less and children age 26* or less to be eligible for insurance. Spouse insurance under the portability plan terminates at age 70*, and child insurance terminates at age 26*.

If the applicant is a spouse, do not provide spouse information in this section.

Section 4: Current Term Life Insurance Amount(s) Eligible For Portability

For the applicant and eligible dependents, provide the term life insurance amount(s) that were both:

- In-force at the time coverage ceased under the group plan; and
- Eligible for portability† (the contract for coverage contained a portability provision).

These are the maximum amount(s) of coverage that can be requested under the portability plan.

†You may have had group life insurance under a Voluntary Term Life Insurance plan, a Basic Life Insurance plan, or both, from the group. Any plan must include a portability provision for the insurance available to you under the plan to be portable. It may be possible that the insurance you had under a Voluntary Term Life Insurance plan is portable, but the insurance you had under a Basic Life Insurance plan is not, for example. Please consult the contract for each plan or the employer/benefits administrator to determine if portability is available.

IMPORTANT: If a living benefit payment has been received, portability continuation is not available.

Section 5: Monthly Rates Per $1,000 of Insurance

These are the monthly rates per $1,000 of insurance that apply under the Term Life Portability Plan.

The member and spouse rates are age banded, which means that the premium for member and spouse insurance is assessed according to age – as the member or spouse age and advances to the next age band, premiums for insurance will increase accordingly. The initial premium payment is based on the current age of the member or spouse. The child rate does not vary by age.

If the term life insurance offered by the group included an accidental death & dismemberment (AD&D) insurance rider, you are also eligible to port AD&D insurance in an amount equal to the amount of life insurance ported, if you so choose. This rate is the same for member, spouse and child(ren) and does not vary by age.

The rates presented in Section 5 are used in Section 6 to determine premium for insurance under the portability plan.

Section 6: Portability Insurance Election & Initial Premium Payment Calculation

To complete insurance election and initial premium payment calculation, the type of insurance requested must be indicated, then premium amounts must be calculated for each individual for whom ported insurance is being requested, and a billing mode must be selected.

First, select the type of insurance requested, either "Life Insurance Only" or "Life and AD&D Insurance." If the term life insurance offered by the group included an accidental death & dismemberment (AD&D) insurance rider, you are also eligible to port AD&D insurance in an amount equal to the amount of life insurance ported, if you so choose.

Next, do the following to complete this section:

(1) Provide the first name of each individual for whom ported insurance is being requested.

(2) Provide the Insurance Amount each individual is requesting (rounded up to the nearest $1,000), subject to the following:

- The Insurance Amount for each individual must be less than or equal to the amount of insurance the individual had when insurance ceased under the group plan, not to exceed $500,000. The maximum amounts are equivalent to the Current Insurance Amounts indicated in Section 4.
- The Insurance Amount for the employee must be $10,000 or more. The Insurance Amount for spouse must be $5,000 or more, and for child(ren), $2,000 or more.
- If the applicant is an employee, dependent spouse and child(ren) insurance amounts must be less than or equal to 50% of the insurance amount applied for by the member.
- Insurance Amount(s) must be in increments of $5,000 for the member and/or spouse. (Example: $10,000 and $25,000 are acceptable insurance amounts, but $12,000 and $27,000 are not.) The Insurance Amount for child(ren) must be in $1,000 increments.

(3) Calculate the Coverage Factor for each individual, by dividing your Insurance Amount (2) by 1,000. (Example: $25,000 / 1,000 = 25; 25 is the Coverage Factor.)

Section 6: Portability Insurance Election & Initial Premium Payment Calculation (continued)

(4) Insert the appropriate monthly rate per $1,000 of insurance for each individual, for the current age for member and/or spouse. Rates are provided in Section 5. If you are requesting both life and AD&D insurance, you must add the AD&D monthly rate per $1,000 ($0.060) to the life monthly rate per $1,000 to obtain the appropriate monthly rate per $1,000. (Example: The appropriate monthly rate per $1,000 for a 34 year old applicant requesting life and AD&D coverage is $0.254 ($0.194 for Life plus $0.060 for AD&D).)

(5) Calculate the Monthly Premium for each individual, by multiplying the Coverage Factor (3) by the Monthly Rate (4).

(6) Calculate the Total Monthly Premium, by adding together all of the amounts in the Monthly Premium (5) column.

(7) Select a billing frequency. To pay premium every 3 months (quarterly), insert a "3" into column (7). To pay premium twice a year (semi-annually), insert a "6" into column (7). To pay premium annually, insert a "12" into column (7).

(8) Calculate the Initial Premium Payment, by multiplying the Total Monthly Premium (6) by the Billing Frequency (7).

Section 7: Beneficiary For Death Benefits

You must designate a beneficiary for any life insurance proceeds in the event of your death. You (the applicant) are the beneficiary for any dependent life insurance.

If you wish to designate additional beneficiaries (beyond what space allows for on the form), please attach an additional sheet of paper to the form that includes the required information.

Section 8: Acknowledgement and Signature

Read the statements in this section. If you understand and agree to the statements, sign and date the form to complete the form. Your signature binds you to the statements in this section, and allows the form to be processed by Mutual of Omaha.

Section 9: Instructions

Follow these instructions to ensure your request is properly submitted and received by Mutual of Omaha. Be sure to include the Group ID Number on any payment, and mail the request form and the payment to Mutual of Omaha as soon as possible after your coverage ends under the group plan.

Remember, to be considered for coverage under the Term Life Portability Plan, your request must be received within 60 days of the date coverage under the group plan ended.

*The ages referenced in Sections 2 and 3 represent Attained Age, which is the age of any individual as of the policy anniversary date of October 1 of a given year. For example, lets say you are 69 years old on October 1, 2015. Your Attained Age for the policy year (October 1, 2015 – September 30, 2016) is 69, even if your 70th birthday is in November. In this example, you are eligible for coverage under this plan until September 30, 2016.

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Term Life Portability Request Form

Please refer to "A Guide for Successfully Completing the Term Life Portability Request Form" when completing this form. Please consult the employer/benefits administrator if you need assistance with information for the form.

Section 1: Group Information and Date of Hire/Association (Please print clearly. Required fields are marked with an asterisk (*).)

Group/Employer Name* | Group ID Number* G000 ___ ___ ___ ___ | Date of Hire/Association (MM/DD/YYYY)*

Section 2: Applicant Information (Please print clearly. Required fields are marked with an asterisk (*).)

Last Name* | First Name* | MI

Street Address* | Email Address

City* | State* | ZIP Code* | Telephone*

Birth Date (MM/DD/YYYY)*† | Social Security Number* | Gender*

†The applicant must be the Attained Age of 70 or less to be eligible for insurance.

❑ Female ❑ Male

Consent to Email Correspondence
❑ Check this box if you consent to receiving future correspondence regarding this request via email.

Applicant Type*
❑ Employee/Member
❑ Spouse

Individuals for Whom Ported Insurance is Being Requested* (†Applies to employee/member applicants)
❑ Myself ❑ Myself & Spouse† ❑ Myself, Spouse & Child(ren)† ❑ Myself & Child(ren)

Reason for Request*
If you are an employee/member applicant, indicate why you are requesting insurance, and provide the date (MM/DD/YYYY) as requested:
❑ Status Change/Reduction in Hours Date of Change: _____
❑ Employment/Association Terminated Date of Termination: _____
❑ Plan Terminated by Group/Employer Date of Termination: _____
❑ Employee/Member Retirement Date of Retirement: _____

If you are a spouse applicant, please indicate why you are requesting insurance, and provide the date (MM/DD/YYYY) as requested:
❑ Divorce Date of Divorce: _____
❑ Death of Employee/Member Date of Death: _____
❑ Ineligible Due to Employee/Member Age Date of Ineligibility: _____
❑ Ineligible Due to Employee/Member Active Military Status; Date of Ineligibility: _____

Section 3: Dependent Information (Please print clearly. All fields are required for any dependents requesting insurance.)

Dependent Type	Last Name	First Name	MI	Date of Birth† (MM/DD/YYYY)	Gender
❑ Spouse ❑ Child					❑ Female ❑ Male
Child					❑ Female ❑ Male
Child					❑ Female ❑ Male
Child					❑ Female ❑ Male
Child					❑ Female ❑ Male
Child					❑ Female ❑ Male

†A spouse must be the Attained Age of 70 or less and children must be the Attained Age of 26 or less to be eligible for insurance.

Section 4: Current Term Life Insurance Amount(s) Eligible for Portability (Please print clearly.)

	Applicant*	Spouse (If applicable)	Child(ren) (If applicable)
Eligible Insurance Amount	$	$	$

Section 5: Monthly Rates Per $1,000 of Insurance

	Employee/Member and Spouse Rates										Child Rate
Age	0 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	All Ages
Life Rate	$0.173	$0.173	$0.194	$0.248	$0.395	$0.642	$1.009	$1.660	$2.533	$4.083	$0.120
AD&D Rate	$0.060 (applies to Employee/Member, Spouse and Child for all ages)										

†The ages referenced in Sections 2 and 3 represent Attained Age, which is the age of any individual as of the policy anniversary date of October 1 of a given year. For example, lets say you are 69 years old on October 1, 2016. Your Attained Age for the policy year (October 1, 2015 - September 30, 2016) is 69, even if your 70th birthday is in November. In this example, you are eligible for insurance under this plan until September 30, 2016.

Section 6: Portability Insurance Election & Initial Premium Payment Calculation

Type of Insurance Requested

❑ Life Insurance Only ❑ Life and AD&D Insurance *(This option can only be selected if an AD&D rider was available under the group plan)*

Initial Premium Payment Calculation

	(1) First Name	(2) Insurance Amount	(3) Coverage Factor (2) / 1,000	(4) Monthly Rate Life + AD&D if applicable	(5) Monthly Premium (3) X (4)	(6) Total Monthly Premium Sum of column (5) amounts	(7) Billing Frequency	(8) Initial Premium Payment (6) X (7)
Applicant								
Spouse								
Child								
Child						$ _____	_____	$ _____
Child								
Child								
Child								

Section 7: Beneficiary For Death Benefits

Important Note: AZ, CA, ID, LA, NV, NM, TX, WA and WI are community property states. If you live in a community property state and you designate someone other than your spouse as a beneficiary, state law requires that your spouse consent to such designation. If you do not obtain your spouse's consent to the foregoing designation(s), then such designation(s) may not be effective.

If more than one beneficiary is named, the beneficiaries shall share benefits equally unless otherwise stated below. If indicating benefit percentages, the percentages must total 100% for Primary Beneficiaries and 100% for Secondary Beneficiaries. Unless otherwise expressly provided, if any beneficiary designated below predeceases me, the share which such beneficiary would have received if such beneficiary had survived me shall be payable equally to the remaining designated beneficiary or beneficiaries. If no designated beneficiary survives me, the beneficiary shall be determined as prescribed in the group contract(s).

Primary Beneficiary Designation

Last Name	First Name	Relationship to Applicant	Date of Birth (MM/DD/YYYY)	Address of Beneficiary (Address, City, State, ZIP)	Benefit Percentage (%)
				Percentage Total:	100%

Secondary Beneficiary Designation

Last Name	First Name	Relationship to Applicant	Date of Birth (MM/DD/YYYY)	Address of Beneficiary (Address, City, State, ZIP)	Benefit Percentage (%)
				Percentage Total:	100%

Section 8: Eligibility Conditions

To be eligible for Life continuation insurance, you satisfy the following conditions:

- You have not received a living benefit payment.

Section 9: Acknowledgement and Signature

I understand that I may request insurance under the portability plan subject to the following:

- I understand that this insurance is subject to the rules of the policy governing the portability plan.
- I understand that the individuals covered under this plan must satisfy the plan's requirements to be eligible for benefits and that payment of premium does not ensure eligibility for insurance. In the event that any premium is collected after eligibility for portability insurance ceases, I understand that the unearned premium will be refunded in accordance with the terms of the policy governing the portability plan.
- This request for insurance must be received by Mutual of Omaha within 60 days of the date that insurance ceased under the group plan.
- My request is subject to review and acceptance by Mutual of Omaha.
- Premium amounts may increase if any of the individuals insured under the plan enter a higher premium age category, or if portability plan experience requires a change for all individuals insured under the plan.

By signing below, I acknowledge that I understand and agree to the above statements.

SIGNATURE OF APPLICANT _____ DATE _____/_____/_____

Section 10: Instructions

1) Mail this completed and signed form with the Initial Premium Payment to Mutual of Omaha as soon as possible after insurance has ceased under the group plan. The form and payment must be received by Mutual of Omaha within 60 days of the date insurance under the group plan ended.
2) Make the check or money order for the Initial Premium Payment payable to United of Omaha Life Insurance Company. Be sure to include the Group ID Number (from Section 1) on the payment.
3) Submit this form and payment to:
   Mutual of Omaha
   Policyowner Services
   P.O. Box 2147
   Omaha, NE 68103-2147

If you have any questions regarding this form, please contact the employer/benefits administrator, or contact Mutual of Omaha toll-free at (877) 466-8367.

Fraud Warnings

Required Fraud Warnings (State specific warnings apply to the resident of such state)

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arkansas/Kentucky/Louisiana/Maine/New Mexico/ Ohio/Tennessee: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

California: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Kansas: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties as determined by a court of law.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Puerto Rico: Any person who furnishes information verbally or in writing, or offers any testimony on improper or illegal actions which, due to their nature constitute fraudulent acts in the insurance business, knowing that the facts are false shall incur a felony and, upon conviction, shall be punished by a fine of not less than five thousand (5,000) dollars, nor more than ten thousand (10,000) dollars for each violation or by imprisonment for a fixed term of three (3) years, or both penalties. Should aggravating circumstances be present, the fixed penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Vermont: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Virgin Islands: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal penalties.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.