

# Mutual Income Solutions<sup>SM</sup>

Plan Highlights for Injury & Sickness



Mutual Income Solutions<sup>SM</sup>, disability income insurance policy from Mutual of Omaha Insurance Company, provides benefits to help replace a portion of your income if you're sick or injured and unable work. It's financial protection that helps you focus more on your recovery and less on how you'll cover expenses.

## Mutual Income Solutions at a Glance

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| <b>Issue Ages</b>  | 18 to 61 years old  |
| <b>Maximum monthly benefit</b><br>The monthly amount you receive if you become sick or injured   | \$300 to \$20,000 per month (in \$100 increments)   |
| <b>Benefit period</b><br>The length of time you receive benefit payments after a disability occurs                                     | 6 months, 1 year, 2 years, 5 years, 10 years or to ages 65, 67, or 70   |
| <b>Elimination period</b><br>Benefits begin after an elimination period has been satisfied when you are sick or injured and can't work | 30, 60, 90, 180, 365 or 730 days  |
| <b>Policy type</b><br>The type of policy you select is a key factor to your premium payment amount                                     | <ul style="list-style-type: none"> <li>Non-cancelable - your premiums are locked in and your coverage is guaranteed for the duration of the benefit period you select, as long as you pay your premiums on time</li> <li>Guaranteed renewable - your coverage is guaranteed as long as you pay your premiums on time or within the grace period. Your rates could be increased only if the change affects an entire class of policyholders</li> </ul> |

Note: options may vary by state and/or age

## Built-in Policy Benefits

**Total Disability Benefits** - If you are unable to work in your regular occupation due to being sick or injured and not gainfully employed in another occupation, you'll receive a monthly benefit after your elimination period. Here are the disability benefits that are part of a Mutual Income Solutions policy:

- Survivor Benefit - your beneficiary will receive a one-time payment of three times your monthly benefit amount if you pass away while you're receiving your benefits
- Recurrent Disability - your elimination period is waived if you suffer a new disability within 30 days or a recurring disability in six months
- Waiver of Premium - your premium for your policy and the optional benefits you select are waived after the elimination period or 90 days, whichever is shorter, is satisfied
- Presumptive Total Disability - you'll receive full benefits for the length of your benefit period if you are considered to be totally and permanently disabled without any chance of recovering to work in your previous profession
- Transplant Donor Benefits - you'll receive full benefits if you're disabled during surgery while donating an organ or tissue
- Rehabilitation Benefit - you'll receive vocational rehabilitation services limitations may apply at no cost while you're receiving disability benefits
- Military Suspension - your coverage may be suspended if you're called to active duty



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Mutual of Omaha Insurance Company

## Optional Benefits

Many insurance products include optional benefits – or add-on coverages. Optional benefits allow you to customize your policy, providing enhanced or extended benefits. It's important to determine the right amount of coverage, but also consider the options that add value to your policy.

### Mutual Income Solutions Optional Benefits

(options may vary by state and/or age)

Select one or both for no cost to increase your monthly benefits.

- **Automatic Increase Benefit (AIB)** – Automatically increases your monthly benefit by 4% each year.
- **Future Insurability Option (FIO)** – Increases your monthly benefit every three years after you buy the policy.

### Disability Definition Options

Select one occupation-based benefit option for an additional cost to expand your opportunity to receive benefits when you're unable to work.

- **Extended Regular Occupation** – Extends your current occupation coverage for the length of the benefit period.
- **True Regular Occupation** – Extends your current occupation coverage for the length of the benefit period and allows you to receive a full monthly benefit, if you are unable to work in your occupation and currently working in a different occupation.

### Residual Options

Select from one of the following options for an additional cost to receive a percentage of your monthly benefits when you're partially disabled.

- **Residual Disability** – Pays a percentage of your total monthly benefit if you're partially disabled.

- **Enhanced Residual Disability** – Pays a percentage of your total monthly benefit if you're partially disabled and provides a recovery benefit if you're still experiencing a loss of income after you return to work full time.

### Additional Options

You can select from any of the following options for an additional cost.

- **Catastrophic Disability Benefit** – Pays an additional benefit amount if you have a catastrophic disability and you're unable to perform two activities of daily living without substantial assistance from another person or require substantial supervision due to severe cognitive impairment.
- **Cost-of-Living Adjustment** – Increases your benefit annually when you receive benefits.
- **Social Insurance Substitute** – The Social Insurance Substitute optional benefit provides disability income insurance at more affordable premiums as the benefit will reduce to zero if any Social Insurance benefits are paid for the disability being claimed.

### Extra Value with Discounts\*

**15%** | **Self-employed** – minimum of two years self-employment

\*Some discounts may have additional requirements

Underwritten by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. 1-800-775-6000. Policy form numbers ICC19-D90, D90 or state equivalent. (in FL, D90-25998, D90-25999; in NY, D90-25924, D90-25926, and D90-25927). Optional Riders: Return of Premium: ICC20-OPF9M (50%), ICC20-OPG1M (80%); OPF9M (50%) or state equivalent, OPG1M (80%) or state equivalent; Cash Value Rider: ICC20-OPH6M; OPH6M or state equivalent; Cost of Living Adjustment 3% Benefit Rider: ICC19-OPF4M; OPF4M or state equivalent; Cost of Living Adjustment 6% Benefit Rider: ICC19-OPF5M; OPF5M or state equivalent; Extended Regular Occupation Rider: ICC19-OPF6M; OPF6M-FL REV or state equivalent; True Regular Occupation Rider: ICC19-OPF8M; OPF8M or state equivalent; Catastrophic Disability Benefit Rider: ICC19-OPG2M; OPG2M or state equivalent; Residual Disability Benefit Rider: ICC19-OPG3M; OPG3M or state equivalent; Enhanced Residual Disability Benefit Rider: ICC19-OPG4M; OPG4M or state equivalent; Social Insurance Supplement Benefit Rider; ICC19-OPG5M; OPG5M or state equivalent; Mental or Nervous Disorder and Substance Abuse Benefits Extension Rider; ICC19-OPG6M; OPG6M or state equivalent; Automatic Increase Benefit Rider: ICC19-OPG8M; OPG8M or state equivalent; Future Insurability Option Rider: ICC19-OPG9M; OPG9M or state equivalent. These policies have exclusions and limitations. Products may not be available in all states. For costs and complete details of coverage, contact your licensed insurance agent/producer. Mutual of Omaha Insurance Company is licensed nationwide.

In NY, these policies provide disability income insurance only. They do NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The expected benefit ratio for policy form number D90-25927 is 50 percent for non-cancelable (D90-25924 and D90-25926 is 55 percent for guaranteed renewable). The ratios are the portion of future premiums, which the company expects to return as benefits when averaged over all people with these policies.

We will not pay benefits for disability or other loss that begins while your policy is not in force; results from a condition or activity specified in the UNDERWRITING LIMITATIONS OR EXCLUSIONS section of your policy schedule; results from an act of declared or undeclared war; is sustained as a result of serving on active duty in the armed forces (coverage may be suspended as described in the Military Suspension provision of your policy); is caused by attempted suicide or intentionally self-inflicted injury; results from the commission or attempted commission of a felony or loss resulting from engagement in an illegal occupation; or results from your being legally intoxicated as defined by state law in the state where the loss occurs. We will not pay benefits for any period during your disability while you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.

This is a solicitation of insurance. By responding, you are requesting to have a licensed agent/producer contact you to provide additional information.