## **UNITED OF OMAHA LIFE INSURANCE COMPANY**

A Mutual of Omaha Company





## Term Life Insurance

#### FOR EMPLOYEES OF RAVENEL ASSOCIATES

ELIGIBILITY - ALL OTHER ELIGIBLE EMPLOYEES			
Eligibility Requirement		You must be actively working a minimum of 30 hours per week to be eligible for	
		coverage.	
Premium Payment		The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.	
BENEFITS		cost to you for this insurance.	
Life Insurance	For You: \$25,0	00	
Benefit Amount			
	In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.		
Accidental	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.		
Death &			
Dismemberment			
(AD&D) Benefit			
Amount			
FEATURES			
Living Care/	50% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed		
Accelerated	\$12,500.		
Death Benefit			
Waiver of	If it is determined that you are totally disabled, your life insurance benefit will continue without		
Premium	payment of premium, subject to certain conditions.		
Additional	In addition to basic AD&D benefits, you are protected by the following benefits:		
AD&D Benefits	- Seat Belt	- Airbag - Common Carrier	
Conversion		ment ends, you may apply for an individual life insurance policy from Mutual of	
		t having to provide evidence of insurability (information about your health). You will	
OED\/IOEO	be responsible	for the premium for the coverage.	
SERVICES	The Trainel Are	sistence program is an added bonefit that provides assistance for your towns.	
Travel	The Travel Assistance program is an added benefit that provides assistance for your travels over		
Assistance	100 miles away from home or outside the country.		
Hearing Discount	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit		
Program	www.amplifonusa.com/mutualofomaha to learn more.		
Will Prep	We work with Willing® to offer employees discounted online will preparation tools. In just a few		
wiii Fieb		complete a customized plan to protect your family and property (valid in all 50	
		started visit www.willing.com/mutualofomaha	
	ctates). To get	Started Field Harristing, Committed and Committee	

#### **AGE REDUCTIONS AND EXCLUSIONS**

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%

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.

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## >Frequently Asked Questions

### Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

#### What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

### What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

# Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you may have the right to continue this insurance under the Conversion provision, subject to certain conditions.

### Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

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

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

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. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.

