



Accident Only Disability

*Disability Income Choice Portfolio*SM

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 premiums will be based on your issue age, occupation, benefit period, elimination period, monthly benefit amount and any optional coverage selected. Your premium may be changed, but only if the same change is made to all policies in the same class. In no event will your premium increase during the first 12 months.

Premium Savings

If you are a member of a qualifying association, or if you are self-employed, you may qualify for a premium lower than that available to the general public.

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.

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, 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 Benefit Amounts

The maximum monthly benefit amount available is \$5,000.

ACCIDENT ONLY DISABILITY INCOME PROTECTION BENEFITS INCLUDE:

Total Disability Income Benefit

If an injury prevents you from performing the material and substantial duties of your regular occupation, you aren't 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 injury prevents you from performing the material and substantial duties of your regular occupation for 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.

Recurrent Disability

If a related disability occurs within six months of returning 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 an 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.

Workers' Compensation

If you are disabled by an injury or illness that is covered by state or federal workers' compensation, employer's liability or occupational disease law, we will pay you 50 percent of the short-term disability benefit for which you are eligible.

OPTIONAL BENEFIT RIDER AVAILABLE FOR AN ADDITIONAL COST

Accident Hospital Confinement Indemnity Benefits Rider

This rider will pay you up to \$500 for each day you're confined to a hospital due to an accident. The benefit doubles for days of confinement in intensive care. Benefits are payable for a maximum of 45 days for any period of confinement.

Accident Medical Expense Benefits Rider

This rider will provide you with reimbursement for medical-related expenses incurred per accident. Maximum benefit amounts per accident are \$1,000, \$2,000, \$3,000 and \$5,000. The benefit only applies to services and supplies received within 26 weeks from the date of the covered injury.

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

MUTUAL of OMAHA'S
WILD KINGDOM



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: D83 (in NC, Form D83-21012 and D83-21013; in OR, Form D83-20900 and D83-20901; in PA, Form D83-21084 and D83-21085; in WA, Form D83-21042 and D83-21043) or state equivalent.
Rider form number: 0LM1M and 0ML1M or state equivalent.