

Critical Illness at Work



Product and Underwriting Guide

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Contact Information

Mailing Addresses

Mutual of Omaha Insurance Company
Multi-Life Underwriting – 6th Floor
Mutual of Omaha Plaza
Omaha, NE 68175

Premium Submission (no premium should be submitted with the application)

General Mail

Mutual of Omaha
P.O. Box 30154
Omaha, NE 68103-1254

Expedited Mail

1st National Bank
Attn: Stop 2203
Box 30154
1620 Dodge St.
Omaha, NE 68197-2203

Mutual of Omaha Licensing

Phone: 800-867-6873
Hours: 8 a.m. to 4:30 p.m. Central Time Monday – Friday

Sales Support

Phone: 877-617-5589 or 800-693-6083
Hours: 8 a.m. to 4:30 p.m. Central Time Monday – Friday
E-mail: sales.support@mutualofomaha.com

- Appointments
- Contracting & Licensing
- Proposals
- Sales/Product Support

Underwriting

Phone: 800-715-4376
Hours: 8 a.m. to 4:30 p.m. Central Time Monday – Friday

Multi-Life Underwriting Coordinator

Phone: 877-778-0838
Fax: 402-351-5958
Hours: 8 a.m. to 4:30 p.m. Central Time Monday – Friday
E-mail: multilife@mutualofomaha.com

- Case Quoting
- Group Approval
- Multi-Life Inquiries

Critical Illness at Work

Program Overview

What is Critical Illness at Work?

Critical Illness at Work is a multi-life program for businesses with three or more employees.

Critical Illness Overview

Critical Illness insurance fills a gap in your clients' current financial protection plan:

- Medical insurance pays a portion of medical bills after deductibles and co-payments.
- Disability income insurance pays a portion of income, after a specified elimination period, for a disabling injury or illness.
- Life insurance pays a beneficiary upon insured's death.
- Critical Illness insurance pays the insured for living.

The insured does not have to be disabled, confined to a nursing home or die to receive benefits. Also, there is no survival period requirement.

What's more, Critical Illness insurance:

- Pays insureds directly upon diagnosis to spend however they wish (with no restrictions);
- Does not require policyowners to be terminally ill to receive benefits; and
- Pays regardless of other insurance in force.
- If the insured requires a major organ transplant and meets all requirements, the benefit is payable upon their registration by the United Network of Organ Sharing (UNOS). Benefits are NOT withheld until the transplant occurs.

Getting Started

Overview

The following is designed to help you with the submission of your new Critical Illness at Work payroll deduction group. We want your new Multi-Life group to be a success. Following these steps will ensure that your new business will be processed quickly and correctly. The information you provide will be used to set up your new group according to the terms you discussed with your payroll deduction client. Before submitting Multi-Life payroll deduction business to Mutual of Omaha's Home Office for underwriting and processing, all application forms should be reviewed.

All Critical Illness at Work premiums must be **100 percent paid by the employee**; no employer contribution is allowed.

Eligibility

- **Business Eligibility:** To be eligible, the business cannot be seasonal, hazardous, marginally profitable or have excessive turnover, and must have been in existence for **one year**.
- **Employee Eligibility:** Employees over age 18 must have been employed for 30 hours or more a week for at least six months.

Group Minimums

- A minimum of \$50.00 in monthly billed premium; and
- A minimum of 3 Critical Illness at Work insured employees required. Note: CA and WI require 15 percent participation of all full-time employees and 3 insured employees.

Required Forms

- Group Approval and Payroll Deduction Authorization Form (MLC21703_0510) must be fully completed by the business owner or an authorized representative.
 - Page one provides necessary company information and verifies the employer's agreement to deduct and remit payment for the employees. **Premiums are 100 percent paid by the employee; no employer contribution allowed.**
 - Page two is the premium deduction/billing matrix. Based on the premium deduction cycles, select the billing option that is most convenient for the business. Complete the requested coverage effective date for the initial new business applications.
 - Page three includes census data information. This provides you with an organized record of the employees who choose to participate in the voluntary insurance program. Complete employee information on all initial enrollees.
 - Page four is a checklist for you to follow to ensure your group is a success.
- Critical Illness at Work Application (MA5800 or state special) must be fully completed and signed by the applicant.
- Enrollment Form (M22238_0510) must be completed by each participating employee. This is a triplicate form. Distribute copies as follows:
 - Original with each new business application to the Home Office
 - Copy to the payroll administrator
 - Copy to the applicant

Employees who choose not to participate in the Critical Illness at Work program must sign the waiver section of the form. Forward a copy of all waivers to the home office, and provide the business owner a copy for their records.

Getting Started, continued

Step 1: Generate a Case Quote

- Complete a quote using Mutual of Omaha's WinFlex Proposal Software
- Select CIW from the Product Menu

Step 2: Submit the Group for Approval

Once the organization is ready to proceed, complete the Group Approval and Payroll Deduction Authorization Form (MLC21703_0510) and submit it along with a copy of the census to Mutual of Omaha's Multi-Life Department for review.

Mail to: Mutual of Omaha Insurance Company
Multi-Life Underwriting – 6th Floor
Mutual of Omaha Plaza
Omaha, NE 68175

Fax: 402-997-1893

E-mail: multilife@mutualofomaha.com

Step 3: Group Approval

Within one to two business days, the Multi-Life Underwriting Coordinator will review the Group Approval Request Form and:

- Approve the group
- Request additional information; or
- Decline the group

Step 4: The Implementation Call

The Multi-Life Underwriting Coordinator will issue an invitation for an Implementation Call. The call may include:

- The Multi-Life Underwriting Coordinator
- The agent and/or marketer/division office
- The organization's benefits administrator
- The organization's billing contact

During the call, the implementation process will be discussed, including billing set-up and the enrollment start date.

Step 5: Enrollment

Submit your Multi-Life applications and enrollment forms using your normal channel. The applications will then be sent to Mutual of Omaha's Multi-Life Underwriting Department:

Mail to: Mutual of Omaha Insurance Company
Multi-Life Underwriting – 6th Floor
Mutual of Omaha Plaza
Omaha, NE 68175

Fax: 402-997-1893

Employees will complete the Multi-Life Benefit Program Enrollment (MA5800 or state special) and Payroll Deduction Authorization Request Form (M22238_0510).

Product Details

Product Details

Built-in and Optional Benefits

Mutual of Omaha's critical illness insurance pays 100 percent of the client's maximum benefit amount for these illnesses and conditions, in accordance with all other requirements of this policy:

- Heart Attack (myocardial infarction)
- Life-threatening cancer
- Stroke
- Renal (Kidney) Failure
- Major organ transplant

In addition, our critical illness insurance pays 25 percent of the client's maximum benefit amount for the following illnesses and conditions:

- First-Ever Coronary Artery Bypass Surgery
- First-Ever Coronary Angioplasty
- First Carcinoma in Situ

Optional Benefit Riders Available For An Additional Cost:

Wellness Benefit Rider *(Benefit is elected by the employer as part of benefit offering to employees)*

If your client receives one or more of the covered tests and procedures listed below, we will pay them \$50.

- Chest X-ray
- Colonoscopy or flexible sigmoidoscopy
- Fasting blood glucose test
- Hemocult stool analysis
- Mammography
- Pap Smear
- Prostate-Specific Antigen (PSA) test
- Serum Cholesterol test to determine level of HDL and LDL

We will pay \$50 once per calendar year, regardless of the number of tests or procedures received.

Accidental Death and Dismemberment Benefits Rider

Benefit amounts are available from a minimum of \$5,000 to a maximum of \$75,000.

We will pay the Owner 100% of the Principal Sum Amount for one of the following Injury Losses incurred by the Insured within 90 days of the injury: Life; Both Hands; Both Feet; Both Eyes; One Hand and One Foot; One Hand and One Eye; or One Foot and One Eye

We will pay the Owner 1/3 of the Principal Sum Amount for one of the following Injury Losses incurred by the Insured within 90 days of the injury: One Hand; One Foot; or One Eye

We will pay the owner for covered losses in separate accidents; however, the total amount paid under this rider will not exceed the Principal Sum Amount.

Disability Benefit Rider (Not available in IA, IL, KS, MO, MT, ND or SD)

If Injuries or Sickness result in your Total Disability and you are approved by the Social Security Administration to receive Social Security Disability Benefits, we will pay the Owner 5 percent of the Disability Benefit Amount every 6 months for the first 5 years of Total Disability. In the sixth benefit year, we will pay the Owner, in a lump sum, any remaining Disability Benefit Amount that is payable.

The Disability Benefit Amount is equal to the Maximum Benefit Amount payable under the policy.

Policy Definitions

Life-Threatening Cancer

Policy Definition

Life-Threatening Cancer means a malignant neoplasm (including hematologic malignancy), which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. The following types of cancer are not considered a Life-Threatening Cancer: early prostate cancer diagnosed as T1N0M0 or equivalent staging; First Carcinoma in Situ; pre-malignant lesions (such as intraepithelial neoplasia), benign tumors or polyps; any skin cancer other than invasive malignant melanoma in the dermis or deeper, or skin malignancies that have become Life-Threatening Cancers. Life-Threatening Cancer must be diagnosed pursuant to a Pathological Diagnosis or a Clinical Diagnosis.

Practical Interpretation

Life-Threatening Cancer is an uncontrolled growth of abnormal cells that invade healthy tissue. These growths are called malignant tumors and if untreated, can interfere with normal body functions and ultimately cause death.

Life-Threatening Cancer includes but is not limited to these cancers:

- lung;
- breast;
- colon;
- leukemia, lymphoma;
- prostate (except as described below);
- bone;
- kidney;
- bladder;
- invasive malignant skin cancer (melanoma in the dermis or deeper); and
- skin malignancies that have become life threatening.

Exceptions:

- early prostate cancer diagnosed as a tumor (T1N0M0) or equivalent staging;
- First Carcinoma in Situ;
- pre-malignant lesions, benign or pre-malignant tumors, or polyps; and
- any skin cancer other than invasive malignant melanoma in the dermis or deeper, or skin malignancies that have become Life-Threatening Cancers.

Limitation:

Life-Threatening Cancer is not covered if, within 30 days following the policy issue date or the last reinstatement date, the insured:

- is first Diagnosed with Life-Threatening Cancer; or
- has shown symptoms or medical problems that result in a Life-Threatening Cancer Diagnosis.

Critical Illness Insurance Plan Pays

For Life-Threatening Cancer when the insured's cancer is:

- malignant;
- growing uncontrollably outside its original area; and
- pathologically or clinically diagnosed (see Diagnosis).

Heart Attack (Myocardial Infarction) — 100% Benefit

Policy Definition

Heart Attack (Myocardial Infarction) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this policy, the Diagnosis of Heart Attack (Myocardial Infarction) must be based upon both:

- (1) new electrocardiographic changes consistent with and supporting a Diagnosis of Heart Attack (Myocardial Infarction); and
- (2) a concurrent diagnostic elevation of cardiac enzymes.

Practical Interpretation

A heart attack occurs when the blood supply to a portion of the heart's muscle is blocked resulting in permanent tissue death and scarring. The Diagnosis is based upon new changes on the electrocardiographic (ECG or EKG) and affirmative blood tests.

Critical Illness Insurance Plan Pays

For a Heart Attack when the insured's:

- heart's blood supply is blocked;
- heart has permanent tissue death and scarring; and
- diagnosis is based on new changes on the electrocardiogram (ECG or EKG) and blood tests.

Renal Failure (Kidney Failure) — 100% Benefit

Policy Definition

Renal Failure means the chronic irreversible failure of both of the kidneys (end-stage renal disease), which requires treatment with regular dialysis. In order for Renal Failure to be covered under this policy, the Diagnosis of Renal Failure must be made by a Legally Qualified Physician who is a board certified nephrologist.

Practical Interpretation

Renal Failure requires regular dialysis to cleanse the body of naturally-produced waste products.

Critical Illness Insurance Plan Pays

For Renal Failure when:

- the insured's kidneys permanently fail, and
- the insured requires regular dialysis.

Stroke – 100% Benefit

Policy Definition

Stroke means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least 30 days following the occurrence of the Stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

In Arkansas: Stroke means apoplexy due to rupture or acute occlusion of a cerebral artery that is diagnosed or treated after the effective date of the policy. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. The Stroke must be positively diagnosed by a Legally Qualified Physician based upon documented neurological deficits and confirmatory neuroimaging studies. Stroke does not mean head injury, transient ischemic attack (TIA) or cerebrovascular insufficiency.

Practical Interpretation

Stroke affects the blood vessels supplying blood to the brain. It is also sometimes called “brain attack.” A stroke occurs when a blood vessel bringing oxygen and nutrients to the brain bursts or is clogged by a blood clot or some other particle. Because of this rupture or blockage, part of the brain doesn’t get the flow of blood it needs. A warning sign of a potential stroke, TIA is not covered by Critical Illness insurance.

Exceptions:

- Transient Ischemic Attack (TIA), and
- other cerebral vascular events.

In Arkansas:

- head injury,
- Transient Ischemic Attack (TIA), and
- cerebrovascular insufficiency.

Critical Illness Insurance Plan Pays

For a Stroke when:

- a blood vessel ruptures in the brain, or
- a blood clot blocks blood flow through the brain, and
- the neurological injury lasts for at least 30 days.
- **In Arkansas:** the neurological injury lasts for at least 24 hours.

Major Organ Transplant — 100% Benefit

Policy Definition

Major Organ Transplant means clinical evidence of major organ(s) failure that requires the malfunctioning organ(s) or tissue of the insured to be replaced with the organ(s) or tissue from a suitable donor under generally accepted medical procedures. Those organs or tissues covered by this definition are limited to: liver, kidney, lung, entire heart, small intestine, pancreas, pancreas-kidney or bone marrow. In order for the insured's Major Organ Transplant to be covered under this policy, the insured must also be registered by the United Network of Organ Sharing (UNOS).

Practical Interpretation

A Major Organ Transplant is a surgical procedure to replace the recipient's malfunctioning organ or tissue with an organ or tissue from a suitable donor. The insured must be registered by the United Network of Organ Sharing.

The following organs or tissues are covered:

- liver
- kidney
- lung
- entire heart
- small intestine
- pancreas
- pancreas-kidney
- bone marrow

Critical Illness Insurance Plan Pays

For a Major Organ Transplant when:

- there is clinical evidence a major organ has failed,
- the insured's malfunctioning organ(s) or tissue must be replaced with a suitable donor's organ(s) or tissue, and
- the insured is registered with the United Network of Organ Sharing.

Angioplasty — 25% Benefit

Policy Definition

First Coronary Angioplasty (surgical treatment) means the first-ever balloon angioplasty or other forms of catheter-based percutaneous transluminal coronary artery therapy to correct narrowing or blockage of one or more coronary arteries, performed by a Legally Qualified Physician who is also a board certified cardiologist.

Practical Interpretation

Coronary Angioplasty is a procedure to open blocked arteries on the heart's surface that supply blood to the heart muscle. A balloon or other device reduces the blockage within the artery and restores more normal blood flow. A cardiologist (heart specialist) performs this procedure.

Critical Illness Insurance Plan Pays

For First-Ever Coronary Angioplasty when a cardiologist:

- opens the insured's blocked or narrowing artery(ies) with a balloon or other device to restore normal blood flow.

Bypass Surgery — 25% Benefit

Policy Definition

First Coronary Artery Bypass Surgery (surgical treatment) means the first-ever coronary artery revascularization surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, performed by a Legally Qualified Physician who is a board certified cardiothoracic surgeon.

Practical Interpretation

First Coronary Artery Bypass Surgery is a surgical operation to restore more normal blood flow to the heart muscle. A cardiothoracic surgeon bypasses blocked arteries using a portion of an artery from the chest wall or a segment of vein from the leg. This requires opening the chest and connecting the patient to a heart-lung machine during the operation.

Critical Illness Insurance Plan Pays

For First-Ever Coronary Artery Bypass Surgery (surgical treatment) when a cardiothoracic surgeon:

- places a healthy artery and/or vein segment(s) around the insured's blocked artery(ies).

First Carcinoma in Situ — 25% Benefit

Policy Definition

First Carcinoma in Situ means the first Diagnosis of cancer wherein the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue. This does not include skin cancer. First Carcinoma in Situ must be Diagnosed pursuant to a Pathological Diagnosis or Clinical Diagnosis.

Practical Interpretation

First Carcinoma in Situ is a condition in which malignant cells have the potential to invade and metastasize, but have not done so yet.

Exceptions:

- skin cancer

Limitation:

First Carcinoma in Situ is not covered if, within 30 days following the policy issue date or the last reinstatement date, the insured:

- is first Diagnosed with First Carcinoma in Situ, or
- has symptoms or medical problems that result in a First Carcinoma in Situ Diagnosis.

Critical Illness Insurance Plan Pays

For First Carcinoma in Situ when the insured's cancer tumor is:

- malignant;
- located only in its original part of the body (has not spread); and
- pathologically or clinically diagnosed (see Diagnosis).

Legally Qualified Physician

Policy Definition

Legally Qualified Physician means a person, other than the insured or the owner, a member of the insured's or the owner's immediate family, or a business associate of the insured or owner, who is duly licensed and practicing medicine in the United States, and who is legally qualified to diagnose and treat sickness and injuries. He or she must be providing services within the scope of his or her license, and must be a board certified specialist where required under this policy.

Practical Interpretation

A legally qualified physician:

Is	<ul style="list-style-type: none"> ■ licensed and practicing medicine in the United States; ■ legally qualified to diagnose and treat sickness and injuries; ■ providing services within the scope of his or her license; and ■ a board certified specialist where required under this policy.
Is not	<ul style="list-style-type: none"> ■ the insured or the owner; ■ a member of the insured's or owner's immediate family; or ■ the insured's or owner's business associate.

Diagnosis

Policy Definition

Diagnosis means the definitive establishment of the Critical Illness insured Condition through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Legally Qualified Physician who is also a board certified specialist where required under this policy.

In the case of a First Coronary Angioplasty or First Coronary Artery Bypass Surgery, the Diagnosis includes the performance of the surgical treatment as defined in this policy.

In the case of a Major Organ Transplant, the Diagnosis includes Mutual of Omaha verification that the insured has been registered by the United Network of Organ Sharing (UNOS).

Practical Interpretation

A Legally Qualified Physician (and board-certified specialist where required) uses clinical and/or laboratory tests to conclude that the insured has a Critical Illness condition.

For	Diagnosis includes
<ul style="list-style-type: none"> ■ first coronary angioplasty ■ first coronary artery bypass surgery 	surgery as defined in policy.
Major organ transplant	verification that the insured is registered with the United Network of Organ Sharing (UNOS).

Date of Diagnosis

Policy Definition

Date of Diagnosis means the date the Diagnosis is established by a Legally Qualified Physician, who is also a board-certified specialist where required under this policy, through the use of clinical and/or laboratory findings as supported by the insured's medical records.

In the case of a First Coronary Angioplasty or First Coronary Artery Bypass Surgery, the Date of Diagnosis is the date of the performance of the surgical treatment as defined in this policy.

In the case of a Major Organ Transplant, the Date of Diagnosis is the date that the Insured has been registered by the United Network of Organ Sharing (UNOS).

Practical Interpretation

The date a Legally Qualified Physician (and board-certified specialist where required) confirms through clinical and/or laboratory tests that the insured has a Critical Illness condition.

For	The Date of Diagnosis is the date
<ul style="list-style-type: none"> ■ First Coronary Angioplasty ■ First Coronary Artery Bypass Surgery 	Of surgery as defined in the policy
<ul style="list-style-type: none"> ■ Major Organ Transplant 	The insured is registered with the United Network of Organ Sharing (UNOS).

Clinical Diagnosis

Policy Definition

Clinical Diagnosis means a Diagnosis of Life-Threatening Cancer or First Carcinoma in Situ based on the study of symptoms and diagnostic test results. Mutual of Omaha will accept a Clinical Diagnosis of Life-Threatening Cancer or First Carcinoma in Situ only if the following conditions are met:

- (a) a Pathological Diagnosis cannot be made because it is medically inappropriate or Life-Threatening;
- (b) there is medical evidence to support the Diagnosis; and
- (c) a Legally Qualified Physician is treating the insured for Life-Threatening Cancer and/or First Carcinoma in Situ.

Practical Interpretation

Type of Diagnosis	Conditions
Clinical	<ul style="list-style-type: none"> ■ a physician who is treating the insured for cancer studies symptoms and diagnostic test results; ■ a pathological diagnosis is medically inappropriate or life threatening; and ■ medical evidence supports the diagnosis.

Pathological Diagnosis

Policy Definition

Pathological Diagnosis means a Diagnosis of Life-Threatening Cancer or First Carcinoma in Situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Legally Qualified Physician who is also a board certified pathologist and whose Diagnosis of malignancy conforms with the standards set by the American College of Pathology.

Practical Interpretation

Type of Diagnosis	Conditions
Pathological	<ul style="list-style-type: none">■ a pathologist studies fixed tissue or blood under a microscope, and■ the diagnosis meets American College of Pathology standards.

General Underwriting Guidelines

Introduction

Your importance in the underwriting process cannot be overemphasized. The job you do affects your client's feeling toward you and the Companies; it can also affect the availability of this type of insurance at an affordable price.

Issue Ages

Ages 18-69 (in CA and WI, 18-64)

Employees (Full-time employees working at least 30 hours per week)

If	then use policy form
Employee is requesting coverage	CIW/CCIW (one policy/certificate per person)
Employee's spouse is requesting coverage	CIW/CCIW (separate application)

Client Interview

A Client Interview must be completed on each spouse who is not present to complete their own application.

Underwriting Outcomes

Critical Illness insurance is underwritten and issued as:

- Standard; or
- Declined (no eliminations or rate-ups).

If "Yes" is answered to any of the underwriting questions in Section B, the application will be declined.

If "No" is answered to all underwriting questions, height and weight will be considered. If height or weight fall outside the acceptable range, the application will be declined.

The CIW policy may not be issued:

- In addition to any other critical illness coverage with this company.
- To persons on Medicare or Medicaid.

Note: Those persons over age 65 on Medicare may be issued at the underwriter's discretion.

May NOT be issued to foreign nationals living in the U.S. for less than 3 years. (To be eligible, these individuals must have 3 years of uninterrupted residency in the U.S. Proof of alien status will be required (i.e., Alien Registration number of inspection and Registration Receipt Card – green card).

Application

Use the currently approved CIW/CCIW application (MA5800 or state equivalent). A copy will be attached to the policy/certificate.

Benefit Amounts

Benefit options for employees are:

- \$5,000 minimum benefit, and a
- \$75,000 maximum benefit.

Benefit options in GA are:

- \$10,000 minimum benefit, and a
- \$50,000 maximum benefit.

Benefit options for spouses (in all states except GA) are:

- if the employee completes the CIW/CCIW application on their spouse, the benefit for the spouse cannot exceed the employee's benefit or \$25,000 (all sources), whichever is less; or
- if the spouse completes their own CIW/CCIW application, the benefit for the spouse cannot exceed the employee's benefit or \$75,000 (all sources), whichever is less.

General Underwriting Guidelines, continued

Benefit options for spouses (**in GA**) are:

- If the employee completes the CIW application on their spouse, the benefit for the spouse cannot exceed the employee's benefit; or
- If the spouse completes their own CIW application, the benefit for the spouse cannot exceed the employee's benefit or \$50,000 (all sources) whichever is less.

Base Policy (CIW/CCIW)

- May be issued to full-time employed persons. (Must be working at least 30 hours per week.)
The CIW may be issued in addition to Critical Illness with another company as long as the total benefit does not exceed \$75,000, (\$50,000 in GA).
- The spouse may also apply for coverage. If the employee is uninsurable, no policy is issued to the spouse. (**NOTE:** If the employee signs for coverage for the spouse, a client interview must be done with the spouse.)
- The only mode for the worksite marketing policy (CIW/CCIW) is PRD. No cash is collected with the application. A **minimum of 3 insured employees and \$50 monthly premium** must be submitted to establish PRD billing (CA and WI also require participation of 15% of Full-Time Employees).

Deduction/billing Frequencies

In order to match the premium deductions in your PRD group's payroll, the following billing frequencies are available:

- Annual (once a year);
- Semi-Annual (twice a year);
- Quarterly (four times a year);
- Monthly (once a month);
- Semi-Monthly or 24-Pay (twice a month);
- Bi-Weekly or 26-Pay (every two weeks); and
- 9-, 10-, 11-, 18-, 19-, 20-, 21-, 22-, 23- and 25- pay

Riders

The following riders are available (varies by state):

- 0HA9M — Wellness Benefit Rider
- 0HA8M — Accidental Death and Dismemberment Benefits Rider
- 0HA7M — Disability Benefit Rider
- 0EJ3M — Premium Change Provision Amendment Rider

Issue Exceptions

The CIW/CCIW policy may NOT be issued:

- To persons on Medicare under age 65 or on Medicaid; or
- Foreign Nationals who do not have a permanent visa and have not resided in the United States for a minimum of three continuous years.

General Underwriting Guidelines, continued

Wellness Benefit Rider (OHA9M) (subject to state availability)

- This rider may be added to **all new issues** of policy form CIW/CCIW (or state equivalent).
- The employer decides whether or not to offer the Wellness Benefit Rider. If selected, it must be included for **all** employees and spouses.
- This is a **cost rider** with a constant premium.
- This rider cannot be removed.

AD&D Benefit Rider (OHA8M) (subject to state availability)

- This rider may be added to new issues and inforce CIW/CCIW policies (or state equivalent). Underwriting will be the same for new business and additional coverage on inforce.
- This rider is available to the **employee and spouse**.
- Some occupational classes are ineligible for this benefit. Occupations that are usually characterized by the existence of significant injury hazard, extreme physical demands, unfavorable working conditions, or unstable employment conditions are not allowed. (See Occupations section for more details.)
- This is a **cost rider**.
- The maximum benefit for this rider is the Critical Illness benefit.

Disability Income Benefit Rider (OHA7M) (subject to state availability)

- This rider may be added to new issues and inforce CIW/CCIW policies (or state equivalent). Underwriting will be the same for new business and additional coverage on inforce.
- This rider is available to the **employee only**. The rider is not available to the spouse.
- Issue ages are 18 through 64.
- This benefit will not be allowed if the applicant intends to replace an existing disability or income replacement plan.
- Some occupational classes are ineligible for this benefit. Occupations that are usually characterized by the existence of significant injury hazard, extreme physical demands, unfavorable working conditions, or unstable employment conditions are not allowed. (See Occupations section for more details.)
- This is a **cost rider**.
- The maximum benefit is the Critical Illness Benefit.

Premium Change Provision Amendment Rider (0EJ3M) (subject to state availability)

- No cost rider added to all PRD cases; and
- Rate up on group anniversary as opposed to policy anniversary.
- You do not need to list this rider on the application.

Occupations

Most occupations will be considered standard for the critical illness product.

However, certain occupational classes that are usually characterized by the existence of significant injury hazard, extreme physical demands, unfavorable working conditions, or unstable employment are ineligible for coverage.

The following occupations are examples of “risky” occupations and would be ineligible for critical illness coverage:

- Asbestos Workers;
- Ammunition and Explosives/Chemicals (manufacturing & handling);
- Bartenders;
- Blasters & Explosive Handlers;
- Commercial Divers;
- Deep Sea Fishermen;
- Hazardous Waste Workers;
- Mountain Climbers;
- Professional Athletes — Boxers/Jockeys;
- Racing Drivers;
- Sky Divers;
- Structural Workers — Iron Workers;
- Underground Miners;
- Underground Workers; and
- Underwater Workers.

Any questions regarding insurable occupations should be referred to Worksite Marketing for approval.

Build Chart

Use the following table in the underwriting process to determine those applicants who will be declined for Worksite Critical Illness insurance coverage based on height and weight.

Inches	Height	Weight
56	4'8"	174
57	4'9"	181
58	4'10"	187
59	4'11"	194
60	5'0"	200
61	5'1"	207
62	5'2"	214
63	5'3"	221
64	5'4"	228
65	5'5"	235
66	5'6"	242
67	5'7"	250
68	5'8"	257
69	5'9"	265
70	5'10"	272
71	5'11"	280
72	6'0"	288
73	6'1"	296
74	6'2"	304
75	6'3"	313
76	6'4"	321
77	6'5"	329
78	6'6"	338
79	6'7"	347
80	6'8"	356
81	6'9"	364
82	6'10"	374
83	6'11"	383

Uninsurable Conditions

Overview

Because of the nature of Critical Illness insurance, certain medical conditions will cause an individual to be ineligible for coverage.

Uninsurable Conditons

If a person has or ever has had any of the following medical conditions, he or she is **NOT** eligible for critical illness coverage.

1. Abnormal Kidney Functions	4. Cancer (other than skin cancer)	Diastolic 95 or greater within the last 6 months
2. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Human Immunodeficiency Virus (HIV) infection (symptomatic or asymptomatic) or any AIDS related condition	5. Cirrhosis	10. Insulin Dependent Diabetes
3. Alcoholism — with treatment or abuse within the last 5 years	6. Drug Abuse — with treatment or abuse within the last 5 years	11. Melanoma
	7. Heart Attack	12. Recurrent Breast Tumors or Cysts
	8. Hepatitis B or C	13. Severe Chronic Lung Disease
	9. High Blood Pressure with readings above: Systolic 150 or greater within the last 6 months	14. Skin Cancer (2 or more occurrences)
		15. Stroke (TIA)
		16. Ulcerative Colitis

Family History Guidelines

Any application questions related to the family history of the applicant do not need to be completed. If questions are answered, underwriting will not use this information to determine coverage eligibility.

Client Interview Tips (applies only when employee signs the application for spouse)

Overview

The client interview process recognizes that no two people are alike. When the employee completes and signs the CIW/ CCIW application for the spouse, the spouse should be prepared for a one-on-one dialogue with the Home Office Health Profiler who gathers the pertinent health information.

Tips for Best Results

Take the following steps for the best Client Interview results:

Step	Action
1	Complete and sign the application.
2	Share “The Importance of an Accurate Health History” with the employee.
3	Orient the employee to the health profile interview. Advise the employee that the spouse’s interview will be recorded.
4	Ask the employee to have his or her spouse gather their doctor and medication information.

Completing a Health Profile

The spouse should call **1-800-775-3000** and select the critical illness profile option.

- 7:00 a.m. – 12:00 a.m. (CT) Monday-Friday
- 8:00 a.m. – 3:00 p.m. (CT) Saturday