

Express Life Products Reference Guide

Simplified Underwriting



Term Life Express (TLE) GUL Express (GULE)				Living Promise Level Benefit Plan
Issue Ages 18-50	Issue Ages 51-65	Issue Ages 51-60	Issue Ages 61-70	Issue Ages 45-85* \$2,000-\$40,000*
TLE – \$25,000-\$300,000 GULE – \$25,000-\$300,000	GULE – \$25,000-\$250,000	TLE – \$25,000-\$250,000	TLE – \$25,000-\$150,000	Living Promise Graded Benefit Plan
Simplified Underwriting Build Chart MIB Pharmaceutical Check MVR (Mandatory Ages 18-35) MVR (As Needed Ages 36-50) Random Phone Interview Mandatory Phone Interview for \$250,001+	Simplified Underwriting Build Chart MIB Pharmaceutical Check MVR (As Needed) Random Phone Interview Mandatory Phone Interview for Ages 61-65+	Simplified Underwriting Build Chart MIB Pharmaceutical Check MVR (As Needed) Random Phone Interview Mandatory Phone Interview for Ages 61-65+	Simplified Underwriting Build Chart MIB Pharmaceutical Check MVR (As Needed) Random Phone Interview Mandatory Phone Interview for Ages 61-65+	Issue Ages 45-80* \$2,000-\$20,000*
				Simplified Underwriting Build Chart MIB Pharmaceutical Check Random Phone Interview *May vary by state

Height & Weight Chart

Height	TLE, GUL Express, Living Promise Minimum Weight	TLE, GUL Express, Maximum Weight	DI Rider Maximum Weight	Table Maximum Weight (Multiple Impairments)	Living Promise Level Benefit Maximum Weight	Living Promise Graded Benefit Maximum Weight
4 feet						
8"	74	197	170	184	204	221
9"	77	202	176	189	209	225
10"	79	208	182	194	214	231
11"	82	214	187	199	220	237
5 feet	85	220	193	205	226	244
1"	88	226	199	211	233	250
2"	91	232	205	215	239	257
3"	94	238	213	220	246	264
4"	97	245	221	225	252	270
5"	100	251	226	231	259	277
6"	103	258	232	239	268	285
7"	106	265	239	245	275	293
8"	109	274	246	251	283	300
9"	112	282	254	258	291	309
10"	115	289	262	266	300	316
11"	119	298	269	274	307	325
6 feet	122	305	275	281	315	333
1"	126	313	282	289	322	340
2"	129	321	289	296	331	349
3"	133	329	296	303	339	358
4"	136	338	301	311	348	367
5"	140	347	307	319	357	376
6"	143	358	313	328	366	385
7"	147	367	320	336	375	394
8"	151	376	327	345	385	405
9"	154	385	335	352	395	415
10"	158	395	343	359	407	427

Ineligible Conditions for Term Life Express and GUL Express

Multiple Impairments resulting in a rating greater than Table 4 will be declined for our Express products. Below are some examples of multiple impairments that would result in a decline.

Multiple Impairments	Offer
Diabetes Examples	
Diabetes > age 50 with Table 2 or higher build	Decline
Diabetes > age 50 with tobacco risk	Decline
Diabetes > age 50 with Peripheral Vascular Disease (PVD)	Decline
Table 2 Build Chart Examples Refer to pages 24 & 25 for the Table 2 Build Chart	
Table 2 or higher build with rateable hypertension	Decline
Table 2 or higher build with Transient Ischemic Attack (TIA)	Decline
Table 2 or higher build with asthma and tobacco risk	Decline
Table 2 or higher build with Peripheral Vascular Disease (PVD)	Decline

Note: This is not a complete list. Please refer to the Life Insurance Underwriting Guidelines for additional impairments.

The following single impairments are automatic declines.

Automatic Declined Impairments	
Amputation caused by disease	Decline
Alcohol/Drug abuse and Major Depression	Decline
Chronic or Alcohol related Pancreatitis	Decline
Chronic Severe Asthma	Decline
Hodgkin's Disease	Decline
Moderate/Severe rheumatoid arthritis treated with Humira, Enbrel or Methotrexate	Decline
Muscular Dystrophy	Decline
Sickle Cell Anemia	Decline

Note: This is not a complete list. Please refer to the Life Insurance Underwriting Guidelines for additional impairments.

Important Numbers

Underwriting Support 1-800-775-7896
iGO eApp Support 1-800-641-6557
Sales Support 1-800-693-6083

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> Life Express Products

PRESCRIPTION DRUG EXCLUSIONS – BROKERAGE

TERM LIFE EXPRESS (TLE), GUARANTEED UNIVERSAL LIFE EXPRESS (GULE)

Proposed insureds currently taking any of the following medications are not eligible for TLE or GULE coverage. This is not an all-inclusive drug list. Additional medications or combinations of medications may be added to this list at the discretion of United of Omaha at any time.

Abacavir	Combivir	Geodon	Myfortic	Stalevo
Adcirca	Copaxone	Haldol	Nabi-Hb	Stribild
Aggrenox	Crixivan	Haloperidol	Naloxone Hcl	Suboxone
Alkeran	Cyclosporine	Hepsera	Naltrexone Hcl	Sustiva
Amiodarone	Cytoxan	Humira	Namenda	Symbyax
Ampyra	Daliresp	Hydrea	Neupogen	Tamoxifen
Anoro Ellipta	Digitek	Hydroxyurea	Opdivo	Targretin
Antabuse	Digoxin	Infergen	Panretin	Teslac
Aricept	Dobutamine Hcl	Invega	Pegasys	Tudorza
Arimidex	Donepezil	Invirase	Peg-Intron	Tysabri
Atripla	Droxia	Isentress	Perphenazine	Viracept
Avonex	Eligard	Kalydeco	Prograf	Viramune
Azilect	Eliquis	Keytruda	Ranexa	Viread
Baraclude	Enbrel	Lanoxin	Razadyne	Xarelto
Betaseron	Epivir Hbv	Latuda	Rebif	Xeljanz
Calcium Acetate	Ergoloid Mesylates	Leucovorin Calcium	Retrovir	Zenapax
Campath	Exelon	Lexiva	Revia	Zerit
Campral	Femara	Lithium	Revlimid	Ziagen
Caprelsa	Floxuridine	Megestrol Acetate	Ribavirin	Zidovudine
Carbidopa/Levodopa	Fluorouracil	(Megace)	Risperdal	Zoladex
Casodex	Galantamine	Methadone	Rituxan	Zyprexa
Cellcept	Hydrobromide	Methotrexate	Sandimmune	
Chlorpromazine Hcl	Gammagard	Mitomycin	Saphris	
Clozapine	Gamunex	Morphine Sulfate	Sinemet	
Cognex	Gengraf	Mycophenolate Mofetil	Spiriva	

ADDITIONAL INFORMATION REQUIRED

If the proposed insured currently takes any of the following medications listed below, please include the reason(s) for the medication(s) on the application. If this information is not included with the application, it will be obtained during the underwriting process in a pharmaceutical report, MIB reporting or, if needed, phone interview to help determine eligibility for coverage.

Abilify	Coreg	Lovenox	Seroquel
Carvedilol	Coumadin	Plavix	Truvada
Clopidogrel	Enoxaparin Sodium	Pradaxa	Warfarin

LIVING PROMISE

Proposed insureds currently taking any of the following medications are not eligible for Living Promise coverage. This is not an all-inclusive drug list. Additional medications or combinations of medications may be added to this list at the discretion of United of Omaha at any time.

Note: Proposed insureds taking medications marked with an asterisk (*) may qualify for the Graded benefit product.

Abacavir	Copaxone*	Hydroxyurea	Perphenazine*	Tudorza*
Alkeran	Crixivan	Invenga*	Prograf	Viracept
Amiodarone*	Cyclosporine	Invirase	Ranexa*	Viramune
Ampyra*	Cytosan	Isentress	Razadyne	Viread
Anoro Ellipta*	Daliresp*	Keytruda	Rebif*	Zenapax
Antabuse*	Donepezil	Latuda*	Retrovir	Zerit
Aricept	Droxia	Leucovorin Calcium	Revia*	Ziagen
Atripla	Eligard	Lexiva	Revlimid	Zidovudine
Avonex*	Epivir Hbv	Lithium*	Ribavirin*	Zoladex
Azilect*	Ergoloid Mesylates	Megace	Risperdal*	Zyprexa*
Betaseron*	Exelon	Megestrol Acetate	Rituxan	
Calcium Acetate*	Floxuridine	(Megace)	Sandimmune	
Campath	Fluorouracil	Mitomycin	Saphris*	
Campral*	Galantamine	Mycophenolate	Sinemet*	
Caprelsa	Hydrobromide	Mofetil	Spiriva*	
Carbidopa/Levodopa*	Gammagard	Myfortic	Stalevo*	
Casodex	Gamunex	Naloxone Hcl*	Stribild	
Cellcept	Gengraf	Naltrexone Hcl*	Suboxone*	
Chlorpromazine Hcl*	Geodon*	Namenda	Sustiva	
Clozapine*	Haldol*	Neupogen	Symbyax*	
Cognex	Haloperidol*	Opdivo	Targretin	
Combivir	Hydrea	Panretin	Teslac	

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Abilify	Coumadin	Lanoxin	Tamoxifen
Aggrenox	Digitek	Lovenox	Truvada
Arimidex	Digoxin	Pegasys	Warfarin
Baraclude	Eliquis	Peg-Intron	Xarelto
Carvedilol	Enoxaparin Sodium	Plavix	
Clopidogrel	Femara	Pradaxa	
Coreg	Infergen	Seroquel	