

# Disability Income Choice<sup>®</sup>

## *Sales and Marketing Process*



Five Steps to Success  
in the Disability Income  
Insurance Marketplace



*keep it going!*

*Learn the truth. Know the risk. Protect your income.*



Mutual of Omaha



# WE SUPPORT YOU AT EVERY STEP



Selling disability income insurance involves finding the right people to talk to, helping them understand the importance of income protection and providing the best solution to help secure their future.

Consumer market research by the Council for Disability Awareness\* found that consumers underestimate their risk of becoming unable to work because of an illness or injury. And they lack an understanding of the resources that would be available to them.

That's where you can make a difference, and our needs-based sales and marketing materials are designed to help you do just that. From prospecting to point-of-sale, you have the tools to address these misconceptions directly and have a fact-based

conversation about the important role of disability insurance.

As the materials emphasize, you can help your clients "Learn the truth. Know the risk. Protect your income."

Review this guide to see materials supporting your five steps to a DI sale:

1. Find people to talk to
2. Show the need for income protection
3. Provide the solution
4. Complete the application
5. Deliver the policy

*\*2014 Consumer Disability Awareness Survey, Council for Disability Awareness (most recent available)*



# STEP 1

*TIP: Start with your current clients. They know and trust you, and value your recommendations. Let them know it's important to have a plan in place should they become unable to work because of illness or injury.*

## FIND PEOPLE TO TALK TO

*Most consumers have never been approached by an agent about the need for disability income protection. That means there are opportunities all around you to simply start the conversation and help consumers consider protecting their most important asset, their income.*

## SERVE THE MIDDLE MARKET

Middle market consumers are greatly underserved when it comes to having DI protection. With Disability Income Choice, you have flexible products designed specifically to meet their needs and budget.

### **Look for:**

- Individuals and couples ages 30 – 50
- Income of \$40,000 – \$150,000
- Family oriented • Recently married
- New parents • Homeowners
- Risk adverse, have something to protect
- Middle market occupations such as: nurses, chiropractors, teachers, administration, construction, trades

## GOOD PLACES TO FIND PROSPECTIVE CLIENTS

- **Current clients** – You already have a pool of prospective DI clients. Search your records for those who fit the middle market profile. Also, clients who have recently experienced a life event, such as getting married, becoming new parents or buying a home, may feel it's time to set financial plans in motion
- **Centers of influence** – Partner with accountants and attorneys in your area. This mutually beneficial arrangement allows them to recommend you to their clients. And in turn, you recommend these professionals to your clients who may need legal or accounting services

- **Civic organizations** – Join your local civic organizations and make yourself known to the members of your community. Offer your services as a speaker at an upcoming meeting
- **Associations** – Don't forget about the associations to which you belong. As members of the same association, you share an affinity with other members. Place ads in association newsletters and offer to speak to the membership on this important topic
- **Referrals** – Don't forget to ask everyone you talk to – family members, friends, neighbors, clients – if they know someone who could benefit from the service you provide

# MARKETING TOOLS

These prospecting materials are designed to help you generate interest and find people who are willing to talk to you.

## PROSPECTING POSTCARDS

### Customize by Occupation

This postcard can be customized to help you reach out to prospects in eleven key occupation fields.

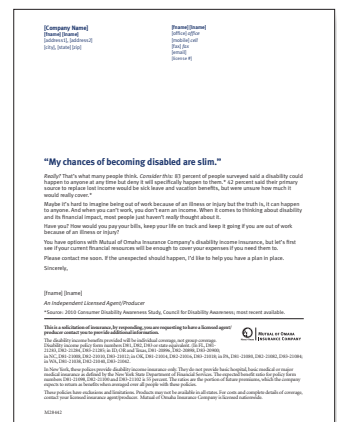


## DI PROSPECTING LETTERS

Order letters, by name, through your normal channels. Ask about other DI prospecting letters that may be available.

- 1) "My chances of becoming disabled are slim"
- 2) "Life without a paycheck"
- 3) "New Home"

These letters help prospects better understand the risk and the impact of a disabling illness or injury. Prospects are urged to contact you to put a plan in place.



## STEP 2

**TIP:** Be sure to thoroughly cover the need before jumping to the solution. Remember, consumers must better understand the problem that they didn't realize they had...what's at stake for them personally should they lose their ability to work because of an illness or injury.

### SHOW THE NEED FOR INCOME PROTECTION

*Start by finding out what's important to your client. The things they value most – their family, home, financial plans, dream vacations – these are the priorities they will want to protect. The problem you help them identify is that these things are at risk should something happen to their ability to earn an income.*

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#### Financial Security

For many middle income families, if paychecks stop so does their ability to pay the bills. Few families have enough savings to make ends meet if they should lose their income for more than a few weeks. And depleting savings to pay monthly bills means their other plans and priorities are set back, perhaps for years. For these clients, income protection is about knowing they can meet their obligations and protect their future plans.

#### Support the Family

More than just losing a paycheck, a disabling illness or injury can mean changes for the whole family. Plans are put on hold, routines change, family members must pitch in more, the calendar fills with doctors' appointments and the urgent question becomes... "when will things get back to normal?" For these clients, it's important to know

there's a way they can still support their family and keep life as normal as possible if they become unable to work.

#### Focus on Recovery

The last thing someone needs when they've experienced a disabling illness or injury is the stress of worrying about bills and other financial obligations while they recover. It's stressful enough to be facing an uncertain future without the constant worry of financial set-backs. For these clients, it's important to know they'll have a plan – monthly DI benefits – that can keep things on track so they can focus on getting well.

#### Marketing Tools

Our needs-based materials help you first sell the need for income protection, then factfind to determine the client's specific situation and begin to discuss a level of protection for them.



## EDUCATIONAL PRE-APPROACH

MUTUAL OF OMAHA INSURANCE COMPANY

### Are You Prepared?

TAKE THIS SELF-TEST AND DECIDE FOR YOURSELF

**YOUR MOST IMPORTANT ASSET IS NOT YOUR HOME, CAR OR OTHER POSSESSIONS. IT'S YOUR INCOME EARNING ABILITY.**

**Think about it:** your plans for the future depend on your income -- from buying a home to putting kids through college to saving for retirement -- and the assumption is that you will continue to earn a paycheck. What if your income stopped? What plan do you have to keep life going?

Asking the right questions can help you uncover information to help create a plan should you be out of work because of an illness or injury. Take this self-test to see how prepared you would be.

- 1) What monthly living expenses and financial obligations would I be responsible for if my income stopped?
- 2) Do I have enough in savings to pay for my monthly expenses? What about my potential out-of-pocket medical expenses like prescriptions and copays?
- 3) Does my employer have a sick pay plan or long-term disability program? Do I know what my benefits are (i.e., when it would start, how much it would pay and for how long)?
- 4) Are there other sources of income I can count on that may help me meet my monthly living expenses and financial obligations? List any you can count on.
- 5) If I were out of work because of an illness or injury, what would my family have to give up?

**YES! YOU CAN KEEP IT GOING.** If you were out of work because of an illness or injury, you can keep your life on track. When you add disability insurance to your financial plan, you're not only taking an important step toward securing your income during working years, you're giving yourself a plan to keep your life going.

**The risk that matters most is YOURS. Protect your income with disability insurance.**

Disability Income Insurance is underwritten by Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175, 800-775-6000. These policies have exclusions, limitations and reductions. Products may not be available in all states and coverage may vary by state. For costs and complete details of coverage, contact your licensed insurance agent/producer. Mutual of Omaha Insurance Company is licensed nationwide. In New York, 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 policies in NY is 90 percent. For rates and the portion of future premiums, which the company expects to return as benefits when averaged over all people with these policies.

MC13120

## PREPAREDNESS SELF-TEST

Some clients may want to research things on their own and dig into details before meeting with you. This flyer can complement the “Keep it Going” booklet or be used separately. The quick self-test helps clients see their own personal need for income protection.

## SALES APPOINTMENT



## NEEDS-BASED PRESENTATION

This PowerPoint presentation helps you show what's at risk when a disability strikes. It helps you talk through the financial impact and the misconceptions people often have about emergency resources. You can show how disability insurance provides a monthly income during recovery to help protect the home, pay bills and preserve retirement funds.



## NEEDS-BASED BROCHURE

This brochure can be the starting point during your face-to-face discussion. It helps you explain “the truth” about the real value of their income, “the risk” of a disabling illness or injury and how disability income insurance is the best resource to depend on.

MUTUAL OF OMAHA INSURANCE COMPANY

### Disability Income Insurance

An essential piece of a total income protection plan

**Need: Income Protection**

Disability insurance is about helping to preserve your lifestyle and support the people who rely on you if your income is lost due to an illness or injury.

Your most valuable asset is your income. Your income is essential: it puts food on the table and a roof over your head. Without your income, how would you provide the basics? What would become of your lifestyle?

**A Lifetime of Earning Income**

Your ability to earn an income sets the table for your way of life. Consider how much you will earn throughout your working lifetime.

Years	Monthly Income	Annual Income	Total Income
20	\$5,000	\$60,000	\$1,200,000
30	\$5,000	\$60,000	\$1,800,000
40	\$5,000	\$60,000	\$2,400,000
50	\$5,000	\$60,000	\$3,000,000
60	\$5,000	\$60,000	\$3,600,000
70	\$5,000	\$60,000	\$4,200,000
80	\$5,000	\$60,000	\$4,800,000
90	\$5,000	\$60,000	\$5,400,000

Note: Figures are monthly benefits for short-term products to \$5,000.

**Disability Can Happen**

A disability can happen in many ways and occurs more often than you may realize.

**Sickness:**

- **Cancer** - Lifetime chance of developing cancer is slightly less than 1 in 2 for men, a little more than 1 in 3 for women.
- **Heart Attack** - About every 34 seconds, an American will suffer a heart attack.
- **Stroke** - Stroke is the leading cause of serious long-term disability in the United States.

**Accident:**

- **Home** - 14.3 percent of injuries occur at home.
- **Work** - 14.3 percent of injuries occur at work.
- **Car** - 9.8 percent of injuries occur in motor vehicles.

**What to Do?**

Without an income, your options to make ends meet may be limited, or unavailable.

Spouse work?

Use savings or investments?

Borrow?

Sell assets?

**Solution**

Annual Income \$

Annual Income	No Disability Coverage	With Employer-provided Disability Coverage
\$25,000	\$0	\$1,000
\$50,000	\$0	\$2,000
\$75,000	\$0	\$3,000
\$100,000	\$0	\$4,000
\$125,000	\$0	\$5,000
\$150,000	\$0	\$6,000
\$175,000	\$0	\$7,000
\$200,000	\$0	\$8,000
\$225,000	\$0	\$9,000
\$250,000	\$0	\$10,000

Note: Monthly income benefit for short-term products to \$5,000.

**Qualified Amount (monthly)**

Less:

Existing Insurance (monthly)

**Amount of additional Disability Income Insurance needed**

How much can you not afford each month to satisfy all of your needs?

\* 2014 Cancer Facts & Figures, American Cancer Society.  
\* Heart Disease & Stroke Statistics, American Heart Association (2014).  
\* Stroke Awareness Foundation, Stroke Facts (2014).  
\* Home Safety, 2013 Edition, National Safety Council (most recent available).  
\* 2013-2012, Form 2-1086 Series-0972, in OK, Form 018-2-013 A, Form 018-2-013 B, Form 018-2-013 C, Form 018-2-013 D, Form 018-2-013 E, Form 018-2-013 F, Form 018-2-013 G, Form 018-2-013 H, Form 018-2-013 I, Form 018-2-013 J, Form 018-2-013 K, Form 018-2-013 L, Form 018-2-013 M, Form 018-2-013 N, Form 018-2-013 O, Form 018-2-013 P, Form 018-2-013 Q, Form 018-2-013 R, Form 018-2-013 S, Form 018-2-013 T, Form 018-2-013 U, Form 018-2-013 V, Form 018-2-013 W, Form 018-2-013 X, Form 018-2-013 Y, Form 018-2-013 Z, Form 018-2-013 AA, Form 018-2-013 AB, Form 018-2-013 AC, Form 018-2-013 AD, Form 018-2-013 AE, Form 018-2-013 AF, Form 018-2-013 AG, Form 018-2-013 AH, Form 018-2-013 AI, Form 018-2-013 AJ, Form 018-2-013 AK, Form 018-2-013 AL, Form 018-2-013 AM, Form 018-2-013 AN, Form 018-2-013 AO, Form 018-2-013 AP, Form 018-2-013 AQ, Form 018-2-013 AR, Form 018-2-013 AS, Form 018-2-013 AT, Form 018-2-013 AU, Form 018-2-013 AV, Form 018-2-013 AW, Form 018-2-013 AX, Form 018-2-013 AY, Form 018-2-013 AZ, Form 018-2-013 BA, Form 018-2-013 BB, Form 018-2-013 BC, Form 018-2-013 BD, Form 018-2-013 BE, Form 018-2-013 BF, Form 018-2-013 BG, Form 018-2-013 BH, Form 018-2-013 BI, Form 018-2-013 BJ, Form 018-2-013 BK, Form 018-2-013 BL, Form 018-2-013 BM, Form 018-2-013 BN, Form 018-2-013 BO, Form 018-2-013 BP, Form 018-2-013 BQ, Form 018-2-013 BR, Form 018-2-013 BS, Form 018-2-013 BT, Form 018-2-013 BU, Form 018-2-013 BV, Form 018-2-013 BW, Form 018-2-013 BX, Form 018-2-013 BY, Form 018-2-013 BZ, Form 018-2-013 CA, Form 018-2-013 CB, Form 018-2-013 CC, Form 018-2-013 CD, Form 018-2-013 CE, Form 018-2-013 CF, Form 018-2-013 CG, Form 018-2-013 CH, Form 018-2-013 CI, Form 018-2-013 CJ, Form 018-2-013 CK, Form 018-2-013 CL, Form 018-2-013 CM, Form 018-2-013 CN, Form 018-2-013 CO, Form 018-2-013 CP, Form 018-2-013 CQ, Form 018-2-013 CR, Form 018-2-013 CS, Form 018-2-013 CT, Form 018-2-013 CU, Form 018-2-013 CV, Form 018-2-013 CW, Form 018-2-013 CX, Form 018-2-013 CY, Form 018-2-013 CZ, Form 018-2-013 DA, Form 018-2-013 DB, Form 018-2-013 DC, Form 018-2-013 DD, Form 018-2-013 DE, Form 018-2-013 DF, Form 018-2-013 DG, Form 018-2-013 DH, Form 018-2-013 DI, Form 018-2-013 DJ, Form 018-2-013 DK, Form 018-2-013 DL, Form 018-2-013 DM, Form 018-2-013 DN, Form 018-2-013 DO, Form 018-2-013 DP, Form 018-2-013 DQ, Form 018-2-013 DR, Form 018-2-013 DS, Form 018-2-013 DT, Form 018-2-013 DU, Form 018-2-013 DV, Form 018-2-013 DW, Form 018-2-013 DX, Form 018-2-013 DY, Form 018-2-013 DZ, Form 018-2-013 EA, Form 018-2-013 EB, Form 018-2-013 EC, Form 018-2-013 ED, Form 018-2-013 EE, Form 018-2-013 EF, Form 018-2-013 EG, Form 018-2-013 EH, Form 018-2-013 EI, Form 018-2-013 EJ, Form 018-2-013 EK, Form 018-2-013 EL, Form 018-2-013 EM, Form 018-2-013 EN, Form 018-2-013 EO, Form 018-2-013 EP, Form 018-2-013 EQ, Form 018-2-013 ER, Form 018-2-013 ES, Form 018-2-013 ET, Form 018-2-013 EU, Form 018-2-013 EV, Form 018-2-013 EW, Form 018-2-013 EX, Form 018-2-013 EY, Form 018-2-013 EZ, Form 018-2-013 FA, Form 018-2-013 FB, Form 018-2-013 FC, Form 018-2-013 FD, Form 018-2-013 FE, Form 018-2-013 FF, Form 018-2-013 FG, Form 018-2-013 FH, Form 018-2-013 FI, Form 018-2-013 FJ, Form 018-2-013 FK, Form 018-2-013 FL, Form 018-2-013 FM, Form 018-2-013 FN, Form 018-2-013 FO, Form 018-2-013 FP, Form 018-2-013 FQ, Form 018-2-013 FR, Form 018-2-013 FS, Form 018-2-013 FT, Form 018-2-013 FU, Form 018-2-013 FV, Form 018-2-013 FW, Form 018-2-013 FX, Form 018-2-013 FY, Form 018-2-013 FZ, Form 018-2-013 GA, Form 018-2-013 GB, Form 018-2-013 GC, Form 018-2-013 GD, Form 018-2-013 GE, Form 018-2-013 GF, Form 018-2-013 GG, Form 018-2-013 GH, Form 018-2-013 GI, Form 018-2-013 GJ, Form 018-2-013 GK, Form 018-2-013 GL, Form 018-2-013 GM, Form 018-2-013 GN, Form 018-2-013 GO, Form 018-2-013 GP, Form 018-2-013 GQ, Form 018-2-013 GR, Form 018-2-013 GS, Form 018-2-013 GT, Form 018-2-013 GU, Form 018-2-013 GV, Form 018-2-013 GW, Form 018-2-013 GX, Form 018-2-013 GY, Form 018-2-013 GZ, Form 018-2-013 HA, Form 018-2-013 HB, Form 018-2-013 HC, Form 018-2-013 HD, Form 018-2-013 HE, Form 018-2-013 HF, Form 018-2-013 HG, Form 018-2-013 HH, Form 018-2-013 HI, Form 018-2-013 HJ, Form 018-2-013 HK, Form 018-2-013 HL, Form 018-2-013 HM, Form 018-2-013 HN, Form 018-2-013 HO, Form 018-2-013 HP, Form 018-2-013 HQ, Form 018-2-013 HR, Form 018-2-013 HS, Form 018-2-013 HT, Form 018-2-013 HU, Form 018-2-013 HV, Form 018-2-013 HW, Form 018-2-013 HX, Form 018-2-013 HY, Form 018-2-013 HZ, Form 018-2-013 IA, Form 018-2-013 IB, Form 018-2-013 IC, Form 018-2-013 ID, Form 018-2-013 IE, Form 018-2-013 IF, Form 018-2-013 IG, Form 018-2-013 IH, Form 018-2-013 II, Form 018-2-013 IJ, Form 018-2-013 IK, Form 018-2-013 IL, Form 018-2-013 IM, Form 018-2-013 IN, Form 018-2-013 IO, Form 018-2-013 IP, Form 018-2-013 IQ, Form 018-2-013 IR, Form 018-2-013 IS, Form 018-2-013 IT, Form 018-2-013 IU, Form 018-2-013 IV, Form 018-2-013 IW, Form 018-2-013 IX, Form 018-2-013 IY, Form 018-2-013 IZ, Form 018-2-013 JA, Form 018-2-013 JB, Form 018-2-013 JC, Form 018-2-013 JD, Form 018-2-013 JE, Form 018-2-013 JF, Form 018-2-013 JG, Form 018-2-013 JH, Form 018-2-013 JI, Form 018-2-013 JJ, Form 018-2-013 JK, Form 018-2-013 JL, Form 018-2-013 JM, Form 018-2-013 JN, Form 018-2-013 JO, Form 018-2-013 JP, Form 018-2-013 JQ, Form 018-2-013 JR, Form 018-2-013 JS, Form 018-2-013 JT, Form 018-2-013 JU, Form 018-2-013 JV, Form 018-2-013 JW, Form 018-2-013 JX, Form 018-2-013 JY, Form 018-2-013 JZ, Form 018-2-013 KA, Form 018-2-013 KB, Form 018-2-013 KC, Form 018-2-013 KD, Form 018-2-013 KE, Form 018-2-013 KF, Form 018-2-013 KG, Form 018-2-013 KH, Form 018-2-013 KI, Form 018-2-013 KJ, Form 018-2-013 KK, Form 018-2-013 KL, Form 018-2-013 KM, Form 018-2-013 KN, Form 018-2-013 KO, Form 018-2-013 KP, Form 018-2-013 KQ, Form 018-2-013 KR, Form 018-2-013 KS, Form 018-2-013 KT, Form 018-2-013 KU, Form 018-2-013 KV, Form 018-2-013 KW, Form 018-2-013 KX, Form 018-2-013 KY, Form 018-2-013 KZ, Form 018-2-013 LA, Form 018-2-013 LB, Form 018-2-013 LC, Form 018-2-013 LD, Form 018-2-013 LE, Form 018-2-013 LF, Form 018-2-013 LG, Form 018-2-013 LH, Form 018-2-013 LI, Form 018-2-013 LJ, Form 018-2-013 LK, Form 018-2-013 LL, Form 018-2-013 LM, Form 018-2-013 LN, Form 018-2-013 LO, Form 018-2-013 LP, Form 018-2-013 LQ, Form 018-2-013 LR, Form 018-2-013 LS, Form 018-2-013 LT, Form 018-2-013 LU, Form 018-2-013 LV, Form 018-2-013 LW, Form 018-2-013 LX, Form 018-2-013 LY, Form 018-2-013 LZ, Form 018-2-013 MA, Form 018-2-013 MB, Form 018-2-013 MC, Form 018-2-013 MD, Form 018-2-013 ME, Form 018-2-013 MF, Form 018-2-013 MG, Form 018-2-013 MH, Form 018-2-013 MI, Form 018-2-013 MJ, Form 018-2-013 MK, Form 018-2-013 ML, Form 018-2-013 MM, Form 018-2-013 MN, Form 018-2-013 MO, Form 018-2-013 MP, Form 018-2-013 MQ, Form 018-2-013 MR, Form 018-2-013 MS, Form 018-2-013 MT, Form 018-2-013 MU, Form 018-2-013 MV, Form 018-2-013 MW, Form 018-2-013 MX, Form 018-2-013 MY, Form 018-2-013 MZ, Form 018-2-013 NA, Form 018-2-013 NB, Form 018-2-013 NC, Form 018-2-013 ND, Form 018-2-013 NE, Form 018-2-013 NF, Form 018-2-013 NG, Form 018-2-013 NH, Form 018-2-013 NI, Form 018-2-013 NJ, Form 018-2-013 NK, Form 018-2-013 NL, Form 018-2-013 NM, Form 018-2-013 NN, Form 018-2-013 NO, Form 018-2-013 NP, Form 018-2-013 NQ, Form 018-2-013 NR, Form 018-2-013 NS, Form 018-2-013 NT, Form 018-2-013 NU, Form 018-2-013 NV, Form 018-2-013 NW, Form 018-2-013 NX, Form 018-2-013 NY, Form 018-2-013 NZ, Form 018-2-013 OA, Form 018-2-013 OB, Form 018-2-013 OC, Form 018-2-013 OD, Form 018-2-013 OE, Form 018-2-013 OF, Form 018-2-013 OG, Form 018-2-013 OH, Form 018-2-013 OI, Form 018-2-013 OJ, Form 018-2-013 OK, Form 018-2-013 OL, Form 018-2-013 OM, Form 018-2-013 ON, Form 018-2-013 OO, Form 018-2-013 OP, Form 018-2-013 OQ, Form 018-2-013 OR, Form 018-2-013 OS, Form 018-2-013 OT, Form 018-2-013 OU, Form 018-2-013 OV, Form 018-2-013 OW, Form 018-2-013 OX, Form 018-2-013 OY, Form 018-2-013 OZ, Form 018-2-013 PA, Form 018-2-013 PB, Form 018-2-013 PC, Form 018-2-013 PD, Form 018-2-013 PE, Form 018-2-013 PF, Form 018-2-013 PG, Form 018-2-013 PH, Form 018-2-013 PI, Form 018-2-013 PJ, Form 018-2-013 PK, Form 018-2-013 PL, Form 018-2-013 PM, Form 018-2-013 PN, Form 018-2-013 PO, Form 018-2-013 PP, Form 018-2-013 PQ, Form 018-2-013 PR, Form 018-2-013 PS, Form 018-2-013 PT, Form 018-2-013 PU, Form 018-2-013 PV, Form 018-2-013 PW, Form 018-2-013 PX, Form 018-2-013 PY, Form 018-2-013 PZ, Form 018-2-013 QA, Form 018-2-013 QB, Form 018-2-013 QC, Form 018-2-013 QD, Form 018-2-013 QE, Form 018-2-013 QF, Form 018-2-013 QG, Form 018-2-013 QH, Form 018-2-013 QI, Form 018-2-013 QJ, Form 018-2-013 QK, Form 018-2-013 QL, Form 018-2-013 QM, Form 018-2-013 QN, Form 018-2-013 QO, Form 018-2-013 QP, Form 018-2-013 QQ, Form 018-2-013 QR, Form 018-2-013 QS, Form 018-2-013 QT, Form 018-2-013 QU, Form 018-2-013 QV, Form 018-2-013 QW, Form 018-2-013 QX, Form 018-2-013 QY, Form 018-2-013 QZ, Form 018-2-013 RA, Form 018-2-013 RB, Form 018-2-013 RC, Form 018-2-013 RD, Form 018-2-013 RE, Form 018-2-013 RF, Form 018-2-013 RG, Form 018-2-013 RH, Form 018-2-013 RI, Form 018-2-013 RJ, Form 018-2-013 RK, Form 018-2-013 RL, Form 018-2-013 RM, Form 018-2-013 RN, Form 018-2-013 RO, Form 018-2-013 RP, Form 018-2-013 RQ, Form 018-2-013 RR, Form 018-2-013 RS, Form 018-2-013 RT, Form 018-2-013 RU, Form 018-2-013 RV, Form 018-2-013 RW, Form 018-2-013 RX, Form 018-2-013 RY, Form 018-2-013 RZ, Form 018-2-013 SA, Form 018-2-013 SB, Form 018-2-013 SC, Form 018-2-013 SD, Form 018-2-013 SE, Form 018-2-013 SF, Form 018-2-013 SG, Form 018-2-013 SH, Form 018-2-013 SI, Form 018-2-013 SJ, Form 018-2-013 SK, Form 018-2-013 SL, Form 018-2-013 SM, Form 018-2-013 SN, Form 018-2-013 SO, Form 018-2-013 SP, Form 018-2-013 SQ, Form 018-2-013 SR, Form 018-2-013 SS, Form 018-2-013 ST, Form 018-2-013 SU, Form 018-2-013 SV, Form 018-2-013 SW, Form 018-2-013 SX, Form 018-2-013 SY, Form 018-2-013 SZ, Form 018-2-013 TA, Form 018-2-013 TB, Form 018-2-013 TC, Form 018-2-013 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018-2-013 VJ, Form 018-2-013 VK, Form 018-2-013 VL, Form 018-2-013 VM, Form 018-2-013 VN, Form 018-2-013 VO, Form 018-2-013 VP, Form 018-2-013 VQ, Form 018-2-013 VR, Form 018-2-013 VS, Form 018-2-013 VT, Form 018-2-013 VU, Form 018-2-013 VV, Form 018-2-013 VW, Form 018-2-013 VX, Form 018-2-013 VY, Form 018-2-013 VZ, Form 018-2-013 WA, Form 018-2-013 WB, Form 018-2-013 WC, Form 018-2-013 WD, Form 018-2-013 WE, Form 018-2-013 WF, Form 018-2-013 WG, Form 018-2-013 WH, Form 018-2-013 WI, Form 018-2-013 WJ, Form 018-2-013 WK, Form 018-2-013 WL, Form 018-2-013 WM, Form 018-2-013 WN, Form 018-2-013 WO, Form 018-2-013 WP, Form 018-2-013 WQ, Form 018-2-013 WR, Form 018-2-013 WS, Form 018-2-013 WT, Form 018-2-013 WU, Form 018-2-013 WV, Form 018-2-013 WW, Form 018-2-013 WX, Form 018-2-013 WY, Form 018-2-013 WZ, Form 018-2-013 XA, Form 018-2-013 XB, Form 018-2-013 XC, Form 018-2-013 XD, Form 018-2-013 XE, Form 018-2-013 XF, Form 018-2-013 XG, Form 018-2-013 XH, Form 018-2-013 XI, Form 018-2-013 XJ, Form 018-2-013 XK, Form 018-2-013 XL, Form 018-2-013 XM, Form 018-2-013 XN, Form 018-2-013 XO, Form 018-2-013 XP, Form 018-2-013 XQ, Form 018-2-013 XR, Form 018-2-013 XS, Form 018-2-013 XT, Form 018-2-013 XU, Form 018-2-013 XV, Form 018-2-013 XW, Form 018-2-013 XX, Form 018-2-013 XY, Form 018-2-013 XZ, Form 018-2-013 YA, Form 018-2-013 YB, Form 018-2-013 YC, Form 018-2-013 YD, Form 018-2-013 YE, Form 018-2-013 YF, Form 018-2-013 YG, Form 018-2-013 YH, Form 018-2-013 YI, Form 018-2-013 YJ, Form 018-2-013 YK, Form 018-2-013 YL, Form 018-2-013 YM, Form 018-2-013 YN, Form 018-2-013 YO, Form 018-2-013 YP, Form 018-2-013 YQ, Form 018-2-013 YR, Form 018-2-013 YS, Form 018-2-013 YT, Form 018-2-013 YU, Form 018-2-013 YV, Form 018-2-013 YW, Form 018-2-013 YX, Form 018-2-013 YY, Form 018-2-013 YZ, Form 018-2-013 ZA, Form 018-2-013 ZB, Form 018-2-013 ZC, Form 018-2-013 ZD, Form 018-2-013 ZE, Form 018-2-013 ZF, Form 018-2-013 ZG, Form 018-2-013 ZH, Form 018-2-013 ZI, Form 018-2-013 ZJ, Form 018-2-013 ZK, Form 018-2-013 ZL, Form 018-2-013 ZM, Form 018-2-013 ZN, Form 018-2-013 ZO, Form 018-2-013 ZP, Form 018-2-013 ZQ, Form 018-2-013 ZR, Form 018-2-013 ZS, Form 018-2-013 ZT, Form 018-2-013 ZU, Form 018-2-013 ZV, Form 018-2-013 ZW, Form 018-2-013 ZX, Form 018-2-013 ZY, Form 018-2-013 ZZ.

MC134682, 02/14

## FACTFINDER

# STEP 3

**TIP:** Help your clients consider how soon they would need benefits to begin and for how long. Every situation is different and it's important for clients to feel they have coverage that meets their need and fits their budget.

## PROVIDE THE SOLUTION

*At this point, your client has determined what is most important to them. They've considered the risks and the impact of losing their income. It's time to discuss how disability income insurance can help provide a solution.*

*However, clients don't want to be "sold." They want someone who can educate them on how disability insurance works, help them consider the various levels of protection and be assured they're making the right decision.*

.....

### Marketing Tools

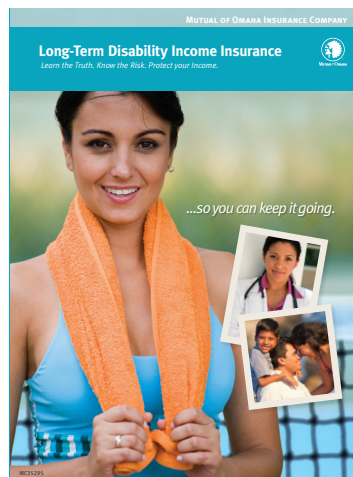
During your sales appointment, use these materials to provide high-level product information about definitions, benefits and optional riders. Your clients can see the options available to them and, with your help, choose the best coverage to meet their need.



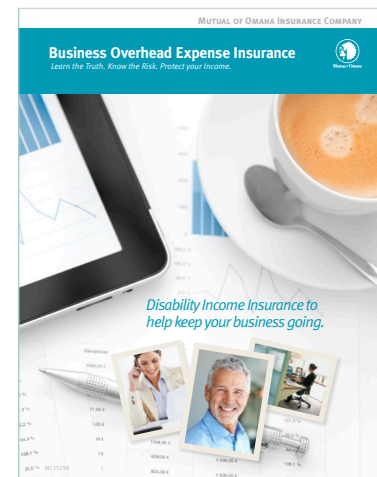
ACCIDENT ONLY DISABILITY



SHORT-TERM DISABILITY



LONG-TERM DISABILITY



BUSINESS OVERHEAD EXPENSE

ACCIDENT ONLY DISABILITY HIGHLIGHT SHEET

SHORT-TERM DISABILITY HIGHLIGHT SHEET

LONG-TERM DISABILITY HIGHLIGHT SHEET

BUSINESS OVERHEAD EXPENSE HIGHLIGHT SHEET



# STEP 4

**TIP:** Be sure the application is completed accurately and thoroughly to reduce delays and ensure the policy can be issued as soon as possible.

## COMPLETE THE APPLICATION

*Once your client understands how disability income insurance provides protection and they've made the decision to buy, it's time to complete the application.*

### Field Underwriting

The Disability Income Choice Portfolio® Product and Underwriting Guide has information to help you determine whether or not your clients may be insurable. Disability insurance is underwritten based on three categories: medical history, financial information and occupation. Take time to familiarize yourself with this information so you can perform good field underwriting.

- Eligibility guidelines
- Build chart
- Automatic reject medical conditions
- Uninsurable occupations
- Income qualification table

### Tips for Completing the Application

- Use the correct application and forms. Remember you must use the application for the client's state of residence
- Answer all questions and complete all necessary forms. If something doesn't apply, do not use N/A. Instead, write "no" or "none"
- If a question is answered in error, do not use white out. Instead, draw a single line through the error and have the applicant initial the correction
- Include a cover letter. The more you can tell us about the client, the greater the chance for a favorable underwriting outcome
- Indicate the best time to contact the applicant for the personal history interview
- Include your contact information so we can reach you if we have questions or need more information

**MUTUAL OF OMAHA INSURANCE COMPANY**  
Mutual of Omaha Plaza, Omaha, NE 68102

**DI CHOICE PORTFOLIO**  
**DI CHOICE - INDIVIDUAL**

- ACCIDENT ONLY DISABILITY
- SHORT-TERM DISABILITY
- LONG-TERM DISABILITY
- BUSINESS OVERHEAD EXPENSE

Application for Disability Insurance  
**NATIONAL**

Application Package Contents:

REQUIRED FORMS TO BE SUBMITTED	REQUIRED FORMS LEFT WITH APPLICANT(S)
<ul style="list-style-type: none"> <li>• Authorization to Disclose Personal Information (ADP)</li> <li>• ADP Acknowledgment Form</li> <li>• Agent Producer Statement</li> <li>• (All Consent Form (If applicable))</li> <li>• Other State Special Forms (If applicable)</li> </ul>	<ul style="list-style-type: none"> <li>• Notice of Informational Practices / Pre-Notice</li> <li>• (All Consent Form (If applicable))</li> <li>• Outline of Coverage</li> <li>• Other State Special Forms (If applicable)</li> </ul>

**FORMS THAT MAY BE REQUESTED, BUT ARE NOT INCLUDED WITHIN THIS PACKAGE**

The following forms can be downloaded from Sales Professional Access (SPA) at [www.mutualofomaha.com](http://www.mutualofomaha.com) as needed to complete the application:

- Financial Usage Questionnaire
- Financial Questionnaire
- Foreign Travel Questionnaire
- Replacement Notice

**Application Instructions**

- Submit the fully completed application and applicable completed forms. Unanswered questions on the application or missing or incomplete forms will result in underwriting delays.
- If a question does not apply to your client, answer it as "No" or "None" rather than "N/A."
- Mail application and appropriate forms to: Mutual of Omaha Insurance Company, Records/Mailing Processing Center, 1100 State Street, Suite 100, Omaha, NE 68102-4170
- For application to 800-997-1884 and verify the correct business number is listed to protect the privacy of the information.

Please note: use the maximum resolution to ensure the suitability of the application.

MAP1217  
09/01/2013

## DI CHOICE – INDIVIDUAL APPLICATION

We've kept it simple. You can use the same application for any of the Individual DI Choice products. Use this when applying for Accident Only disability, Short-Term disability, Long-Term disability or a Business Overhead Expense policy for a business owner.

# STEP 5

**TIP:** Policy delivery is the perfect time to demonstrate your professional value and good service. Be sure to ask for referrals.

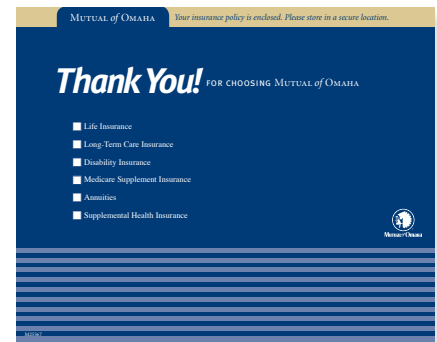
## DELIVER THE POLICY

*This is an opportunity to cement the sale and build long-term client relationships. Remind clients that their disability income insurance is now in place to help protect their lifestyle and financial plans.*

### Policy Jacket

Our policies are provided to you in a special policy jacket designed to help you deliver a professional looking packet to your client.

Use this policy jacket to house all pertinent information, such as a cover letter, your business card and notes on how the policy fills the client's need.



### How to Get Marketing Tools

We've created a variety of marketing tools to support your efforts throughout the DI sales process. Letters, brochures, booklets, flyers and more can be ordered through your normal ordering channel.

### Questions

If you have questions about the sales process or any of the marketing tools available, contact your Sales Support team. They can be reached Monday through Friday from 7:30 a.m. to 5:30 p.m. (Central time).

[sales.support@mutualofomaha.com](mailto:sales.support@mutualofomaha.com)







Disability income insurance underwritten by:

**MUTUAL OF OMAHA INSURANCE COMPANY**

3300 Mutual of Omaha Plaza

Omaha, NE 68175

*[mutualofomaha.com](http://mutualofomaha.com)*