



# Short-Term Disability

## *Disability Income Choice Portfolio*<sup>SM</sup>

### 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 premium will be based on your issue age, tobacco status, gender, occupation, benefit period, elimination period, monthly benefit amount and any optional coverage selected. Before age 67, your premium may be changed, but only if the same change is made to all policies in the same class. After age 67, premiums will increase annually until the policy terminates, and may also be changed on a class basis. 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. After age 67, you may continue your coverage to age 75 if you continue to work full time and pay the necessary premium when 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, 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.

\*Elimination and/or benefit periods may vary by state.

#### Maximum Monthly Benefit Amounts

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

#### SHORT-TERM DISABILITY INCOME PROTECTION BENEFITS INCLUDE:

##### Total Disability Benefits

If an accident or sickness, prevents you from performing the material and substantial duties of your regular occupation, you're not 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 accident or sickness prevents you from performing the material and substantial duties of your regular occupation for no 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.

##### Terminal Illness Benefit

You have the option to accelerate up to 12 months of disability benefits if you are diagnosed with a terminal illness.

### **Recurrent Disability**

If a related disability occurs within six months of a return 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 sickness or 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.

### **Transplant Donor Benefits**

We will pay you benefits on the same basis as any other sickness if you become disabled as the result of a transplant of part of your body to the body of another person.

### **Rehabilitation Benefit**

If you are disabled and receiving disability benefits, you may be eligible to receive vocational rehabilitation services at our expense.

### **Workers' Compensation Rider**

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 RIDERS AVAILABLE FOR AN ADDITIONAL COST**

### **Critical Illness Benefits Rider**

We will pay you up to \$25,000 in a lump sum benefit if you are diagnosed with certain specified diseases.

### **Hospital Confinement Indemnity Benefits Rider**

We will pay you up to \$500 for each day you are confined to a hospital. The benefit doubles for days of confinement in intensive care. Benefits are payable for a maximum of 45 days for any period of confinement. There is a one day deductible period (in MT, two day deductible).

### **Return of Premium Benefit Rider**

We will pay you back either 50 or 80 percent of premiums minus claims paid after 10 years, depending on the option chosen.

### **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](http://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: D82 (in NC, Form D82-21010 and D82-21011; in OR, D82-20898 and D82-20899; in PA, D82-21082 and D82-21083; in WA, Form D82-21040 and D82-21041) or state equivalent. Rider form numbers: 0LL8M, 0LL9M, 0AX4M, 0AX5M and 0ML1M or state equivalent.