Underwriting Rules

Introduction
Your importance in the underwriting process cannot be overemphasized. The job you do affects your client’s feeling toward you and the company, and it can affect the availability of this type of insurance at an affordable price.

Issue Ages
Ages 20 through 64

Individual Critical Illness State Availability
Individual Critical Illness is available in all states except:
- Connecticut
- Maryland
- Massachusetts
- New Hampshire
- New Jersey

Couples

<table>
<thead>
<tr>
<th>If</th>
<th>Then use policy/certificate form</th>
<th>With the annual policy/certificate fee of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both husband and wife are issued,</td>
<td>CI/CCI (one policy/certificate per person)</td>
<td>$25 per policy</td>
</tr>
<tr>
<td>One spouse is issued</td>
<td>CI/CCI</td>
<td>$50</td>
</tr>
</tbody>
</table>

Client Interview Process
A Client Interview will be completed on each application for benefit amounts of $100,000 or greater. For benefit amounts under $100,000, interviews will be conducted at underwriter discretion.

Underwriting Outcomes
Band 1 Critical Illness insurance uses simplified underwriting and is issued as:
- Class 1 (C1)
- Class 2 (C2)
- Class 3 (C3)
- Declined

Band 2 Critical Illness insurance is fully underwritten and issued as:
- Standard;
- Substandard with rate-up (25%, 50%, 75% or 100%);
- Some elimination riders (i.e. deafness and blindness); or
- Declined

Attending Physician Statement
Generally, Attending Physician’s Statements will be ordered more often with critical illness applications. Some conditions which may require an APS are recent doctor visits, circulatory disorders (high blood pressure) and growth removal (polyps and moles).

Attending Physician’s Statement (APS) requirements:
- If the proposed insured has not seen a doctor within the last 2 years and is age 50 or older, then the proposed insured must have a complete physical exam by an M.D. at the proposed insured’s expense.
**Underwriting Rules,** Continued

### Benefit Amounts
Benefits are purchased:

- In increments of $1,000
- With a $10,000 minimum benefit

### Financial Guidelines
Benefit amounts should generally be within 3 to 5 times annual income plus outstanding mortgage balance.

Underwriters may request these additional requirements for amounts less than $250,000 if needed to qualify the risk

- For self-employed individuals: 2 years proof of income including complete tax returns
- For salaried individuals: the most recent W2 or pay stub showing one full month with year-to-date earnings
- For all individuals: cover letter to justify benefit amount
  - include how the requested benefit amount was derived (example – three times annual salary plus mortgage balance)

Critical Illness coverage may be issued in addition to critical illness coverage with another company as long as the total benefits do not exceed $1,000,000 (in Georgia, $250,000) and follow the Risk Class Guidelines.

For business situations, such as buy-sell, key person or credit protection, please provide a cover letter outlining the basis for determination of the benefit amount.

### Risk Class Guidelines

#### Band 1 – Simplified Issue
($10,000 - $99,000)

<table>
<thead>
<tr>
<th>Risk Class</th>
<th>Maximum Benefit Amount Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$99,000</td>
</tr>
<tr>
<td>2</td>
<td>$99,000</td>
</tr>
<tr>
<td>3</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

#### Band 2 – ($100,000 - $250,000)

<table>
<thead>
<tr>
<th>Risk Class</th>
<th>Maximum Benefit Amount Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard +25 and +50</td>
<td>$250,000</td>
</tr>
<tr>
<td>+75</td>
<td>$100,000</td>
</tr>
<tr>
<td>+100</td>
<td>$100,000</td>
</tr>
</tbody>
</table>
Application
Use the currently approved Critical Illness application in your state.

Modes
The premium modes for Critical Illness insurance are the following:
■ Annual
■ Semiannual
■ Quarterly
■ Bank Service Plan (BSP)
■ Payroll Deduction (PRD)

Regular monthly mode is NOT available.

Riders
The following riders may be used where approved:
■ 0HA5M Disability Benefit Rider
  Not available in: AR, CA, CT, FL, IA, IL, KS, LA, MA, MD, MO, NH, NJ, NY, OR, PA, PR, SC, SD, VA, VI, VT and WA

■ 0HA6M Accidental Death and Dismemberment Benefits Rider
  Not available in: CT, ID, MA, MD, NH, NJ, NY and WA

■ 0HA2M Association Group Hospital Confinement Benefit Rider
  Not available in: CT, IA, MA, MD, NH, NJ, NY, OR, TN and WA

The premium payor rider may not be used.

DI Benefit Rider (0HA5M)
This rider may be added to both new and inforce CI/CCI1 policies/certificates (or state equivalent). An applicant may not use this rider in order to replace an existing disability or income replacement plan. The applicant also must be employed at least 30 hours per week.

The maximum benefit is the lesser of $100,000 or the critical illness benefit.

Issue Exceptions
CI/CCI1 may not be issued to persons on Medicare or Medicaid.

Foreign Nationals
CI/CCI1 may not be issued to Foreign nationals living in the U.S. for less than 3 years. To be eligible, these individuals must have 3 years of uninterrupted residency in the U.S. Proof of alien status will be required (i.e., Alien Registration number and inspection of Registration Receipt Card – green card).

Guidelines when Considering Immigrants and Non-Immigrants for Insurance Coverage (M24221)
Acceptable Immigrant Status for Consideration and/or Health Insurance Coverage. An individual with a valid Alien Registration Receipt Card (also known in layman’s term as a “Green Card”) will be eligible to apply for such coverage. In addition, the individual must meet all four requirements listed below:

1. Reside in the United States for a minimum of 12 consecutive months to apply for life insurance coverage and 36 consecutive months to apply for health insurance coverage.

2. Have a minimum net annual income of $20,000 from U.S. based assets or entitlement benefits (i.e., social security or pension benefits) or U.S. based employment.

3. Show intent to reside permanently in the United States. Some examples of this intent are:
   ■ Own a home in the United States,
   ■ Own business in the United States, and/or,
   ■ Have child or children who are United States citizens and who reside in the United States.
4. Complete the Foreign National Questionnaire (L5719_0305).

**Unacceptable Non-Immigrant Visas.** Except as otherwise noted below, individuals who have the following temporary visas WILL NOT be considered for life and/or health insurance coverage:

<table>
<thead>
<tr>
<th>Visa Code</th>
<th>Visa Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1</td>
<td>D-2</td>
</tr>
<tr>
<td>A-2</td>
<td>E1</td>
</tr>
<tr>
<td>A-3</td>
<td>E2</td>
</tr>
<tr>
<td>B-1</td>
<td>F1</td>
</tr>
<tr>
<td>B-2</td>
<td>F2</td>
</tr>
<tr>
<td>C-1</td>
<td>G1</td>
</tr>
<tr>
<td>C-1D</td>
<td>G2</td>
</tr>
<tr>
<td>C-2</td>
<td>G3</td>
</tr>
<tr>
<td>C-3</td>
<td>G4</td>
</tr>
<tr>
<td>C-4</td>
<td>G5</td>
</tr>
<tr>
<td>D-1</td>
<td>H-1B*</td>
</tr>
</tbody>
</table>

We will also not consider individuals who reside in the United States because of their receipt of a Political Asylum or Humanitarian Asylum Visa.

*Note: Some individuals who have a valid H-1B, H-2B, L-1A, L-1B, or L-2 visa may be considered for life and/or health insurance coverage. The producer must contact Life Underwriting and/or Health Underwriting, as applicable, to discuss the case and obtain the applicable underwriting approval before completing an application.

**Military**

CI/CI1/CCI/CCI1 may be issued to active Military officers and non-commissioned officers (Sergeant E-5 and above) only.

**Consideration Guide**

The following list of medical conditions can be utilized to help you determine the insurability of your clients. Conditions not listed, multiple medical conditions, or the use of multiple medications will be evaluated by our Underwriting Department to determine insurability.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Band 1</th>
<th>Band 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asthma</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td>C1</td>
<td>Standard</td>
</tr>
<tr>
<td>Moderate</td>
<td>Decline</td>
<td>+75</td>
</tr>
<tr>
<td>Severe</td>
<td>Decline</td>
<td>Decline</td>
</tr>
<tr>
<td><strong>Atrial Fibrillation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paroxymal</td>
<td>Decline</td>
<td>+100</td>
</tr>
<tr>
<td>If under treatment with anticoagulation</td>
<td>Decline</td>
<td>+75</td>
</tr>
<tr>
<td>Chronic or recurrent</td>
<td>Decline</td>
<td>+75</td>
</tr>
<tr>
<td>No cause found and no underlying cardiac disease</td>
<td>Decline</td>
<td>+75</td>
</tr>
<tr>
<td>If not on anticoagulation therapy or cardiac impairment present</td>
<td>Decline</td>
<td>Decline</td>
</tr>
<tr>
<td><strong>Benign Breast Disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fibrocystic disease diagnosed within 2 years and no biopsy performed or pending</td>
<td>C3</td>
<td>+50</td>
</tr>
<tr>
<td>Breast disorders that include a biopsy (pathology report required)</td>
<td>Insurability and rating based upon pathology report</td>
<td>Insurability and rating based upon pathology report</td>
</tr>
</tbody>
</table>
Underwriting Rules, Continued

**Cholesterol**

**Ages 20-49 years**

<table>
<thead>
<tr>
<th>TOTAL CHOLESTEROL</th>
<th>&lt;5.7</th>
<th>5.7-7.1</th>
<th>7.2-8.6</th>
<th>8.7-10.0</th>
<th>&gt;10.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 1</td>
<td>Band 1</td>
<td>Band 1</td>
<td>Band 1</td>
<td>Band 1</td>
<td>Band 1</td>
</tr>
<tr>
<td>Band 2</td>
<td>Band 2</td>
<td>Band 2</td>
<td>Band 2</td>
<td>Band 2</td>
<td>Band 2</td>
</tr>
</tbody>
</table>

For Cholesterol/HDL Ratio:
- Band 1: C1
- Band 2: C1

**Ages 50 and over**

<table>
<thead>
<tr>
<th>TOTAL CHOLESTEROL</th>
<th>&lt;5.7</th>
<th>5.7-7.1</th>
<th>7.2-8.6</th>
<th>8.7-10.0</th>
<th>&gt;10.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 1</td>
<td>Band 1</td>
<td>Band 1</td>
<td>Band 1</td>
<td>Band 1</td>
<td>Band 1</td>
</tr>
<tr>
<td>Band 2</td>
<td>Band 2</td>
<td>Band 2</td>
<td>Band 2</td>
<td>Band 2</td>
<td>Band 2</td>
</tr>
</tbody>
</table>

For Cholesterol/HDL Ratio:
- Band 1: C1
- Band 2: C1

**If cholesterol/HDL ratio is not available, then rate the cholesterol alone as follows:**

**Ages 20-49 years**

<table>
<thead>
<tr>
<th>Total Cholesterol</th>
<th>Band 1</th>
<th>Band 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;250</td>
<td>C1</td>
<td>+0</td>
</tr>
<tr>
<td>251-300</td>
<td>C3</td>
<td>+50</td>
</tr>
<tr>
<td>301-350</td>
<td>Decline</td>
<td>+100</td>
</tr>
<tr>
<td>&gt;351</td>
<td>Decline</td>
<td>Decline</td>
</tr>
</tbody>
</table>

**Ages 50 and over**

<table>
<thead>
<tr>
<th>Total Cholesterol</th>
<th>Band 1</th>
<th>Band 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;250</td>
<td>C1</td>
<td>+0</td>
</tr>
<tr>
<td>251-300</td>
<td>C2</td>
<td>+25</td>
</tr>
<tr>
<td>301-350</td>
<td>Decline</td>
<td>+75</td>
</tr>
<tr>
<td>351-400</td>
<td>Decline</td>
<td>+100</td>
</tr>
</tbody>
</table>

**TRIGLYCERIDES (12 HOUR FASTING SAMPLE)**

<table>
<thead>
<tr>
<th>TOTAL TRIGLYCERIDES</th>
<th>&lt;400</th>
<th>401-800</th>
<th>&gt;800</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 1</td>
<td>C1</td>
<td>C3</td>
<td>C2</td>
</tr>
<tr>
<td>Band 2</td>
<td>Decline</td>
<td>Decline</td>
<td>Decline</td>
</tr>
</tbody>
</table>

**Diabetes Mellitus**

<table>
<thead>
<tr>
<th>Band 1</th>
<th>Band 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type I: Formerly called juvenile onset (JODM) or insulin-dependent diabetes mellitus (IDDM)</td>
<td>Decline</td>
</tr>
<tr>
<td>Type II: Formerly called adult onset (AODM) or non-insulin dependent diabetes mellitus (NIDDM). Consider only those candidates with good blood sugar control, i.e., HBA1C under 8%, no microalbuminuria, no complications (including neuropathy, peripheral vascular disease, renal impairments, or retinopathy or diabetic coma) and no debits for build (over +50%) blood pressure, or lipids.</td>
<td>Decline</td>
</tr>
</tbody>
</table>

Must have current HBA1C and Microalbumin readings.
### Underwriting Rules, Continued

<table>
<thead>
<tr>
<th>Age at diagnosis:</th>
<th>Band 1</th>
<th>Band 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 45</td>
<td>Decline</td>
<td>Decline</td>
</tr>
<tr>
<td>Age 46-54</td>
<td>Decline</td>
<td>+100</td>
</tr>
<tr>
<td>Age 55 and up</td>
<td>C3</td>
<td>+75/+50</td>
</tr>
</tbody>
</table>

**Gestational Diabetes:** Can consider 3 months post partum.

<table>
<thead>
<tr>
<th>Normal blood profile</th>
<th>C1</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal</td>
<td>Rate for findings</td>
<td>Rate for findings</td>
</tr>
</tbody>
</table>

**Papanicolaou (PAP) or Cervical Smears**

<table>
<thead>
<tr>
<th>Screening Test: Papanicolaou (PAP Smear)</th>
<th>Class I (normal)</th>
<th>Class II (atypical)</th>
<th>Class III (dysplasia)</th>
<th>Class IV (carcinoma in situ)</th>
<th>Class V (invasive carcinoma)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C1</td>
<td>C1</td>
<td>Postpone*</td>
<td>Decline</td>
<td>Decline</td>
</tr>
</tbody>
</table>

*With treatment and resolution of abnormality, confirmed with normal (Class I) PAP results, allow Standard.

**Polyps**

Certain types of non-malignant colon and small intestine polyps may be standard.
Uninsurable Conditions

Overview
Because of the nature of Critical Illness insurance, certain medical conditions will cause an individual to be ineligible for coverage.

Uninsurable Conditions
If a person has or ever has had any of the following medical conditions, he or she is NOT eligible for Critical Illness coverage. This list is NOT all inclusive, but does include many of the unacceptable health problems you may encounter:

1. AIDS, HIV+*
2. Alcohol or Drug Abuse (treatment within 5 years)
3. Alzheimer’s Disease
4. Angina
5. Angioplasty
6. Cancer (does not include skin cancer)
7. Cardiomyopathy
8. Chronic Kidney Disease
9. Congestive Heart Failure
10. Coronary Artery Bypass
11. Cystic Fibrosis
12. Heart Attack
13. Hepatitis C
14. Huntington’s Chorea
15. Insulin Dependent or Uncontrolled Diabetes
16. Kidney Failure
17. Major Organ Transplant
18. Multiple Sclerosis
19. Muscular Dystrophy
20. Permanent Paralysis
21. Polycystic Kidney Disease
22. Stroke
23. Systemic Lupus Erythematosi

*See state special guidelines for California.

Substandard Ratings
The Critical Illness underwriter will determine any final, substandard rating by using the:

■ Application;
■ Interview; and
■ Other requirements needed

Address any specific questions to the Underwriting Department.
Build Chart

Use the following table in the underwriting process to determine standard and substandard rates or decline for Critical Illness insurance coverage.

### Band 1 – Simplified Issue

($10,000 - $99,000)

<table>
<thead>
<tr>
<th>Height Feet and Inches</th>
<th>Height Inches</th>
<th>Decline Below</th>
<th>Class 1</th>
<th>Class 2</th>
<th>Class 3</th>
<th>Decline Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>4'8&quot;</td>
<td>56&quot;</td>
<td>80</td>
<td>80 - 129</td>
<td>130 - 138</td>
<td>139 - 151</td>
<td>152+</td>
</tr>
<tr>
<td>4'9&quot;</td>
<td>57&quot;</td>
<td>83</td>
<td>83 - 134</td>
<td>135 - 143</td>
<td>144 - 157</td>
<td>158+</td>
</tr>
<tr>
<td>4'10&quot;</td>
<td>58&quot;</td>
<td>86</td>
<td>86 - 138</td>
<td>139 - 148</td>
<td>149 - 162</td>
<td>163+</td>
</tr>
<tr>
<td>4'11&quot;</td>
<td>59&quot;</td>
<td>89</td>
<td>89 - 143</td>
<td>144 - 153</td>
<td>154 - 168</td>
<td>169+</td>
</tr>
<tr>
<td>5'0&quot;</td>
<td>60&quot;</td>
<td>92</td>
<td>92 - 148</td>
<td>149 - 158</td>
<td>159 - 174</td>
<td>175+</td>
</tr>
<tr>
<td>5'1&quot;</td>
<td>61&quot;</td>
<td>95</td>
<td>95 - 153</td>
<td>154 - 164</td>
<td>165 - 179</td>
<td>180+</td>
</tr>
<tr>
<td>5'2&quot;</td>
<td>62&quot;</td>
<td>98</td>
<td>98 - 158</td>
<td>159 - 169</td>
<td>170 - 185</td>
<td>186+</td>
</tr>
<tr>
<td>5'3&quot;</td>
<td>63&quot;</td>
<td>102</td>
<td>102 - 163</td>
<td>164 - 175</td>
<td>176 - 191</td>
<td>192+</td>
</tr>
<tr>
<td>5'4&quot;</td>
<td>64&quot;</td>
<td>105</td>
<td>105 - 168</td>
<td>169 - 180</td>
<td>181 - 198</td>
<td>199+</td>
</tr>
<tr>
<td>5'5&quot;</td>
<td>65&quot;</td>
<td>108</td>
<td>108 - 174</td>
<td>175 - 186</td>
<td>187 - 204</td>
<td>205+</td>
</tr>
<tr>
<td>5'6&quot;</td>
<td>66&quot;</td>
<td>112</td>
<td>112 - 179</td>
<td>180 - 192</td>
<td>193 - 210</td>
<td>211+</td>
</tr>
<tr>
<td>5'7&quot;</td>
<td>67&quot;</td>
<td>115</td>
<td>115 - 185</td>
<td>186 - 197</td>
<td>198 - 217</td>
<td>218+</td>
</tr>
<tr>
<td>5'8&quot;</td>
<td>68&quot;</td>
<td>118</td>
<td>118 - 190</td>
<td>191 - 203</td>
<td>204 - 223</td>
<td>224+</td>
</tr>
<tr>
<td>5'9&quot;</td>
<td>69&quot;</td>
<td>122</td>
<td>122 - 196</td>
<td>197 - 209</td>
<td>210 - 230</td>
<td>231+</td>
</tr>
<tr>
<td>5'10&quot;</td>
<td>70&quot;</td>
<td>125</td>
<td>125 - 202</td>
<td>203 - 216</td>
<td>217 - 236</td>
<td>237+</td>
</tr>
<tr>
<td>5'11&quot;</td>
<td>71&quot;</td>
<td>129</td>
<td>129 - 207</td>
<td>208 - 222</td>
<td>223 - 243</td>
<td>244+</td>
</tr>
<tr>
<td>6'0&quot;</td>
<td>72&quot;</td>
<td>133</td>
<td>133 - 213</td>
<td>214 - 228</td>
<td>229 - 250</td>
<td>251+</td>
</tr>
<tr>
<td>6'1&quot;</td>
<td>73&quot;</td>
<td>136</td>
<td>136 - 219</td>
<td>220 - 234</td>
<td>235 - 257</td>
<td>258+</td>
</tr>
<tr>
<td>6'2&quot;</td>
<td>74&quot;</td>
<td>140</td>
<td>140 - 225</td>
<td>226 - 241</td>
<td>242 - 264</td>
<td>265+</td>
</tr>
<tr>
<td>6'3&quot;</td>
<td>75&quot;</td>
<td>144</td>
<td>144 - 232</td>
<td>233 - 248</td>
<td>249 - 272</td>
<td>273+</td>
</tr>
<tr>
<td>6'4&quot;</td>
<td>76&quot;</td>
<td>148</td>
<td>148 - 238</td>
<td>239 - 254</td>
<td>255 - 279</td>
<td>280+</td>
</tr>
<tr>
<td>6'5&quot;</td>
<td>77&quot;</td>
<td>152</td>
<td>152 - 244</td>
<td>245 - 261</td>
<td>262 - 286</td>
<td>287+</td>
</tr>
<tr>
<td>6'6&quot;</td>
<td>78&quot;</td>
<td>156</td>
<td>156 - 250</td>
<td>251 - 268</td>
<td>269 - 294</td>
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<td>79&quot;</td>
<td>160</td>
<td>160 - 257</td>
<td>258 - 275</td>
<td>276 - 301</td>
<td>302+</td>
</tr>
<tr>
<td>6'8&quot;</td>
<td>80&quot;</td>
<td>164</td>
<td>164 - 264</td>
<td>265 - 282</td>
<td>283 - 309</td>
<td>310+</td>
</tr>
<tr>
<td>6'9&quot;</td>
<td>81&quot;</td>
<td>168</td>
<td>168 - 270</td>
<td>271 - 289</td>
<td>290 - 317</td>
<td>318+</td>
</tr>
<tr>
<td>6'10&quot;</td>
<td>82&quot;</td>
<td>172</td>
<td>172 - 277</td>
<td>278 - 296</td>
<td>297 - 325</td>
<td>326+</td>
</tr>
<tr>
<td>6'11&quot;</td>
<td>83&quot;</td>
<td>176</td>
<td>176 - 284</td>
<td>285 - 303</td>
<td>304 - 333</td>
<td>334+</td>
</tr>
</tbody>
</table>

Build rate-ups may be influenced by other health factors such as High Blood Pressure. Applicants with combinations of High Blood Pressure and overweight may be subject to a higher rate-up. However, applicants with well controlled blood pressure that do not have any other impairments may be rated standard.
## Build Chart

Use the following table in the underwriting process to determine standard and substandard rates or decline for Critical Illness insurance coverage.

### Band 2
($100,000 - $250,000)

<table>
<thead>
<tr>
<th>Height Feet and Inches</th>
<th>Height Inches</th>
<th>Decline Below</th>
<th>Standard</th>
<th>+25%</th>
<th>+50%</th>
<th>+75%</th>
<th>+100%</th>
<th>Decline Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>4'8&quot;</td>
<td>56&quot;</td>
<td>80</td>
<td>80 - 129</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
</tr>
<tr>
<td>4'9&quot;</td>
<td>57&quot;</td>
<td>83</td>
<td>83 - 134</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
</tr>
<tr>
<td>4'10&quot;</td>
<td>58&quot;</td>
<td>86</td>
<td>86 - 138</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
</tr>
<tr>
<td>4'11&quot;</td>
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<td>89</td>
<td>89 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
</tr>
<tr>
<td>5'0&quot;</td>
<td>60&quot;</td>
<td>92</td>
<td>92 - 148</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
</tr>
<tr>
<td>5'1&quot;</td>
<td>61&quot;</td>
<td>95</td>
<td>95 - 153</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
</tr>
<tr>
<td>5'2&quot;</td>
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<td>98</td>
<td>98 - 158</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
</tr>
<tr>
<td>5'3&quot;</td>
<td>63&quot;</td>
<td>102</td>
<td>102 - 163</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
</tr>
<tr>
<td>5'4&quot;</td>
<td>64&quot;</td>
<td>105</td>
<td>105 - 168</td>
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<td>100 - 143</td>
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<td>100 - 143</td>
</tr>
<tr>
<td>5'5&quot;</td>
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<td>108 - 174</td>
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<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
</tr>
<tr>
<td>5'6&quot;</td>
<td>66&quot;</td>
<td>112</td>
<td>112 - 179</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
</tr>
<tr>
<td>5'7&quot;</td>
<td>67&quot;</td>
<td>115</td>
<td>115 - 185</td>
<td>100 - 143</td>
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<td>100 - 143</td>
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</tr>
<tr>
<td>5'8&quot;</td>
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<td>118 - 190</td>
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<td>100 - 143</td>
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<tr>
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<td>125 - 202</td>
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<td>100 - 143</td>
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</tr>
<tr>
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</tr>
<tr>
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<td>100 - 143</td>
<td>100 - 143</td>
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<td>100 - 143</td>
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<tr>
<td>6'2&quot;</td>
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<td>100 - 143</td>
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<td>100 - 143</td>
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<td>148 - 238</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
</tr>
<tr>
<td>6'5&quot;</td>
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<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
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</tr>
<tr>
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<td>156 - 250</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
</tr>
<tr>
<td>6'7&quot;</td>
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<td>160</td>
<td>160 - 257</td>
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<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
</tr>
<tr>
<td>6'8&quot;</td>
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<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
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<tr>
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<td>100 - 143</td>
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<tr>
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<td>100 - 143</td>
<td>100 - 143</td>
</tr>
<tr>
<td>6'11&quot;</td>
<td>83&quot;</td>
<td>176</td>
<td>176 - 284</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
<td>100 - 143</td>
</tr>
</tbody>
</table>

Build rate-ups may be influenced by other health factors such as High Blood Pressure. Applicants with combinations of High Blood Pressure and overweight may be subject to a higher rate-up. However, applicants with well controlled blood pressure that do not have any other impairments may be rated standard.
Occupations

CI/CI1/CCI/CCI1
Most occupations will be considered standard for the Critical Illness product. The following occupations, however, are examples of “risky” occupations and would normally be ineligible for Critical Illness coverage:

- Asbestos Workers
- Underground Miners
- Commercial Divers

AD&D Benefit Rider (0HA6M) (May not be available in all states)
Certain occupational classes, which are usually characterized by the existence of significant injury hazard, extreme physical demands, unfavorable working conditions or unstable employment are usually ineligible for this rider.

The following occupations are examples of such occupations which would be ineligible for the AD&D rider (0HA6M):

- Professional Athletes – Boxers/Jockeys
- Blasters & Explosive Handlers
- Structural Workers – Iron Workers
- Sky Divers
- Mountain Climbers
- Racing Drivers
- Underground Workers
- Underwater Workers

Benefits are purchased:

- In increments of $1,000
- With a $10,000 minimum benefit, and a
- Maximum benefit amount equal to or less than the base amount
Client Interview Requirements

Client Interview Process
Use the client interview process with the individual Critical Illness product. Follow these steps:

- Complete the application,
- Collect the premium amount (at least 2 months BSP),
- Determine and execute the necessary testing procedures, and
- Call a Client Interviewer through the PAL line for completion of an interview.

Indicate all the initiated or completed underwriting requirements on the submission checklist located on the application.

Client Interview Requirements
The following table provides the procedures required for applicants according to both age and coverage amount:

<table>
<thead>
<tr>
<th>Age</th>
<th>$10,000 to $99,000</th>
<th>$100,000 to $250,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-64</td>
<td><strong>Interview</strong></td>
<td><strong>Interview</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Physical Data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Blood &amp; Urine</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Paramed</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interview</td>
</tr>
</tbody>
</table>

*This requirement may be waived if medical records are available within 12 months of an M.D. visit which included a blood and urinalysis and physical data. These cases should include a current oral fluid.
**Home Office Underwriter Discretion

Interview – A complete detailed client phone interview
Blood & Urine – A blood and urine collection by an approved paramedical vendor
Physical Data – Hgt/Wgt, blood pressure and pulse recorded on lab ID slip by paramed
Paramed – A long form paramedical exam (form MLU21727)
Client Interview Process
Band 2 only – ($100,000 - $250,000)
Band 1-Client interviews will be conducted from home office at underwriter discretion

A personalized underwriting process designed to recognize that no two of our clients are the same. The agent thoroughly prepares the client for a one-on-one dialogue with the underwriter, and the pertinent health information is gathered.

For Best Results
1. Complete and sign the application.
2. Review “The Importance of an Accurate Health History” with the client.
3. Orient the client with the client profile interview. Advise the client that the interview will be recorded. Displaying confidence in the process will reduce the client’s concerns.
4. Have the client gather his or her doctor and medication information.
5. Make the phone call – greet the client interviewer in a warm, friendly manner.
6. Turn the phone over to the client to begin the client profile interview. Allow the client complete privacy during the interview.

Completing a Client Profile
Call PAL 1-800-775-3000 and choose client profile option (press 1).

Hours: 8:00 a.m. – 8:00 p.m. CST Monday – Thursday
          8:00 a.m. – 5:00 p.m. CST Friday
Glossary

Alzheimer’s Disease

Policy Definition
Alzheimer’s Disease means a progressive degenerative disease of the brain. In order to meet the definition of Alzheimer’s Disease, the Diagnosis must be supported by medical evidence that the insured exhibits the loss of intellectual capacity resulting in impairment of memory and judgment. This impairment results in a significant reduction in mental and social functioning, such that the insured requires permanent daily personal supervision and is unable to perform independently three or more of the following activities of daily living: transferring (moving in or out of a bed or chair), dressing, bathing, feeding, toileting, and continence. No other dementing organic brain disorders or psychiatric illnesses shall meet the definition of Alzheimer’s Disease, nor will they be considered a Critical Illness Insured Condition. In order for Alzheimer’s Disease to be covered under this policy/certificate, the Legally Qualified Physician making the Diagnosis of Alzheimer’s Disease must be a board certified neurologist.

Practical Interpretation
Alzheimer’s Disease is a progressive degenerative brain disease characterized by memory loss and loss of judgment resulting in a significant reduction in mental and social functions. To receive policy/certificate benefits, the insured must require permanent daily supervision and be unable to perform three or more activities of daily living.

Critical Illness Insurance Plan Pays
for Alzheimer’s Disease when a neurologist diagnoses the insured with the advanced stage of Alzheimer’s in which he/she:

■ requires permanent daily supervision, and
■ cannot do three or more of these activities of daily living without help:
  1. move in or out of a bed or chair (transferring)
  2. dress
  3. bathe
  4. feed
  5. use the toilet
  6. control the bladder.
Blindness

Policy Definition
Blindness means the permanent and uncorrectable loss of sight in both eyes. In order for the Diagnosis of Blindness to be covered under this policy/certificate, the insured’s corrected visual acuity must be worse than 20/200 in both eyes or the insured’s field of vision must be less than 20 degrees in both eyes. The Legally Qualified Physician making the Diagnosis of Blindness must be a board certified ophthalmologist.

Practical Interpretation
To receive benefits, an ophthalmologist must diagnose Blindness as permanent in both eyes and despite corrective lenses, the vision cannot be improved beyond 20/200. Diabetes, an accident, or a disease can cause Blindness, which can be of sudden or gradual onset.

Critical Illness Insurance Plan Pays
for Blindness when an ophthalmologist confirms the insured’s:
- vision cannot be corrected to better than 20/200 in both eyes, or
- field of vision must be less than 20 degrees in both eyes.

Cancer

First Carcinoma in Situ

Policy Definition
First Carcinoma in Situ means the first Diagnosis of cancer wherein the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue. This does not include skin cancer. First Carcinoma in Situ must be Diagnosed pursuant to a Pathological Diagnosis or Clinical Diagnosis.

Practical Interpretation
First Carcinoma in Situ is a condition in which malignant cells have the potential to invade and metastasize, but have not done so yet.

Exception:
- skin cancer

Limitation:
First Carcinoma in Situ is not covered if, within 30 days following (may vary by state) the policy/certificate issue date or the last reinstatement date, the insured:
- is first Diagnosed with First Carcinoma in Situ, or
- has symptoms or medical problems which result in a First Carcinoma in Situ Diagnosis.

Critical Illness Insurance Plan Pays
for First Carcinoma in Situ when the insured’s cancer tumor is:
- malignant,
- located only in its original part of the body (has not spread), and
- pathologically or clinically diagnosed (see Diagnosis).
Cancer, Continued

Life-Threatening Cancer

Policy Definition
Life-Threatening Cancer means a malignant neoplasm (including hematologic malignancy), which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. The following types of cancer are not considered a Life-Threatening Cancer: early prostate cancer diagnosed as T1N0M0 or equivalent staging; First Carcinoma in Situ; pre-malignant lesions (such as intraepithelial neoplasia), benign tumors or polyps; any skin cancer other than invasive malignant melanoma in the dermis or deeper, or skin malignancies that have become Life-Threatening Cancers. Life-Threatening Cancer must be diagnosed pursuant to a Pathological Diagnosis or a Clinical Diagnosis.

Practical Interpretation
Life-Threatening Cancer is an uncontrolled growth of abnormal cells that invade healthy tissue. These growths are called malignant tumors and if untreated, can interfere with normal body functions and ultimately cause death.

Life-Threatening Cancer includes but is not limited to these cancers:
- lung,
- breast,
- colon,
- leukemia, lymphoma,
- prostate (except as described below),
- bone,
- kidney,
- bladder,
- invasive malignant skin cancer (melanoma in the dermis or deeper), and
- skin malignancies that have become life threatening.

Exceptions:
- early prostate cancer diagnosed as a tumor (T1N0M0) or equivalent staging,
- First Carcinoma in Situ,
- pre-malignant lesions, benign or pre-malignant tumors, or polyps, and
- any skin cancer other than invasive malignant melanoma in the dermis or deeper, or skin malignancies that have become Life-Threatening Cancers.

Limitation:
Life-Threatening Cancer is not covered if, within 30 days following (may vary by state) the policy/certificate issue date or the last reinstatement date, the insured:
- is first Diagnosed with Life-Threatening Cancer, or
- has shown symptoms or medical problems which result in a Life-Threatening Cancer Diagnosis.

Critical Illness Insurance Plan Pays
for Life-Threatening Cancer when the insured's cancer is:
- malignant,
- growing uncontrollably outside its original area, and
- pathologically or clinically diagnosed (see Diagnosis).
Deafness

Policy Definition
Deafness means a permanent loss of hearing in both ears with an auditory threshold of more than 90 decibels in each ear. For Deafness to be covered under this policy/certificate, the Legally Qualified Physician making the Diagnosis of Deafness must be a board certified otolaryngologist.

Practical Interpretation
Hearing tests confirm that hearing loss is permanent in both ears.

Critical Illness Insurance Plan Pays
for Deafness when a doctor confirms:
■ the insured's hearing loss is permanent in both ears.

Diagnosis

Policy Definition
Diagnosis means the definitive establishment of the Critical Illness Insured Condition through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Legally Qualified Physician who is also a board certified specialist where required under this policy/certificate.

In the case of a First Coronary Angioplasty or First Coronary Artery Bypass Surgery, the Diagnosis includes the performance of the surgical treatment as defined in this policy/certificate.

In the case of a Major Organ Transplant, the Diagnosis includes Mutual of Omaha verification that the insured has been registered with the United Network of Organ Sharing (UNOS).

Practical Interpretation
A Legally Qualified Physician (and board-certified specialist where required) uses clinical and/or laboratory tests to conclude that the insured has a Critical Illness condition.

<table>
<thead>
<tr>
<th>For</th>
<th>diagnosis includes</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Coronary Angioplasty</td>
<td>surgery as defined in policy/certificate.</td>
</tr>
<tr>
<td>First Coronary Artery Bypass Surgery</td>
<td></td>
</tr>
<tr>
<td>Major Organ Transplant</td>
<td>verification that the insured is registered with the United Network of Organ Sharing (UNOS).</td>
</tr>
</tbody>
</table>
Date of Diagnosis

Policy Definition
Date of Diagnosis means the date the Diagnosis is established by a Legally Qualified Physician, who is also a board certified specialist where required under this policy/certificate through the use of clinical and/or laboratory findings as supported by the insured’s medical records.

In the case of a First Coronary Angioplasty or First Coronary Artery Bypass Surgery, the Date of Diagnosis is the date of the performance of the surgical treatment as defined in this policy/certificate.

In the case of a Major Organ Transplant, the Date of Diagnosis is the date that the Insured has been registered by the United Network of Organ Sharing (UNOS).

Practical Interpretation
The date a Legally Qualified Physician (and board-certified specialist where required) confirms through clinical and/or laboratory tests that the insured has a Critical Illness condition.

<table>
<thead>
<tr>
<th>For</th>
<th>the Date of Diagnosis is the date</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ First Coronary Angioplasty</td>
<td>of surgery as defined in the policy/certificate.</td>
</tr>
<tr>
<td>■ First Coronary Artery Bypass Surgery</td>
<td></td>
</tr>
<tr>
<td>Major Organ Transplant</td>
<td>the insured is registered with the United Network of Organ Sharing (UNOS).</td>
</tr>
</tbody>
</table>

Clinical Diagnosis

Policy Definition
Clinical Diagnosis means a Diagnosis of Life-Threatening Cancer or First Carcinoma in Situ based on the study of symptoms and diagnostic test results. Mutual of Omaha will accept a Clinical Diagnosis of Life-Threatening Cancer or First Carcinoma in Situ only if the following conditions are met:

(a) a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
(b) there is medical evidence to support the Diagnosis; and
(c) a Legally Qualified Physician is treating the insured for Life-Threatening Cancer and/or First Carcinoma in Situ.

Practical Interpretation

<table>
<thead>
<tr>
<th>Type of Diagnosis</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>■ a physician who is treating the insured for cancer studies symptoms and diagnostic test results,</td>
</tr>
<tr>
<td></td>
<td>■ a Pathological Diagnosis is medically inappropriate or life threatening, and</td>
</tr>
<tr>
<td></td>
<td>■ medical evidence supports the diagnosis.</td>
</tr>
</tbody>
</table>
Pathological Diagnosis

Policy Definition
Pathological Diagnosis means a Diagnosis of Life-Threatening Cancer or First Carcinoma in Situ based on a microscopic
study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Legally
Qualified Physician who is also a board certified pathologist and whose Diagnosis of malignancy conforms with the
standards set by the American College of Pathology.

Practical Interpretation

<table>
<thead>
<tr>
<th>Type of Diagnosis</th>
<th>Conditions</th>
</tr>
</thead>
</table>
| Pathological      | ■ a pathologist studies fixed tissue or blood under a microscope, and  
|                   | ■ the diagnosis meets American College of Pathology standards. |

Heart Disease

Angioplasty

Policy Definition
First Coronary Angioplasty (surgical treatment) means the first-ever balloon angioplasty or other forms of catheter based
percutaneous transluminal coronary artery therapy to correct narrowing or blockage of one or more coronary arteries,
performed by a Legally Qualified Physician who is also a board certified cardiologist.

Practical Interpretation
Coronary Angioplasty is a procedure to open blocked arteries on the heart’s surface that supply blood to the heart muscle. A
balloon or other device reduces the blockage within the artery and restores more normal blood flow. A cardiologist (heart
specialist) performs this procedure.

Critical Illness Insurance Plan Pays
for First-Ever Coronary Angioplasty when a cardiologist:
■ opens the insured’s blocked or narrowing artery(ies) with a balloon or other device to restore normal blood flow.

Bypass Surgery

Policy Definition
First Coronary Artery Bypass Surgery (surgical treatment) means the first-ever coronary artery revascularization surgery
to correct narrowing or blockage of one or more coronary arteries with bypass grafts, performed by a Legally Qualified
Physician who is a board certified cardiothoracic surgeon.

Practical Interpretation
First Coronary Artery Bypass Surgery is a surgical operation to restore more normal blood flow to the heart muscle. A
cardi thoracic surgeon bypasses blocked arteries using a portion of an artery from the chest wall or a segment of vein from
the leg. This requires opening the chest and connecting the patient to a heart-lung machine during the operation.

Critical Illness Insurance Plan Pays
for First-Ever Coronary Artery Bypass Surgery (surgical treatment) when a cardiothoracic surgeon:
■ places a healthy artery and/or vein segment(s) around the insured’s blocked artery(ies).
Heart Disease, Continued

Heart Attack

Policy Definition
Heart Attack (Myocardial Infarction) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this policy/certificate, the Diagnosis of Heart Attack (Myocardial Infarction) must be based upon both:

1. new electrocardiographic changes consistent with and supporting a Diagnosis of Heart Attack (Myocardial Infarction), and
2. a concurrent diagnostic elevation of cardiac enzymes.

Practical Interpretation
A heart attack occurs when the blood supply to a portion of the heart's muscle is blocked resulting in permanent tissue death and scarring. The Diagnosis is based upon new changes on the electrocardiographic (ECG or EKG) and affirmative blood tests.

Critical Illness Insurance Plan Pays
for a Heart Attack when the insured’s:

- heart's blood supply is blocked,
- heart has permanent tissue death and scarring, and
- diagnosis is based on new changes on the electrocardiogram (ECG or EKG) and blood tests.

Legally Qualified Physician

Policy Definition
Legally Qualified Physician means a person, other than the insured or the Owner, a member of the insured’s or the Owner’s immediate family, or a business associate of the insured or Owner, who is duly licensed and practicing medicine in the United States, and who is legally qualified to diagnose and treat sickness and injuries. He or she must be providing services within the scope of his or her license, and must be a board certified specialist where required under this policy/certificate.

Practical Interpretation
A Legally Qualified Physician:

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<th>is</th>
<th>licensed and practicing medicine in the United States,</th>
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| is not                       | the insured or the person or entity the insured assigns as owner, |
|------------------------------| a member of the insured's or owner’s immediate family, or |
|                              | the insured's or owner's business associate. |
Major Organ Transplant

Policy Definition
Major Organ Transplant means clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the insured to be replaced with the organ(s) or tissue from a suitable donor under generally accepted medical procedures. Those organs or tissues covered by this definition are limited to: liver, kidney, lung, entire heart, small intestine, pancreas, pancreas-kidney or bone marrow. In order for the insured’s Major Organ Transplant to be covered under this policy/certificate, the insured must also be registered by the United Network of Organ Sharing (UNOS).

Practical Interpretation
A Major Organ Transplant is a surgical procedure to replace the recipient’s malfunctioning organ or tissue with an organ or tissue from a suitable donor. The insured must be registered by the United Network of Organ Sharing.

The following organs or tissues are covered:

- liver
- kidney
- lung
- entire heart
- small intestine
- pancreas
- pancreas-kidney
- bone marrow

Critical Illness Insurance Plan Pays
for a Major Organ Transplant when:

- there is clinical evidence a major organ has failed,
- the insured’s malfunctioning organ(s) or tissue must be replaced with a suitable donor’s organ(s) or tissue, and
- the insured is registered with the United Network of Organ Sharing.

Multiple Sclerosis*

Policy Definition
Multiple Sclerosis (MS) means the occurrence of at least two episodes of well-defined neurological abnormalities, with objective evidence of lesions at more than one site within the central nervous system. In order for Multiple Sclerosis to be covered under this policy/certificate, a Legally Qualified Physician who is a board certified neurologist must make a definitive Diagnosis of Multiple Sclerosis, supported by modern imaging and/or investigative techniques.

Practical Interpretation
MS is a condition of the nervous system that is commonly progressive and results in multiple and varied nervous symptoms. These may be intermittent and follow a course that alternates from very active to non-existent. A neurologist’s diagnosis is based upon abnormal symptoms and physical exam findings. Modern X-ray imaging may also be used to confirm the diagnostic impression.

Neurological symptoms include:

- numbness and tingling in the hand or arm,
- loss of vision in one eye,
- weakness in the leg with difficulty walking, and
- double vision.

Critical Illness Insurance Plan Pays
for Multiple Sclerosis when the insured has:

- at least two episodes of abnormal neurological symptoms, and
- lesions in more than one place in the central nervous system.

*Not a covered condition in Louisiana
Paralysis

Policy Definition
Paralysis means the complete and permanent loss of the use of two or more limbs through neurological injury confirmed to have been present for a continuous period of at least 180 days by a Legally Qualified Physician who is a board certified neurologist. A limb means an arm or leg of the insured.

Practical Interpretation
Paralysis is the complete and permanent loss of the use of two or more limbs from an injury to the nervous system. Accidents and strokes are the most common causes. To clarify the extent of permanent paralysis, a longer waiting period is necessary before benefits are paid.

Critical Illness Insurance Plan Pays
for Paralysis when the insured cannot use two or more limbs:
- completely and permanently
- from an injury to the nervous system, and
- for at least 180 days in a row.

Renal Failure

Policy Definition
Renal Failure means the chronic irreversible failure of both of the kidneys (end-stage renal disease), which requires treatment with regular dialysis. In order for Renal Failure to be covered under this policy/certificate, the Diagnosis of Renal Failure must be made by a Legally Qualified Physician who is a board certified nephrologist.

Practical Interpretation
Renal Failure requires regular dialysis to cleanse the body of naturally-produced waste products.

Critical Illness Insurance Plan Pays
for Renal Failure when:
- the insured's kidneys permanently fail, and
- the insured requires regular dialysis.
Stroke

Policy Definition
Stroke means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least 30 days following the occurrence of the Stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

In Arkansas: Stroke means apoplexy due to rupture or acute occlusion of a cerebral artery that is diagnosed or treated after the effective date of the policy. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. The Stroke must be positively diagnosed by a Legally Qualified Physician based upon documented neurological deficits and confirmatory neuroimaging studies. Stroke does not mean head injury, transient ischemic attack (TIA) or cerebrovascular insufficiency.

Practical Interpretation
Stroke affects the blood vessels supplying blood to the brain. It is also sometimes called “brain attack.” A stroke occurs when a blood vessel bringing oxygen and nutrients to the brain bursts or is clogged by a blood clot or some other particle. Because of this rupture or blockage, part of the brain doesn’t get the flow of blood it needs. A warning sign of a potential stroke, TIA is not covered by Critical Illness insurance.

Exceptions:
- Transient Ischemic Attack (TIA), and
- other cerebral vascular events.

In Arkansas:
- head injury,
- Transient Ischemic Attack (TIA), and
- cerebrovascular insufficiency.

Critical Illness Insurance Plan Pays
for a Stroke when:
- a blood vessel ruptures in the brain, or
- a blood clot blocks blood flow through the brain, and
- the neurological injury lasts for at least 30 days.
- In Arkansas: the neurological injury lasts for at least 24 hours.
Underwritten by:

**Mutual of Omaha Insurance Company**
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