

# Insurance Information

This section of the packet contains information pertaining to electing coverage on the Mutual of Omaha Life and Disability Insurance plans.

The employer paid group life insurance plan is guaranteed without requirement for medical underwriting, however, if a church elects to participate in this plan, they must automatically enroll **all** eligible employees (all employees who work at least 32 hours per week). Enrollment in the life insurance plan becomes effective the first of the month following hire date.

*To elect to participate in the employer paid plan*, the employer must complete a participation agreement (from the Employer section of this packet), and the participant must complete an enrollment form.

**Long term disability** is also available, as an employer paid benefit for all eligible employees who work at least 32 hours per week and are under the age of 65. The employer needs to 'gross up' the participants' salary to include the disability premiums so that the premiums are paid after taxes. This LTD coverage costs \$.19 cents for every \$100 of covered payroll, and the benefit is 60% of income to a maximum annual salary of \$78,000 after a 90 day elimination period. The disability benefit is determined based on prior year's W2 gross salary.

Premiums:

- Employee coverage is \$16.00 per month for \$50,000.00 worth of coverage (Basic Life and AD&D). Once an employee reaches age 65, the benefit amount (and the premium) is reduced (\$32,500 when attaining age 65, \$25,000 when attaining age 70).
- Retiree coverage is \$10.60 per month for \$5,000.00 worth of coverage (Basic Life only).
- Spouse and dependent coverage is \$2.00 per month which includes \$5,000.00 worth of spouse coverage (Basic Life only), and up to \$2,500 of dependent coverage (Basic Life only).

You may fax, mail, or email your forms and applications to us at:

AFLC Business Office  
3110 E Medicine Lake Blvd  
Plymouth, MN 55441  
Fax: 763-545-0079  
[debn@aflc.org](mailto:debn@aflc.org)



## TERM LIFE AND AD&D INSURANCE

*Life insurance is the easy answer to a difficult question: How will those left behind manage financially when someone they love dies? It's a question no one really wants to think about, but is not one to avoid. Life insurance isn't for people who die, it's for the loved ones they leave behind.*



### **It's easy to understand the need for life insurance.**

As an important part of an employee's benefits package, term life insurance can provide financial security through some of life's most difficult transitions.

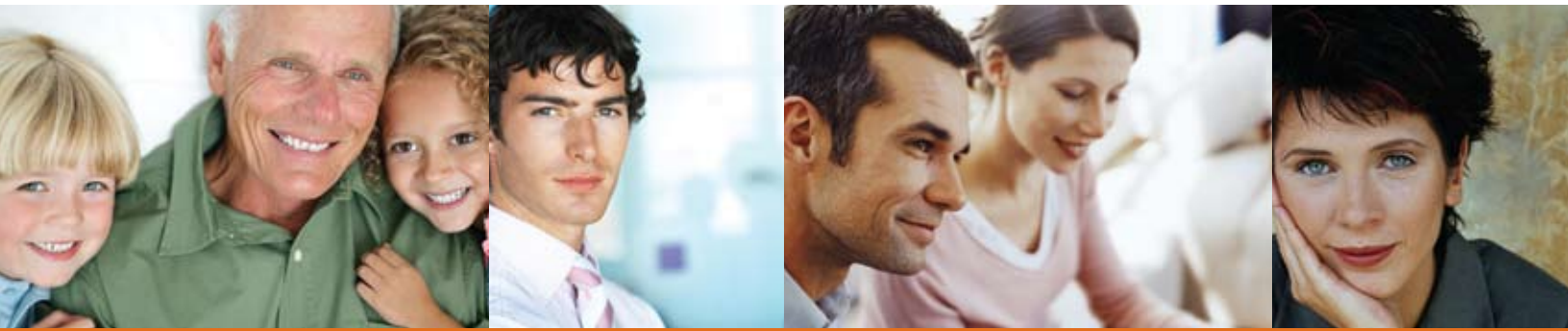
Consider the alternative. Without it, the death of a wage earner could cause financial ruin for an employee and their loved ones who may live paycheck to paycheck. Life insurance can be used to pay medical and funeral bills, replace lost income, pay off a mortgage and other debts, or fund college expenses.

With our term life insurance, employers can offer a life insurance benefit with a range of options that will attract and retain the best employees. Whether married or single, a parent or homeowner, our plans can meet an employee's need to protect their loved ones.

At Mutual of Omaha, we strive to handle all our interactions with fairness, integrity and the best interests of our customers in mind. These are the values that have made us a trusted brand for nearly 100 years.

To find out how we can design a solution that meets your needs, contact your local employee benefit professional from Mutual of Omaha.

Benefits that **work**<sup>®</sup>



*Most Americans have worked hard to establish a solid financial framework – home equity, a savings plan, retirement accounts – and life insurance is the foundation upon which it all rests.*

### **Comprehensive Plan Features**

Our professionals can help design the best plan to fit a company's culture, budget and needs.

- Liberal benefit maximums and guarantee issue amounts
- Portability
- Conversion options
- Dependent coverage
- Living care benefit
- Waiver of premium
- AD&D
- Annual benefit increases

### **Value-Added Work-Life Services**

To help employees manage work-life issues, we offer:

- **Employee Assistance Program** – choice of plans to help maintain a productive work force
- **Section 125** – allows employees to pay premiums on a pre-tax basis
- **Travel Assistance** – provides employees with help during emergencies away from home
- **Family and Medical Leave Act (FMLA)** – through a strategic alliance with FMLASource<sup>®</sup>, provides FMLA administrative services

### **Employee-Paid Voluntary Benefits**

Employees select the coverage they want and pay premiums through payroll deduction.

### **Employer-Based Benefits**

Employers pay 100 percent of premium or share the cost with employees.

### **Comprehensive Enrollment Support**

To make enrollment easy, we've built tools that:

- Educate employees about the need for life insurance
- Increase plan participation with personalized enrollment forms
- Provide online enrollment options
- Include access to bilingual enrollment support
- Offer pre-enrollment communications

**To learn more about Mutual of Omaha, visit [mutualofomaha.com/gibrokers](http://mutualofomaha.com/gibrokers)**

*This insurance plan overview is not intended to provide a complete description of coverage. Benefits may not be available in all states. Not all features apply to voluntary products. Some exclusions, limitations and reductions may apply. Please contact your Mutual of Omaha representative for specific product details and policy provisions.*

*Term life and accidental death and dismemberment insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha Life Insurance Company is licensed in every state except New York. Policy Form Number: 7000GM-U-EZ 2001, 7000GM-U-EZ 2001 NC or state equivalent.*

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# TERM LIFE AND AD&D INSURANCE BENEFITS SUMMARY



## For Employees of Association of Free Lutheran Congregations

### ELIGIBILITY – ALL ELIGIBLE EMPLOYEES

<b>Employee Eligibility</b>	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
<b>Minimum Work Hours Required</b>	You must be working a minimum of 32 hours per week to be eligible for coverage.
<b>Coverage Payment</b>	Your employer pays 100% of the premium for this coverage.

### GUARANTEE ISSUE AMOUNT(S)

All benefit amounts outlined below are Guarantee Issue. No evidence of insurability is required.

*Note: Subject to any reductions shown below, guarantee issue means the amount of insurance applied for which does not require evidence of insurability. Coverage amounts over the Guarantee Issue Amount will require a health application/evidence of insurability.*

### BENEFITS

<b>Life Insurance Benefit Amount</b>	For You: \$50,000  <i>Note: In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</i>
<b>Accidental Death &amp; Dismemberment AD&amp;D Benefit Amount</b>	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.

### FEATURES

<b>Living Care/Accelerated Death Benefit</b>	50% of the amount of the life insurance benefit is available to you if terminally ill, but not to exceed \$100,000.
<b>Waiver of Premium</b>	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
<b>Travel Assistance</b>	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles from home or outside the country.
<b>Conversion</b>	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

*Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.*

### AGE REDUCTIONS

Your life insurance benefits are subject to age reductions, which typically begin around age 65. Additional information will be included in the summary of coverage, which you will receive after enrolling. Please contact your employer if you have questions prior to enrolling. Coverage terminates at retirement.

## ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INFORMATION

### AD&D BENEFIT SCHEDULE

The AD&D Benefit is paid if an employee (or dependent, if covered) is injured as a result of an accident, and that injury is independent of sickness and all other causes. Benefits are paid as indicated below:

Loss	Benefit
<ul style="list-style-type: none"> <li>▪ Life</li> <li>▪ Both hands, both feet or entire sight of both eyes</li> <li>▪ One hand and one foot</li> <li>▪ One hand and entire sight of one eye</li> <li>▪ One foot and entire sight of one eye</li> <li>▪ Speech and hearing (both ears)</li> </ul>	Principal Sum
<ul style="list-style-type: none"> <li>▪ One hand, one foot or entire sight of one eye</li> <li>▪ Speech or hearing (both ears)</li> </ul>	One-half of the Principal Sum
<ul style="list-style-type: none"> <li>▪ Loss of thumb and index finger of same hand</li> </ul>	One-fourth of the Principal Sum

### AD&D EXCLUSIONS

We will not pay for any loss which:

- Results from intentionally self-inflicted injury or sickness, suicide or attempted suicide.
- Results from participation in a riot or in the commission of a felony.
- Results from an act of declared or undeclared war or armed aggression.
- Is incurred while the covered person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable.
- Is caused by intentional, self-infliction of carbon monoxide poisoning emanating from a motor vehicle.
- Is caused by the covered person while intoxicated or under the influence of any controlled drug.
- Results in injuries the covered person receives while riding in any aircraft engaged in racing, endurance tests, or acrobatic or stunt flying.

*Note: Additional information about the exclusions for AD&D coverage will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.*

*This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the Certificate Booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the Certificate Booklet and this outline, the Certificate Booklet will prevail. Term life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, Nebraska 68175. United of Omaha Life Insurance Company is licensed in every state except New York. Term Life Policy Form Number 7000GM-C-EZ-2001. Accidental death & dismemberment Policy Form Number 7000GM-M-EZ 2001.*

# THE NEED FOR DISABILITY INSURANCE



Your ability to earn an income may be your most important asset. Most people wouldn't think twice about insuring their home, automobile or health. However, many do not recognize the need to insure their income. According to LIMRA, 12 percent of households would immediately have trouble meeting everyday living expenses after several months.<sup>1</sup>

*Disability insurance from Mutual of Omaha pays you cash benefits when you're sick or hurt and can't work.*

## HOW MUCH DO I NEED?

A lengthy disability can be devastating, and is more common than you might think. It can result in a loss of income, independence and financial security. Consider how long your savings would pay for:

- Mortgage or rent
- Credit cards and other debts
- Health care
- Groceries
- Utilities
- Car payments
- Other transportation
- Clothing

## DISABILITY CAN BE DEVASTATING

- Disability causes nearly 50 percent of all mortgage foreclosures; only two percent of foreclosures are caused by death<sup>2</sup>
- Four in ten U.S. workers often or always live paycheck to paycheck<sup>3</sup>
- 64 percent of all disabilities are not work related and fall outside the scope of Workers' Compensation<sup>4</sup>

## EASY-TO-UNDERSTAND PROTECTION

- **Elimination Period** – The amount of time you must be disabled before benefits begin
- **Benefit Amount** – The amount paid direct to you for as long as you're disabled or until you've reached the plan's Maximum Benefit Period
- **Maximum Benefit Period** – The longest period of time benefits are payable to you
- **Continuation of Benefits** – Under this feature, your disability insurance coverage continues at no cost to you while you are receiving benefits



## Sources:

<sup>1</sup> LIMRA, 2006 Report

<sup>2</sup> Health Affairs, The Policy Journal of Health Sphere, Feb. 2, 2005

<sup>3</sup> CareerBuilders 2007

<sup>4</sup> Source: National Safety Council – 2006 Report

Short-term and long-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number: 7000GM-MU-EZ 2001.

## LONG-TERM DISABILITY INSURANCE



*47 percent of employees live paycheck to paycheck and are unaware of the financial implications associated with a disability.*

*2005/2006 Life Trend Study*



**MOST PEOPLE DON'T THINK TWICE ABOUT PURCHASING AUTO OR HOME INSURANCE. However, many neglect to financially protect themselves from the devastating impact of a long-term disability.**

Without long-term disability insurance, a sudden loss of income could have detrimental financial implications. In fact, long-term disability is one of the leading causes of home foreclosures, bankruptcy and retirement savings depletion.

Long-term disability (LTD) insurance can provide employees with the protection they need when income is lost due to an extended disability. It also helps employers contain those added business expenses incurred when hard decisions have to be made about a critically disabled employee.

When you choose Mutual of Omaha, you'll get a disability management approach that sets us apart from other insurance carriers. It's an approach where employees out on disability focus on recovery, allowing employers to focus on growing their business.

We strive to handle all our interactions with fairness, integrity and the best interests of our customers in mind. These are the values that have made Mutual of Omaha a trusted brand for nearly 100 years.

To find out how we can design a solution that meets your needs, contact your local employee benefit professional from Mutual of Omaha.

Benefits that **work**<sup>SM</sup>

**Relying on Social Security Disability Insurance (SSDI) alone is not an option. It can be difficult to qualify for benefits and those who do qualify often find that benefits are not enough to maintain their lifestyle.**

*Monthly SSDI benefits for a 40-year-old who was making \$50,000 a year (\$4,166 per month) would be \$1,440 – not including any benefits for spouse and children.*

*JHA Disability Fact Book, 2006*

### **Our Approach**

Mutual of Omaha's approach to disability management is simple: provide support employees need while they are unable to work and help them get back to work quickly. We also help employers maintain high productivity levels and contain costs through one of the strongest return-to-work incentive programs in the market.

- Partial disability benefits with an earnings loss as low as 1 percent
- No limit on benefit paid to modify an employee's work environment so they can return to work
- A personalized vocational rehabilitation plan where employees can receive an added benefit payment
- During the elimination period, employees can go back to work on a trial basis without having to satisfy a new elimination period

### **Flexible and Easy-To-Understand Benefits**

Let our professionals design a disability plan that meets your employer's unique needs.

- **Benefit Durations** – options to age 65 or to Social Security Normal Retirement Age
- **Elimination Period** – alternatives ranging from 60 days to 365 days
- **Monthly Benefit** – choose between a percentage of earnings or flat dollar amounts from \$1,000 to \$15,000, subject to group size

### **Employee-Paid Voluntary Benefits**

Employees select the coverage they want and pay premiums through payroll deduction.

### **Employer-Based Benefits**

Employers pay 100 percent of the premium or share the cost with employees.

### **Comprehensive Enrollment Support**

To make enrollment easy, we've built tools that:

- Educate employees about the need for disability insurance
- Increase plan participation with personalized enrollment forms
- Provide online enrollment options
- Include access to bilingual enrollment support
- Offer pre-enrollment communications

### **Value-Added Work-Life Services**

- **Employee Assistance Program** – choice of plans to help maintain a productive work force
- **Family and Medical Leave Act (FMLA)** – provides expert help navigating and implementing federally mandated FMLA requirements
- **Travel Assistance** – provides employees with help during emergencies away from home

**To learn more about Mutual of Omaha, visit [mutualofomaha.com/gibrokers](http://mutualofomaha.com/gibrokers)**

*This insurance plan overview is not intended to provide a complete description of coverage. Benefits may not be available in all states. Some exclusions, limitations and reductions may apply. Please contact your Mutual of Omaha representative for specific product details and policy provisions.*

*Long-term disability insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha Life Insurance Company is licensed in all states but New York. Policy Form Number: 7000GM-U-EZ 2001 or state equivalent.*

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# LONG-TERM DISABILITY INSURANCE BENEFITS SUMMARY



## For Employees of Association of Free Lutheran Congregations

<b>ELIGIBILITY – ALL ELIGIBLE PASTORS AND OFFICE EMPLOYEES</b>	
<b>Eligibility Requirement</b>	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
<b>Minimum Work Hours</b>	You must be working a minimum of 32 hours per week to be eligible for coverage.
<b>Coverage Payment</b>	Your employer pay 100% of the premium for this coverage.
<b>BENEFITS</b>	
<b>Benefits Begin (Elimination Period)</b>	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin 90 days after the onset of your disabling injury or illness.
<b>Monthly Benefit</b>	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount, less other income sources.
<b>Maximum Benefit Period</b>	If you become disabled prior to age 60, benefits are payable to your Social Security Norma Retirement Age (SSNRA). At age 60 (and older), the benefit period will be based on a reduced benefit duration schedule.
<b>Maximum Monthly Benefit</b>	\$3,900
<b>Minimum Monthly Benefit</b>	\$100 or 10%
<b>DEFINITIONS</b>	
<b>Definition of Disability</b>	<p>Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are:</p> <ul style="list-style-type: none"> <li>▪ Prevented from performing at least one of the material duties of your regular occupation during the first 2 years of disability and after 2 years are unable to perform all of the material duties of any gainful occupation; and</li> <li>▪ During the first 2 years of disability are unable to generate current earnings which exceed 99% of your monthly earnings from your regular occupation, and after 2 years are unable to generate current earnings which exceed 85% of your monthly earnings from any gainful occupation.</li> </ul> <p>You can be totally or partially disabled during the elimination period.</p>
<b>Definition of Monthly Earnings</b>	Monthly earnings is the average gross monthly income you receive from your employer for the year immediately prior to the onset of disability, which is used to determine your benefit in the event of a claim. Earnings may include commissions, bonuses, overtime, shift differential pay or other extra compensation.
<b>FEATURES</b>	
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
<b>Vocational Rehabilitation Incentive</b>	If you become disabled and participate in the vocational rehabilitation program, which offers services that help you return to work and ability, you will be eligible for a monthly benefit increase of 5%.
<b>Survivor Benefit</b>	If you pass away while receiving long-term disability benefits, your benefits will be provided to your beneficiaries for a period of time after your death.
<b>Waiver of Premium</b>	The premium for your long-term disability coverage is waived while you are receiving benefits.
<b>Alcohol &amp; Drug Abuse</b>	For disabilities related to drug and alcohol abuse, benefits are available for up to 24 months.
<b>Mental Disorders</b>	For disabilities related to mental disorders, benefits are available for up to 24 months.
<b>Self-Reported Conditions</b>	For disabilities related to self-reported conditions, benefits are available for up to 24 months.
<i>Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.</i>	

<b>EXCLUSIONS</b>	
<b>Pre-existing Conditions Exclusion</b>	Disabilities that occur during the first 12 months of coverage due to a pre-existing condition during the 3 months prior to coverage are excluded.
<b>Other Exclusions</b>	Information about other exclusions for this plan will be included in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

*This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Long-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.*

# Enrollment Form

Underwritten by: United of Omaha Life Insurance Company



**Employer Section (To be completed by the employer/plan administrator. Required fields are marked with an asterisk (\*).)**

\*Employer's Name: **Association of Free Lutheran Congregations**

Group ID:	Church Name:	Location Code:	Class (Clergy or Other):
*Full-Time Employment Date:		Effective Date:	Hours Worked Per Week:
*Salary:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	Occupation:	
\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Annually		

**Employee Section (Please print clearly. Required fields are marked with an asterisk (\*).)**

*Last Name	*First Name:	MI:
*Social Security Number:	*Birth Date (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

**Basic Life and AD&D Coverage Election**

Employee and Dependent Coverage	Enroll	Decline	Benefit Amount	Premium Amount
Basic Life and AD&D - Employee	<input type="checkbox"/>	<input type="checkbox"/>	\$50,000**	\$ _____
Basic Life - Spouse	<input type="checkbox"/>	<input type="checkbox"/>	\$5,000**	\$2.00 per month*
Basic Life - Child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	\$2,000 (14 days to 6 mos: \$1,000)	

\*The premium amount for spouse and child(ren) coverage is blended – you pay the same premium amount whether you elect spouse coverage, child(ren) coverage, or both. \*\*Subject to Age-Reduction Schedule.

**Long-Term Disability Coverage Election**

Employee Only Coverage	Enroll	Decline	Covered Monthly Payroll	Premium Amount
Long -Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ X \$.0019 =	\$ _____

**Beneficiary for Death Benefits (Right to change beneficiary is reserved to the insured.)**

If more than one beneficiary is named, the beneficiaries shall share benefit equally unless otherwise stated below. If indicating benefit percentages, the percentages must total 100% for Primary Beneficiaries and 100% for Secondary Beneficiaries. Some states have laws regarding beneficiary designation. Please consult your employer/benefits administrator for additional information.

**Primary Beneficiary Designation**

Last Name	First Name	Relationship to Insured	Date of Birth (MM/DD/YYYY)	Address of Beneficiary (Address, City, State, Zip)	Benefit Percentage (%)
					100%

**Secondary Beneficiary Designation**

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

**Enrollment Information**

Enrollment must occur within 31 days from the date the employee becomes eligible (or as otherwise stated in the policy). If you are required to pay premiums for any coverage, the enrollment form must be signed and dated to authorize payroll deductions. The premium amounts indicated on this form are estimates, and are subject to change based on the final terms and conditions of the policy as well as your salary and age on the effective date of the policy.

**Agreement and Signature**

I represent that the information I have provided in this enrollment form is complete, true and accurate to the best of my knowledge. I understand that payment of premium does not ensure my eligibility for coverage. I understand and agree that I must satisfy all active work and/or active employment requirements that pertain to the policy to be eligible for coverage. I understand and agree that life insurance coverage for my eligible dependents may be delayed if they are confined (at home, in a hospital, or in any other institution or facility) or disabled on the date insurance would otherwise begin, in accordance with the terms of the policy. Should I decline coverage(s), I understand and accept the Waiver of Group Insurance provisions that follow.

By signing below, I acknowledge that I understand and agree to the above statements, and that I have read and understand the benefit summaries provided to me for each line of coverage.

**SIGNATURE OF EMPLOYEE** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Waiver of Group Insurance**

Should I apply for waived coverage(s) in the future (either for myself or my eligible dependent(s)), I understand that evidence of insurability may be required, acceptable to the Insurance Company, at my own expense.

The above requirements will apply unless otherwise stated in the policy, or unless prohibited by any applicable state or federal law.

# MUTUAL OF OMAHA

## PRIVACY NOTICE – PERSONAL INFORMATION

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This Privacy Notice applies to the Personal Information of customers of the Mutual of Omaha companies. The companies include:

- Mutual of Omaha Insurance Company
- Mutual of Omaha Investor Services, Inc.
- Mutual of Omaha Marketing Corporation
- United of Omaha Life Insurance Company
- United World Life Insurance Company
- Companion Life Insurance Company
- Omaha Property and Casualty Insurance Company

The Notice applies to our current as well as former customers.

### Why You Are Receiving This Notice

The federal Financial Services Modernization Act and state privacy laws require us to send you an annual Notice. This Notice describes how we collect, use, and protect the Personal Information you entrust to us.

If you have a policy that is covered by the HIPAA Privacy regulations, you received a privacy notice that relates to the privacy of your medical information. To obtain an additional copy of the privacy notice related to your medical information you can log onto our company's website:

[www.mutualofomaha.com/hipaa.html](http://www.mutualofomaha.com/hipaa.html)

or you can contact us at:

Mutual of Omaha Insurance Company  
Attn: Privacy Office  
Mutual of Omaha Plaza  
Omaha, NE 68175-1029

### Personal Information

**Personal Information** means information that we collect about you, such as name, address, Social Security number, income, marital status, employment and similar personal information.

### Information We Collect

In the normal course of business we may collect Personal Information about you from:

- Applications or other forms we receive from you
- Your transactions with us, such as your payment history
- Your transactions with other companies
- Other sources (such as motor vehicle reports, government agencies and medical information bureaus)
- Consumer-reporting agencies

### Information We Share

In the normal course of business we may share your Personal Information among the Mutual of Omaha companies. Depending on the products you have with us, the type of information we share could include:

- Your name
- Your income
- Your Social Security number
- Other identifying information you give us
- Your transactions with us, such as your payment history

We do not share Personal Information with third parties outside of the Mutual of Omaha companies except as required or permitted by law.

### How We Protect Your Information

We restrict access to your Personal Information. It is given only to the employees of Mutual of Omaha and others who need to know the information to provide our insurance or financial services to you.

We have physical, electronic and procedural safeguards in place to make sure your Personal Information is protected. These safeguards follow legal standards and established security standards and procedures.