

> Priority Income ProtectionSM Quote & e-App Quick Start Guide



QUICK START GUIDE

The Priority Income ProtectionSM quote and electronic application (e-App) allows you to offer quotes, then complete and submit applications online. This producer e-App can be quickly and easily completed at point of sale. It begins with a fast quote tool that allows your client to select from three benefit period options with premiums.

e-App Advantages

When you use the producer e-App you're showing how easy it is to do business with you and Mutual of Omaha.

- › Saves you time, ensures accuracy
- › Easy to understand process for you and your client
- › Conveniently includes all required forms
- › Provides quick-issue in days. Fast protection for clients, fast payments for you
- › Offers signature collection options so you can choose what's best

e-App Features

There are great features built in so you can sail through the e-App easily:

- › Begins with the fast quote tool so clients can choose the plan and premium to fit their budget
- › Visual clues allow you to track your progress
- › Prompts will tell you if something has been missed
- › Helpful definitions are provided wherever you see this symbol 
- › Auto-save function retains all information as you complete sections
- › A dashboard shows all your e-Apps in progress

BEFORE YOU GET STARTED

Register for Sales Professional Access (SPA)

The Quote and e-App link is accessed through SPA, our producer website. To register:

- Go to mutualofomaha.com
- In the Sign In box, select **Sales Professionals** from the drop-down and click Sign In
- In the Login box, click **Sign Up**
- You'll need your seven-digit Mutual of Omaha production number to register

Make Sure Your Email Address is on File

You'll need a valid email address on file with Mutual of Omaha. To add or update your email address:

- Log in to Sales Professional Access
- On your Home Page, click Update My Profile
- Scroll to the Email Addresses section
- Add or update your email address

Access the Quote and e-App Online

The producer Quote and e-App link is on SPA. You can find it on your Home Page by clicking on the Electronic Applications link under Sales Tools. The Electronic Applications link is also on the Priority Income Protection page at the bottom under Resources.

Using the Quote and e-App

The Priority Income ProtectionSM e-App link takes you to the Quote page. The Quote page is also the first page of the e-App.

1. QUOTE

Fill in just six fields, click Get Quote, and you'll see three coverage and premium options for your client. If needed, click on the question mark symbols for more information.

NOTE:
MONTHLY BENEFIT
 The drop-down benefit options will include the maximum monthly benefit available based on the Annual Earned Income you entered. Your client can select the Monthly Benefit amount that's right for them (in \$100 increments). The maximum Monthly Benefit available is \$4,000.

PAYMENT FREQUENCY

Your client can select when they prefer to pay their premium. This will show them quotes using that frequency.

GET QUOTE

Once selected, three quotes will appear based on 12-, 24- and 36-month benefit periods.

NOTE:
 You can change any fields and click Update Quote to view different premium amounts. Or you can click Reset Quote to empty all fields and begin a new quote.

SELECT A PLAN

Once the client selects their preferred plan, the rest of the e-App can be completed.

NOTE:
 Applicant information entered in the quote section (state, tobacco use, birth date and annual earned income) are automatically populated in the e-App. However, the fields are available to change within the e-App. If you change those answers, you will be prompted to update the quote once you reach the Review section.

2. PERSONAL

THINGS TO NOTE:

- The Current Plan your client selected shows at the upper right throughout the application
- Also, you'll see a link to all required state documents for the client's state of residence. Enter your client's email address to send them these required documents
- Section information is being saved as you enter it. You can re-enter a field at any time. Also, you can navigate by clicking icons at the top of the page or by using Previous and Next at the bottom of the page

Complete all fields and click Next. Each section icon at the top should show a green check once you've gone to the next section. If it doesn't, review the section to see what has been missed.

Mutual of Omaha Back to Dashboard Test

Application for
Priority Income ProtectionSM
from Mutual of Omaha Insurance Company

Quote Personal Employment Health Payment Review

Personal Information

First Name: John MI: L Last Name: Doe
Birth Date: 11/17/1980 Gender: Male Female
Residence Street Address: 123 Main Street
City: Omaha State: Nebraska ZIP Code: 68175
 Mailing address is different than resident address
Phone Number: (444) 567-8888 Email Address: johndoe@cox.net
Are you a U.S. Citizen or a Permanent Resident Card holder who has resided in the U.S. for three or more years?
 Yes No
Birth State: Nebraska
Beneficiary
First Name: Jane MI: H Last Name: Doe
Relationship to Proposed Insured: Spouse
To provide you with accurate appointment and licensing information, please enter the city and state where the applicant is signing the application:
City: Omaha State: Nebraska

[Previous](#) [Next](#)

CURRENT PLAN
24-Month Benefit Period
\$28.46 Monthly

INITIAL DOCUMENTS
[Nebraska State Documents](#)
Email address: [Send](#)

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Mutual of Omaha Back to Dashboard Test

Application for
Priority Income ProtectionSM
from Mutual of Omaha Insurance Company

Quote Personal **Employment** Health Payment Review

Employment Information

Occupation

What is your annual **earned income**? If self-employed, taxable (net) income?

For the last six months, have you been continuously at work for at least 30 hours per week with your current employer, performing all the duties of your occupation? Yes No

For the last six months, have you worked entirely in an office (administrative) setting? Yes No

Are you currently in the process of filing or had a bankruptcy discharge in the last two years? Yes No

Do you have other disability coverage that will remain in force, which when combined with this applied for coverage, will exceed 70 percent of your annual earned income? Yes No

Is the coverage applied for replacing any existing coverage? Yes No

CURRENT PLAN

24-Month Benefit Period

\$28.46 Monthly

INITIAL DOCUMENTS

[Nebraska State Documents](#)

Email address

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3. EMPLOYMENT

Clients in any occupation can qualify for Priority Income ProtectionSM. This section requires general information, including whether your client is adding this policy to other disability coverage.

NOTE:
Additional fields may appear when applicants are replacing existing coverage. Basic information about their current coverage will be needed.

Complete all questions and click Next.

4. HEALTH

No medical exams or documentation from doctors is required for Priority Income ProtectionSM. That's how we can deliver quick-issue protection. However, several vital health questions are asked in order for your client to qualify for this product.

THINGS TO NOTE:



For any health question, a “yes” answer will mean your client is not eligible for any coverage under this application.

Complete all questions and click Next.

Mutual of Omaha

Back to Dashboard Test

Application for
Priority Income ProtectionSM
from Mutual of Omaha Insurance Company

Quote Personal Employment **Health** Payment Review

Health Information

Height: 6 ft 1 in Weight: 197 lbs

During the last 12 months have you used any form of tobacco or any form of nicotine replacement / cessation product (such as nicotine gum, patch, spray, e-cigarette and vapor)? Yes No

If the proposed insured answers "Yes" to any of the following questions, that person will not be eligible for any coverage under this application.

Are you pregnant? Yes No

During the last 12 months, other than for childbirth, have you:

Been admitted to a hospital? Yes No

Had surgery, received or been advised by a member of the medical profession to receive, physical or occupational therapy? Yes No

Had two or more blood pressure readings over 140/90 taken by a member of the medical profession? Yes No

During the last two years:

Have you been advised by a medical professional to undergo treatment, surgery, procedure, diagnostic evaluation or testing that has not yet been completed or recently had diagnostic tests performed where the results are still pending or were inconclusive? Yes No

Have you used marijuana in any form for recreational or medical purposes? Yes No

During the last five years:

Have you used narcotics in any form for recreational or medical purposes, cocaine, hallucinogens, barbiturates or other drugs? Yes No

Have you been declined for any disability or life insurance policy? Yes No

Have you applied for or received disability benefits? Yes No

Have you plead guilty to or been convicted of a felony, driving under the influence of alcohol or drugs, been incarcerated or are you currently on probation or parole? Yes No

Have you been treated for alcohol use? Yes No

Have you been diagnosed with or treated for Human Immunodeficiency Syndrome (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? Yes No

During the last five years, have you been diagnosed with, received care or treatment, or been advised by a member of the medical profession to seek treatment for or consulted with a health care provider regarding:

Manic Depressive Illness (Bipolar), schizophrenia, Post Traumatic Stress Disorder (PTSD)? Yes No

CURRENT PLAN
24-Month Benefit Period
\$28.46 Monthly

INITIAL DOCUMENTS
Nebraska State Documents
Email address:

Mutual of Omaha Back to Dashboard Test

Application for
Priority Income ProtectionSM
from Mutual of Omaha Insurance Company

Quote Personal Employment Health **Payment** Review

Payment Information

Social Security Number

444-55-6666
XXX-XX-XXXX

Applicant will provide Social Security Number during signature process.

How will the first payment be made?

Automatic Withdrawal Payroll Deduction

Initial Payment

The initial premium will be deducted from the bank account when the application is issued.

Type of Bank Account

Checking Savings

Routing Number Account Number
MUTUAL OF OMAHA BANK (No Debit / Credit Card numbers)

Applicant will provide payment account information during signature process.

Is the applicant the account owner?

Yes No

Name as Shown on Account

First Name MI Last Name

Renewal Payments

Monthly renewal premiums will be automatically withdrawn from the same bank account provided for the initial payment.

Choose an automated monthly withdrawal day.

1st 15th

CURRENT PLAN

24-Month Benefit Period

\$28.46

Monthly

INITIAL DOCUMENTS

Nebraska State Documents

Email address

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5. PAYMENT

This page asks for your client's Social Security number and payment account information, but your client can choose to provide this information later when they receive an email for their e-signature. If that's their preference, just check the appropriate boxes.

THINGS TO NOTE:

- Automatic Withdrawal – the initial premium will be deducted from the bank account once the application is issued
- Renewal payments will be automatically withdrawn from the same bank account. On this page, your client can choose a withdrawal date of the first or the fifteenth
- If the bank account is owned by someone other than the applicant, you'll need to print and "wet sign" all forms

Complete all fields and click Next.

6. REVIEW

This section allows you to review the completed application and forms, include notes for the underwriter if needed, and select the signature option.

- The e-App defaults to e-signature
- If you select the Print for Signature option, you will not be able to go back and sign electronically. The printed application will require “wet signature” and submission by mail (Refer to 79507 Product & Underwriting Guide)

E-SIGNATURE

Once you Submit the Application, you will see a Thank You confirmation. Your e-signature will automatically be applied.

Your client will receive an email with their e-App authorization number and link for submitting their e-signature.

The screenshot shows the 'Review' step of an application for Priority Income Protection. The top navigation bar includes 'Back to Dashboard' and 'Test'. Below the header, there are tabs for 'Quote', 'Personal', 'Employment', 'Health', 'Payment', and 'Review'. The main content area is titled 'Producer Review Information' and contains a warning icon and text: 'By answering the questions below, you, the producer, agree to electronically sign all forms associated with this application.' There are two questions with 'Yes' and 'No' radio buttons: 'I, the producer certify that during an interview with the Proposed Insured, I asked each question exactly as written and recorded the answers provided by the Proposed Insured completely and accurately.' and 'Has the MIB, Inc. Pre-Notice and the Notice of Information Practices been provided to the Proposed Insured where applicable?'. Below these is a 'Notes to Underwriting' text area with a 'Max. 500 Characters' limit. There are two checkboxes: 'Alternative Contact Information' and 'Print for Signature'. A 'Review Application' button is present. At the bottom, there is a 'Submit' button and a note about Adobe Acrobat PDF format. On the right side, there is a 'CURRENT PLAN' section showing a '24-Month Benefit Period' and a monthly amount of '\$28.46', and an 'INITIAL DOCUMENTS' section for 'Nebraska State Documents' with an email address field and a 'Send' button.

The screenshot shows the 'Thank You' confirmation page. The top navigation bar includes 'Back to Dashboard' and 'Test'. The main content area is titled 'Thank You' and contains the following text: 'The application has been emailed to the applicant for their e-signature. Please provide the applicant with your contact information and the information below.' It displays the 'Authorization Number: 0757088'. Below this, it says 'To complete the application, John Doe can:' and lists two options: 'e-sign by selecting the link that is provided in the email sent to their email address, or' and 'go to signyourEapp.com and log in using their authorization number.' At the bottom, there is a 'Return to Dashboard' button.

Mutual of Omaha Return to SPA Test

Dashboard for
Priority Income ProtectionSM
from Mutual of Omaha Insurance Company

Begin New Quote/App Search Existing Apps

Search by Advanced Search

First Name Last Name State App Status

[Clear](#) [Search](#)

Results

Applicant Name	Phone Number	Applicant EMail	State	Start Date	Last Modified	App Status
DOE, JOHN	(402) 467-3859	john.doe@cox.net	NE	2016/03/02	2016/03/02	App Started
JENNINGS, WILLIAM	(402) 351-2493	test@email.com	MS	2016/02/24	2016/02/26	Submitted Wet Signature
MEDINA, IRVIN	(402) 351-2493	test@test.com	NE	2016/02/19	2016/03/01	Submitted e-Signature
MILLER, BETTY	(402) 351-2493	test@test.com	SC	2016/02/15	2016/02/29	Submitted e-Signature
PATTON, CEDRIC	(402) 351-2493	test@test.com	NJ	2016/02/25	2016/02/25	Submitted e-Signature
PILAR, SARAH	(402) 351-2493	test@email.com	NM	2016/02/22	2016/03/01	App Started
SAFARI, TESS	(465) 462-1654	m@m.com	AK	2016/02/29	2016/02/29	Printed For Signature

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E-APPLICATION DASHBOARD

You can begin a new Quote/e-App and monitor the status of your Priority Income ProtectionSM e-Apps from your dashboard on Sales Professional Access (SPA).

To find the dashboard:

- when you're in the e-application, click "Return to Dashboard"
- when you're in Sales Professional Access, click the Electronic Applications link on your Home Page. Go to the Priority Income ProtectionSM e-application section to see the e-App Dashboard link

The status of an e-App will be one of the following:

- App Started** – you have started the e-App.
- Pending Signature** – completed application is awaiting e-signature by the client.
- Printed for Signature** – completed application has been printed for the client's wet signature.
- Submitted e-Signature** – client has completed the e-signature and the application has been submitted to underwriting.
- Submitted Wet Signature** – client has completed the wet signature and you have submitted the application. (This status must be manually entered by you. When you've submitted a signed paper application, click your client's name on your dashboard, then click the "Submitted Wet Signature" button.)
- Declined e-Signature** – client has declined the e-signature.

STATUS EMAILS

You will receive status emails when an application is:

- Pending client signature
- Issued
- Withdrawn
- Incomplete

FOR ASSISTANCE

Contact sales.support@mutualofomaha.com.

A Priority Income ProtectionSM e-App Training Video is available on Sales Professional Access on the Electronic Applications page.



Underwritten by:

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