# Medical Underwriting Guidelines

Long-Term Disability – D81  
Short-Term Disability – D82  
Accident Only Disability – D83

<table>
<thead>
<tr>
<th>Total Monthly Benefit Amount</th>
<th>Accident Only Disability</th>
<th>Short-Term Disability</th>
<th>2-Year and 5-Year Benefit Period</th>
<th>10-Year and To Age 67 Benefit Period</th>
<th>Business Overhead Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>$300-$3,000</td>
<td>Simplified Underwriting¹</td>
<td>Interview</td>
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<td>Simplified Underwriting¹</td>
<td>Interview</td>
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<tr>
<td>$3,100-$5,000</td>
<td>Interview</td>
<td>Interview, Physical Data, Blood and Urine</td>
<td>Interview, Long Form Paramed, Blood and Urine</td>
<td>Interview, Physical Data, Blood and Urine</td>
<td></td>
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<tr>
<td>$5,100-$8,000</td>
<td>Interview, Physical Data, Blood and Urine</td>
<td>Interview, Long Form Paramed, Blood and Urine</td>
<td>Interview, Long Form Paramed, Blood and Urine</td>
<td>Interview, Long Form Paramed, Blood and Urine</td>
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<tr>
<td>$8,100 and Above</td>
<td>Interview, Long Form Paramed, Blood and Urine, EKG²</td>
<td>Interview, Long Form Paramed, Blood and Urine, EKG²</td>
<td>Interview, Long Form Paramed, Blood and Urine, EKG²</td>
<td>Interview, Long Form Paramed, Blood and Urine, EKG²</td>
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</tbody>
</table>

¹Underwriting decisions within 48 hours of initial underwriting review provided the following conditions are met:
- Applicant is in occupation class 6A, 5A, 4A, 3A, or 2A
- For Accident Only coverage: Applicant is age 55 or younger and medically standard
- For Accident and Sickness coverage: Applicant is nontobacco, age 45 or younger, and medically standard
- No adverse information from the Medical Information Bureau and Pharmacy Report
- All application questions have been clearly and completely answered and required forms and financial documents have been submitted with the application

²Age 45 and over only

## Possible Underwriting Outcomes
- Standard
- Impairment Rate-Up of 7 (25 percent), 8 (50 percent), 9 (75 percent)
- Impairment Rate-Up of 7 (25 percent), 8 (50 percent), 9 (75 percent) and a # (Disease Elimination Rider) for a specific condition which will exclude such condition from coverage for as long as the rider is on the policy
- # (Disease Elimination Rider) for a specific condition which will exclude such condition from coverage for as long as the rider is on the policy
- Reject – No coverage available

## Pre-Existing Medical Conditions
Applicants who are acutely ill, currently disabled, have surgery pending, or are recuperating from an illness or injury are generally not eligible for coverage. The underwriter will evaluate applicants with residual illnesses or injuries. Applicants with controlled, chronic conditions with appropriate medical management may be eligible for coverage. Below is a list of some of the uninsurable medical conditions that will result in automatic declinations of an application for disability income coverage.
- AIDS/HIV/AIDS Related Complex (ARC)
- Alcohol or Drug Abuse/Dependence
- Treatment in last 5 years
- Acromegaly
- Alzheimer's Syndrome
- Amyotrophic Lateral Sclerosis (ALS)
- *Aplastic Anemia
- Arnold Chiari Malformation
- Autism
- Buergers's Disease
- Cardiomyopathy
- Chronic Fatigue Syndrome
- *Chronic Hepatitis C
- Chronic Musculoskeletal Pain
- *Chronic Nephritis or Glomerulonephritis
- *Cirrhosis
- *Congestive Heart Failure
- *Coronary Artery Bypass, Angioplasty
- *Coronary Artery Disease
- *Cystic Fibrosis

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Diabetes Type I  
Dementia  
Dependence Substances of Concern  
Dermatomyositis/Polymyositis  
Downs Syndrome  
Dwarfism  
Ehlers-Danlos Syndrome  
Fatigue  
Fibromyalgia, Fibrositis, Fibromyositis  
*Gastric By-Pass  
*Hemochromatosis  
*Hepatitis Present and/or Chronic  
*Hypercalcemia  
*Inflammatory Polyarthritis  
Kaposi’s Sarcoma  
*Kawasaki’s Disease  
Light Duty or Restrictions at Work  
Liver Cancer  
Major Thalassemia  
Manic Depression/Bipolar Disorder  
Marfan’s Syndrome  
Multiple Myeloma  
Multiple Sclerosis  
Muscular Dystrophy  
*Myocardial Infarction/Heart Attack  
Narcolepsy  
*Neurogenic Bladder  
*Organ Transplant Recipient  
Pancreas Cancer  
Parkinson’s Disease  
Pending Evaluation/Unconfirmed Diagnosis  
Pending, awaiting or recommended surgery  
*Polycystic Kidney Disease  
Polymyositis  
*Porphyria  
*Portal Hypertension  
Post Traumatic Stress Disorder  
*Pregnancy  
*Pulmonary Hypertension  
Rheumatoid Arthritis  
Schizophrenia  
Scleroderma  
Shy-Drager Syndrome  
Spinal Stenosis  
Stress – Work related  
Systemic Lupus Erythematosis – Diagnosed under age 50  
*Wilson’s Disease  
*May be eligible for Accident Only Coverage

Scheduling

After the application is completed, please schedule all required examinations with approved paramedical examination facilities. Paramedical facilities complete blood profile, urinalysis and long-form examinations.

Paramedical Facilities

Mutual of Omaha’s approved paramedical facilities have blood kits and the expertise to complete our blood profile requirements. All blood specimens must be drawn using Portamedic or APPS blood kits and mailing instructions. One of these paramedical facilities must be used when a blood profile is required or requested. All specimens are sent to the Clinical Reference Laboratory (CRL) for testing.

- Portamedic 1-800-765-1010  
- APPS 1-800-635-1677

Blood Profile, Urinalysis and HIV Consent

Mutual of Omaha may require a blood profile or urinalysis. See the Underwriting Requirements Chart for specific guidelines. Laboratory tests may be requested for lesser amounts. An HIV consent form may be required in some states, consent forms will be included in the application packet.

Client Interview (PHI)

A client interview will be required for certain benefit amount/benefit period combinations. They may also be ordered at the underwriter’s discretion. The interview should be completed at the time of the application or shortly thereafter. Please call 1-800-775-3000 and follow the prompts to complete a disability interview. The interviews are recorded and generally take only 10 to 20 minutes, depending on the applicant’s health history. Clients should be prepared to provide physician and medication information.

Attending Physician’s Statements (APS)

In order to render the most favorable decision possible, an APS may be required. The home office will initiate the request by contacting the doctor’s office or medical facility in advance to confirm the availability of the medical records, cost and requirements for release. The home office will advise you of our request and periodically follow-up with the medical facility. Timely release of the requested APS depends on the quality of the contact information and the degree of cooperation afforded by the medical facility. The agent and applicant can play a crucial role in securing the APS by contacting the medical facility to reiterate the urgency and significance of obtaining the necessary information.

Notice of Underwriting Action (Pending Report)

Notice of Underwriting Action correspondence is available on SPA to confirm the underwriting requirements that are necessary to underwrite the application. For assistance in viewing this report, please contact our sales support team. If you are a Mutual of Omaha career agent, please call 1-877-617-5589. All other agents, please call 1-800-693-6083.