

FEATURES (CONTINUED)**Conversion**

If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

AGE REDUCTIONS AND EXCLUSIONS

Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 65, amounts reduce to 65%. At age 70+, amounts reduce to 50%. Spouse coverage terminates at age 70. Coverage terminates at retirement.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date of issue (the date coverage begins) of this coverage. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by Mutual of Omaha. Term life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, Nebraska 68175. United of Omaha Life Insurance Company is licensed in every state except New York. Term Life Policy Form Number 7000GM-C-EZ-2001. AD&D Policy Form Number 7000M-M-EZ 2001.

VOLUNTARY TERM LIFE COVERAGE SELECTION AND PREMIUM CALCULATION

Please note that the premium amounts presented below may vary slightly from amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

- 1) Locate the benefit amount you want to select from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000 (ex. \$10,000, \$20,000, or \$50,000). Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.
- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life section of your enrollment form.

If the benefit amount you want to select is greater than \$100,000, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

Employee Premium Table (26 Payroll Deductions Per Year)

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.40	\$0.79	\$1.19	\$1.59	\$1.98	\$2.38	\$2.78	\$3.18	\$3.57	\$3.97
30 - 34	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
35 - 39	\$0.79	\$1.59	\$2.38	\$3.18	\$3.97	\$4.76	\$5.56	\$6.35	\$7.14	\$7.94
40 - 44	\$1.29	\$2.58	\$3.88	\$5.17	\$6.46	\$7.75	\$9.05	\$10.34	\$11.63	\$12.92
45 - 49	\$2.09	\$4.17	\$6.26	\$8.34	\$10.43	\$12.52	\$14.60	\$16.69	\$18.78	\$20.86
50 - 54	\$3.38	\$6.76	\$10.14	\$13.51	\$16.89	\$20.27	\$23.65	\$27.03	\$30.41	\$33.78
55 - 59	\$5.76	\$11.52	\$17.28	\$23.04	\$28.80	\$34.56	\$40.32	\$46.08	\$51.84	\$57.60
60 - 64	\$8.24	\$16.49	\$24.73	\$32.97	\$41.22	\$49.46	\$57.70	\$65.94	\$74.19	\$82.43
65 - 69	\$13.30	\$26.60	\$39.90	\$53.21	\$66.51	\$79.81	\$93.11	\$106.41	\$119.71	\$133.02
70 - 74	\$21.83	\$43.66	\$65.49	\$87.32	\$109.15	\$130.98	\$152.82	\$174.65	\$196.48	\$218.31
75+	\$36.32	\$72.65	\$108.97	\$145.29	\$181.62	\$217.94	\$254.26	\$290.58	\$326.91	\$363.23

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000 (ex. \$20,000, \$25,000 or \$30,000). Refer to the Coverage Guidelines section for minimums and maximums if needed.

Spouse Premium Table (26 Payroll Deductions Per Year)

	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 29	\$0.40	\$0.60	\$0.79	\$0.99	\$1.19	\$1.39	\$1.59	\$1.79	\$1.98
30 - 34	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
35 - 39	\$0.79	\$1.19	\$1.59	\$1.98	\$2.38	\$2.78	\$3.18	\$3.57	\$3.97
40 - 44	\$1.29	\$1.94	\$2.58	\$3.23	\$3.88	\$4.52	\$5.17	\$5.82	\$6.46
45 - 49	\$2.09	\$3.13	\$4.17	\$5.22	\$6.26	\$7.30	\$8.34	\$9.39	\$10.43
50 - 54	\$3.38	\$5.07	\$6.76	\$8.45	\$10.14	\$11.82	\$13.51	\$15.20	\$16.89
55 - 59	\$5.76	\$8.64	\$11.52	\$14.40	\$17.28	\$20.16	\$23.04	\$25.92	\$28.80
60 - 64	\$8.24	\$12.36	\$16.49	\$20.61	\$24.73	\$28.85	\$32.97	\$37.09	\$41.22
65 - 69	\$13.30	\$19.95	\$26.60	\$33.25	\$39.90	\$46.56	\$53.21	\$59.86	\$66.51

**All Children Premium Table
(26 Payroll Deductions
Per Year)***

\$10,000
\$1.38

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

If you would like to calculate the total premium for your Voluntary Term Life benefits (for your own information), enter the appropriate premium amounts below and add them to obtain a total.

	+		+		=	
Employee Premium		Spouse Premium		Child(ren) Premium		Total Premium

AD&D COVERAGE SELECTION AND PREMIUM CALCULATION

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

You have the ability to select the amount of AD&D coverage you feel is appropriate for yourself and your eligible dependents. However, there are some guidelines you need to consider when choosing this coverage.

COVERAGE SELECTION GUIDELINES

- 1) You and each of your eligible dependents must be covered by some level of voluntary term life insurance to be eligible for AD&D coverage.
- 2) AD&D Coverage is not required for you or your eligible dependents, even if you have voluntary term life coverage.
- 3) Dependent AD&D benefit amounts cannot exceed 100% of your AD&D benefit amount.
- 4) You and your eligible dependents can select any amount of AD&D coverage between the Minimum and the Guarantee Issue Amount (indicated on the Benefits Summary).
- 5) If you or your spouse select life insurance above the Guarantee Issue Amount (and complete an Evidence of Insurability application), you are eligible for up to the same amount of AD&D coverage.

COVERAGE SELECTION AND PREMIUM CALCULATION

To select your benefit amount and calculate your premium, do the following:

- 1) Locate the benefit amount you want to select from the top row of the employee premium table. Your benefit amount must be in an increment of \$1,000 (ex. \$3,000, \$4,000, or \$5,000).
- 2) Locate the corresponding premium amount in the row below.
- 3) Enter your benefit and premium amounts into their respective areas in the AD&D section of your enrollment form.

If the benefit amount you want to select is greater than \$10,000, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

Employee Premium Table (26 Payroll Deductions Per Year)

\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$.014	\$.028	\$.042	\$.055	\$.069	\$.083	\$.097	\$.111	\$.125	\$.138

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. Your spouse's benefit amount must be in an increment of \$1,000. Dependent benefit amounts cannot be more than 100% of the employee benefit amount.

Spouse Premium Table (26 Payroll Deductions Per Year)

\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$.014	\$.028	\$.042	\$.055	\$.069	\$.083	\$.097	\$.111	\$.125	\$.138

All Children Premium Table (26 Payroll Deductions Per Year)

\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$.014	\$.028	\$.042	\$.055	\$.069	\$.083	\$.097	\$.111	\$.125	\$.138

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.