

**UNITED WORLD LIFE INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

P.O. Box 3608 Omaha, Nebraska 68103-3608



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**APPLICATION for  
MEDICARE SUPPLEMENT INSURANCE**

**MICHIGAN**

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**UNITED WORLD LIFE INSURANCE COMPANY**  
**A Mutual of Omaha Company**  
**OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE**  
**BENEFIT PLANS A, C, F, HIGH DEDUCTIBLE F, G AND N**

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan A available. Some plans may not be available in your state.

**Basic Benefits:**

- Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
- Blood: First 3 pints of blood each year.
- Hospice: Part A coinsurance.

| Plan A                                    | Plan B                                    | Plan C                                    | Plan D                                    | Plan F                                     | F*  | Plan G                                    | Plan K   | Plan L   | Plan M                                    | Plan N   |
|---|---|---|---|--|---|---|--|--|---|--|
| Basic, including 100% Part B Co-insurance | Basic, including 100% Part B Co-insurance | Basic, including 100% Part B Co-insurance | Basic, including 100% Part B Co-insurance | Basic, including 100% Part B Co-insurance* | Basic, including 100% Part B Co-insurance | Basic, including 100% Part B Co-insurance | Hospitalization and preventive care paid at 100%; other basic benefits paid at 50% | Hospitalization and preventive care paid at 100%; other basic benefits paid at 75% | Basic, including 100% Part B Co-insurance | Basic, including 100% Part B Co-insurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER |
|   |   | Skilled Nursing Facility Co-insurance     | Skilled Nursing Facility Co-insurance     | Skilled Nursing Facility Co-insurance      | Skilled Nursing Facility Co-insurance     | Skilled Nursing Facility Co-insurance     | 50% Skilled Nursing Facility Coinsurance   | 75% Skilled Nursing Facility Coinsurance   | Skilled Nursing Facility Co-insurance     | Skilled Nursing Facility Coinsurance   |
|   | Part A Deductible                         | Part A Deductible                         | Part A Deductible                         | Part A Deductible                          | Part A Deductible                         | Part A Deductible                         | 50% Part A Deductible  | 75% Part A Deductible  | 50% Part A Deductible                     | Part A Deductible  |
|   |   | Part B Deductible                         |   | Part B Deductible                          | Part B Deductible                         |   |  |  |   |  |
|   |   |   |   | Part B Excess (100%)                       | Part B Excess (100%)                      | Part B Excess (100%)                      |  |  |   |  |
|   |   | Foreign Travel Emergency                  | Foreign Travel Emergency                  | Foreign Travel Emergency                   | Foreign Travel Emergency                  | Foreign Travel Emergency                  |  |  | Foreign Travel Emergency                  | Foreign Travel Emergency   |
|   |   |   |   |  |   |   | Out-of-pocket limit \$5,120; paid at 100% after limit reached                      | Out-of-pocket limit \$2,560; paid t 100% after limit reached                       |   |  |

\* Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,200 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,200. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

**MONTHLY NON-TOBACCO PREMIUMS**  
**ZIP CODES: 490-491, 493-499**

| FEMALE         |                |                |                     |                |                |                 |                |                |                | MALE                |                |                |                 |                |                |                |                     |                |                |
|----------------|----------------|----------------|---------------------|----------------|----------------|-----------------|----------------|----------------|----------------|---------------------|----------------|----------------|-----------------|----------------|----------------|----------------|---------------------|----------------|----------------|
| Plan A<br>WM20 | Plan C<br>WM22 | Plan F<br>WM24 | Plan High F<br>WM34 | Plan G<br>WM25 | Plan N<br>WM35 | Attained<br>Age | Plan A<br>WM20 | Plan C<br>WM22 | Plan F<br>WM24 | Plan High F<br>WM34 | Plan G<br>WM25 | Plan N<br>WM35 | Attained<br>Age | Plan A<br>WM20 | Plan C<br>WM22 | Plan F<br>WM24 | Plan High F<br>WM34 | Plan G<br>WM25 | Plan N<br>WM35 |
| 115.68         | 148.13         | 131.67         | 34.89               | 101.36         | 84.47          | 65              | 131.87         | 168.88         | 150.11         | 39.78               | 115.55         | 96.29          | 65              | 131.87         | 168.88         | 150.11         | 39.78               | 115.55         | 96.29          |
| 115.68         | 148.13         | 131.67         | 34.89               | 101.36         | 84.47          | 66              | 131.87         | 168.88         | 150.11         | 39.78               | 115.55         | 96.29          | 66              | 131.87         | 168.88         | 150.11         | 39.78               | 115.55         | 96.29          |
| 115.68         | 148.13         | 131.67         | 34.89               | 101.36         | 84.47          | 67              | 131.87         | 168.88         | 150.11         | 39.78               | 115.55         | 96.29          | 67              | 131.87         | 168.88         | 150.11         | 39.78               | 115.55         | 96.29          |
| 119.92         | 153.56         | 136.50         | 36.17               | 105.08         | 87.57          | 68              | 136.71         | 175.07         | 155.61         | 41.24               | 119.78         | 99.81          | 68              | 136.71         | 175.07         | 155.61         | 41.24               | 119.78         | 99.81          |
| 124.16         | 158.99         | 141.33         | 37.45               | 108.79         | 90.66          | 69              | 141.54         | 181.26         | 161.12         | 42.70               | 124.02         | 103.35         | 69              | 141.54         | 181.26         | 161.12         | 42.70               | 124.02         | 103.35         |
| 128.40         | 164.43         | 146.16         | 38.73               | 112.50         | 93.75          | 70              | 146.38         | 187.45         | 166.62         | 44.16               | 128.25         | 106.88         | 70              | 146.38         | 187.45         | 166.62         | 44.16               | 128.25         | 106.88         |
| 133.03         | 170.35         | 151.42         | 40.13               | 116.34         | 96.95          | 71              | 151.65         | 194.19         | 172.62         | 45.74               | 132.62         | 110.52         | 71              | 151.65         | 194.19         | 172.62         | 45.74               | 132.62         | 110.52         |
| 137.65         | 176.27         | 156.69         | 41.53               | 120.16         | 100.14         | 72              | 156.92         | 200.95         | 178.62         | 47.34               | 136.98         | 114.15         | 72              | 156.92         | 200.95         | 178.62         | 47.34               | 136.98         | 114.15         |
| 142.27         | 182.20         | 161.95         | 42.92               | 123.98         | 103.31         | 73              | 162.19         | 207.70         | 184.62         | 48.92               | 141.34         | 117.78         | 73              | 162.19         | 207.70         | 184.62         | 48.92               | 141.34         | 117.78         |
| 146.89         | 188.11         | 167.21         | 44.31               | 127.80         | 106.50         | 74              | 167.45         | 214.44         | 190.61         | 50.51               | 145.70         | 121.42         | 74              | 167.45         | 214.44         | 190.61         | 50.51               | 145.70         | 121.42         |
| 151.51         | 194.03         | 172.47         | 45.70               | 131.63         | 109.70         | 75              | 172.73         | 221.19         | 196.62         | 52.10               | 150.06         | 125.05         | 75              | 172.73         | 221.19         | 196.62         | 52.10               | 150.06         | 125.05         |
| 155.45         | 199.08         | 176.96         | 46.89               | 135.84         | 113.20         | 76              | 177.21         | 226.94         | 201.73         | 53.46               | 154.86         | 129.05         | 76              | 177.21         | 226.94         | 201.73         | 53.46               | 154.86         | 129.05         |
| 159.40         | 204.12         | 181.44         | 48.08               | 140.06         | 116.71         | 77              | 181.71         | 232.69         | 206.84         | 54.81               | 159.66         | 133.05         | 77              | 181.71         | 232.69         | 206.84         | 54.81               | 159.66         | 133.05         |
| 163.33         | 209.16         | 185.92         | 49.27               | 144.27         | 120.22         | 78              | 186.20         | 238.44         | 211.95         | 56.16               | 164.47         | 137.06         | 78              | 186.20         | 238.44         | 211.95         | 56.16               | 164.47         | 137.06         |
| 167.27         | 214.21         | 190.40         | 50.46               | 148.48         | 123.73         | 79              | 190.69         | 244.20         | 217.07         | 57.52               | 169.27         | 141.06         | 79              | 190.69         | 244.20         | 217.07         | 57.52               | 169.27         | 141.06         |
| 171.21         | 219.25         | 194.89         | 51.65               | 152.69         | 127.25         | 80              | 195.18         | 249.95         | 222.18         | 58.88               | 174.07         | 145.06         | 80              | 195.18         | 249.95         | 222.18         | 58.88               | 174.07         | 145.06         |
| 175.66         | 224.95         | 199.96         | 52.99               | 156.05         | 130.04         | 81              | 200.25         | 256.45         | 227.95         | 60.41               | 177.90         | 148.25         | 81              | 200.25         | 256.45         | 227.95         | 60.41               | 177.90         | 148.25         |
| 180.12         | 230.66         | 205.03         | 54.33               | 159.41         | 132.85         | 82              | 205.33         | 262.95         | 233.73         | 61.94               | 181.73         | 151.44         | 82              | 205.33         | 262.95         | 233.73         | 61.94               | 181.73         | 151.44         |
| 184.56         | 236.35         | 210.09         | 55.67               | 162.77         | 135.64         | 83              | 210.40         | 269.44         | 239.50         | 63.47               | 185.56         | 154.63         | 83              | 210.40         | 269.44         | 239.50         | 63.47               | 185.56         | 154.63         |
| 189.02         | 242.05         | 215.16         | 57.02               | 166.13         | 138.44         | 84              | 215.48         | 275.94         | 245.28         | 65.00               | 189.39         | 157.83         | 84              | 215.48         | 275.94         | 245.28         | 65.00               | 189.39         | 157.83         |
| 193.47         | 247.76         | 220.23         | 58.36               | 169.49         | 141.24         | 85              | 220.56         | 282.44         | 251.06         | 66.53               | 193.22         | 161.02         | 85              | 220.56         | 282.44         | 251.06         | 66.53               | 193.22         | 161.02         |
| 197.34         | 252.71         | 224.63         | 59.53               | 172.88         | 144.07         | 86              | 224.97         | 288.09         | 256.08         | 67.87               | 197.08         | 164.23         | 86              | 224.97         | 288.09         | 256.08         | 67.87               | 197.08         | 164.23         |
| 201.28         | 257.76         | 229.12         | 60.72               | 176.34         | 146.95         | 87              | 229.46         | 293.85         | 261.20         | 69.22               | 201.03         | 167.52         | 87              | 229.46         | 293.85         | 261.20         | 69.22               | 201.03         | 167.52         |
| 205.32         | 262.92         | 233.71         | 61.93               | 179.86         | 149.89         | 88              | 234.05         | 299.72         | 266.42         | 70.60               | 205.04         | 170.87         | 88              | 234.05         | 299.72         | 266.42         | 70.60               | 205.04         | 170.87         |
| 209.42         | 268.18         | 238.38         | 63.17               | 183.46         | 152.89         | 89              | 238.74         | 305.73         | 271.76         | 72.02               | 209.15         | 174.29         | 89              | 238.74         | 305.73         | 271.76         | 72.02               | 209.15         | 174.29         |
| 213.61         | 273.54         | 243.15         | 64.44               | 187.13         | 155.94         | 90              | 243.51         | 311.84         | 277.19         | 73.46               | 213.32         | 177.77         | 90              | 243.51         | 311.84         | 277.19         | 73.46               | 213.32         | 177.77         |
| 217.88         | 279.01         | 248.01         | 65.72               | 190.87         | 159.06         | 91              | 248.38         | 318.08         | 282.73         | 74.92               | 217.60         | 181.34         | 91              | 248.38         | 318.08         | 282.73         | 74.92               | 217.60         | 181.34         |
| 222.24         | 284.59         | 252.97         | 67.04               | 194.69         | 162.24         | 92              | 253.34         | 324.43         | 288.38         | 76.42               | 221.94         | 184.96         | 92              | 253.34         | 324.43         | 288.38         | 76.42               | 221.94         | 184.96         |
| 226.67         | 290.28         | 258.03         | 68.38               | 198.58         | 165.48         | 93              | 258.41         | 330.92         | 294.15         | 77.95               | 226.38         | 188.66         | 93              | 258.41         | 330.92         | 294.15         | 77.95               | 226.38         | 188.66         |
| 231.21         | 296.09         | 263.19         | 69.75               | 202.56         | 168.80         | 94              | 263.58         | 337.54         | 300.04         | 79.51               | 230.92         | 192.43         | 94              | 263.58         | 337.54         | 300.04         | 79.51               | 230.92         | 192.43         |
| 235.84         | 302.02         | 268.46         | 71.14               | 206.60         | 172.17         | 95              | 268.85         | 344.30         | 306.04         | 81.10               | 235.53         | 196.28         | 95              | 268.85         | 344.30         | 306.04         | 81.10               | 235.53         | 196.28         |
| 240.56         | 308.05         | 273.82         | 72.56               | 210.74         | 175.62         | 96              | 274.23         | 351.18         | 312.15         | 82.72               | 240.24         | 200.21         | 96              | 274.23         | 351.18         | 312.15         | 82.72               | 240.24         | 200.21         |
| 245.36         | 314.21         | 279.30         | 74.01               | 214.95         | 179.12         | 97              | 279.72         | 358.20         | 318.40         | 84.38               | 245.05         | 204.21         | 97              | 279.72         | 358.20         | 318.40         | 84.38               | 245.05         | 204.21         |
| 250.27         | 320.49         | 284.88         | 75.49               | 219.25         | 182.71         | 98              | 285.32         | 365.37         | 324.77         | 86.07               | 249.95         | 208.29         | 98              | 285.32         | 365.37         | 324.77         | 86.07               | 249.95         | 208.29         |
| 255.27         | 326.91         | 290.58         | 77.01               | 223.64         | 186.36         | 99+             | 291.02         | 372.68         | 331.27         | 87.78               | 254.95         | 212.45         | 99+             | 291.02         | 372.68         | 331.27         | 87.78               | 254.95         | 212.45         |

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.  
 To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

**MONTHLY TOBACCO PREMIUMS**  
**ZIP CODES: 490-491, 493-499**

| FEMALE         |                |                |                     |                |                |                 |                |                |                | MALE                |                |                |  |  |
|----------------|----------------|----------------|---------------------|----------------|----------------|-----------------|----------------|----------------|----------------|---------------------|----------------|----------------|--|--|
| Plan A<br>WM20 | Plan C<br>WM22 | Plan F<br>WM24 | Plan High F<br>WM34 | Plan G<br>WM25 | Plan N<br>WM35 | Attained<br>Age | Plan A<br>WM20 | Plan C<br>WM22 | Plan F<br>WM24 | Plan High F<br>WM34 | Plan G<br>WM25 | Plan N<br>WM35 |  |  |
| 125.05         | 160.14         | 142.35         | 37.72               | 109.58         | 91.32          | 65              | 142.57         | 182.57         | 162.28         | 43.00               | 124.92         | 104.10         |  |  |
| 125.05         | 160.14         | 142.35         | 37.72               | 109.58         | 91.32          | 66              | 142.57         | 182.57         | 162.28         | 43.00               | 124.92         | 104.10         |  |  |
| 125.05         | 160.14         | 142.35         | 37.72               | 109.58         | 91.32          | 67              | 142.57         | 182.57         | 162.28         | 43.00               | 124.92         | 104.10         |  |  |
| 129.64         | 166.01         | 147.57         | 39.11               | 113.60         | 94.67          | 68              | 147.80         | 189.26         | 168.23         | 44.58               | 129.49         | 107.91         |  |  |
| 134.22         | 171.89         | 152.79         | 40.49               | 117.61         | 98.01          | 69              | 153.02         | 195.96         | 174.18         | 46.16               | 134.08         | 111.73         |  |  |
| 138.81         | 177.76         | 158.01         | 41.87               | 121.63         | 101.36         | 70              | 158.24         | 202.65         | 180.13         | 47.74               | 138.65         | 115.55         |  |  |
| 143.81         | 184.16         | 163.70         | 43.38               | 125.77         | 104.81         | 71              | 163.94         | 209.94         | 186.62         | 49.45               | 143.37         | 119.48         |  |  |
| 148.81         | 190.57         | 169.39         | 44.89               | 129.90         | 108.25         | 72              | 169.64         | 217.25         | 193.11         | 51.17               | 148.08         | 123.40         |  |  |
| 153.81         | 196.97         | 175.08         | 46.40               | 134.03         | 111.69         | 73              | 175.34         | 224.54         | 199.59         | 52.89               | 152.80         | 127.33         |  |  |
| 158.80         | 203.36         | 180.77         | 47.90               | 138.17         | 115.14         | 74              | 181.03         | 231.83         | 206.07         | 54.61               | 157.51         | 131.27         |  |  |
| 163.80         | 209.76         | 186.45         | 49.41               | 142.31         | 118.59         | 75              | 186.74         | 239.13         | 212.56         | 56.32               | 162.23         | 135.19         |  |  |
| 168.06         | 215.22         | 191.30         | 50.70               | 146.86         | 122.38         | 76              | 191.58         | 245.34         | 218.08         | 57.79               | 167.41         | 139.51         |  |  |
| 172.32         | 220.67         | 196.15         | 51.98               | 151.42         | 126.18         | 77              | 196.44         | 251.56         | 223.61         | 59.26               | 172.61         | 143.84         |  |  |
| 176.58         | 226.12         | 201.00         | 53.26               | 155.97         | 129.97         | 78              | 201.29         | 257.77         | 229.13         | 60.72               | 177.80         | 148.17         |  |  |
| 180.83         | 231.58         | 205.84         | 54.55               | 160.52         | 133.76         | 79              | 206.16         | 264.00         | 234.67         | 62.19               | 183.00         | 152.49         |  |  |
| 185.09         | 237.02         | 210.69         | 55.84               | 165.07         | 137.56         | 80              | 211.01         | 270.21         | 240.19         | 63.65               | 188.18         | 156.82         |  |  |
| 189.90         | 243.19         | 216.17         | 57.28               | 168.70         | 140.58         | 81              | 216.49         | 277.24         | 246.44         | 65.30               | 192.32         | 160.27         |  |  |
| 194.72         | 249.36         | 221.65         | 58.73               | 172.34         | 143.62         | 82              | 221.98         | 284.27         | 252.68         | 66.96               | 196.46         | 163.72         |  |  |
| 199.53         | 255.51         | 227.12         | 60.19               | 175.97         | 146.64         | 83              | 227.46         | 291.29         | 258.92         | 68.62               | 200.61         | 167.17         |  |  |
| 204.35         | 261.68         | 232.60         | 61.64               | 179.60         | 149.67         | 84              | 232.95         | 298.31         | 265.17         | 70.27               | 204.75         | 170.62         |  |  |
| 209.16         | 267.85         | 238.08         | 63.09               | 183.23         | 152.69         | 85              | 238.44         | 305.34         | 271.41         | 71.92               | 208.89         | 174.07         |  |  |
| 213.34         | 273.20         | 242.84         | 64.35               | 186.89         | 155.75         | 86              | 243.21         | 311.45         | 276.84         | 73.37               | 213.06         | 177.55         |  |  |
| 217.60         | 278.66         | 247.70         | 65.64               | 190.63         | 158.86         | 87              | 248.06         | 317.67         | 282.38         | 74.83               | 217.33         | 181.11         |  |  |
| 221.96         | 284.24         | 252.66         | 66.96               | 194.45         | 162.04         | 88              | 253.03         | 324.02         | 288.02         | 76.33               | 221.67         | 184.73         |  |  |
| 226.40         | 289.93         | 257.71         | 68.30               | 198.33         | 165.28         | 89              | 258.09         | 330.51         | 293.79         | 77.86               | 226.10         | 188.43         |  |  |
| 230.92         | 295.72         | 262.86         | 69.66               | 202.30         | 168.59         | 90              | 263.25         | 337.13         | 299.66         | 79.41               | 230.62         | 192.18         |  |  |
| 235.54         | 301.63         | 268.12         | 71.05               | 206.35         | 171.96         | 91              | 268.52         | 343.87         | 305.66         | 81.00               | 235.24         | 196.04         |  |  |
| 240.26         | 307.67         | 273.48         | 72.47               | 210.47         | 175.39         | 92              | 273.89         | 350.73         | 311.76         | 82.62               | 239.94         | 199.95         |  |  |
| 245.05         | 313.82         | 278.95         | 73.92               | 214.68         | 178.90         | 93              | 279.37         | 357.75         | 318.00         | 84.27               | 244.74         | 203.95         |  |  |
| 249.96         | 320.10         | 284.53         | 75.40               | 218.98         | 182.48         | 94              | 284.95         | 364.90         | 324.36         | 85.96               | 249.64         | 208.03         |  |  |
| 254.96         | 326.50         | 290.22         | 76.91               | 223.36         | 186.13         | 95              | 290.65         | 372.21         | 330.85         | 87.68               | 254.63         | 212.19         |  |  |
| 260.06         | 333.03         | 296.03         | 78.45               | 227.83         | 189.86         | 96              | 296.46         | 379.65         | 337.46         | 89.43               | 259.72         | 216.44         |  |  |
| 265.25         | 339.68         | 301.94         | 80.01               | 232.38         | 193.65         | 97              | 302.40         | 387.25         | 344.22         | 91.22               | 264.92         | 220.76         |  |  |
| 270.56         | 346.48         | 307.98         | 81.62               | 237.03         | 197.53         | 98              | 308.45         | 395.00         | 351.11         | 93.05               | 270.21         | 225.18         |  |  |
| 275.97         | 353.41         | 314.14         | 83.25               | 241.77         | 201.48         | 99+             | 314.62         | 402.90         | 358.13         | 94.90               | 275.62         | 229.68         |  |  |

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.  
 To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

**MONTHLY NON-TOBACCO PREMIUMS**  
ZIP CODES: 486-489, 492

| FEMALE         |                |                |                     |                |                |                 |                |                |                | MALE                |                |                |                 |                |                |                |                     |                |                |
|----------------|----------------|----------------|---------------------|----------------|----------------|-----------------|----------------|----------------|----------------|---------------------|----------------|----------------|-----------------|----------------|----------------|----------------|---------------------|----------------|----------------|
| Plan A<br>WM20 | Plan C<br>WM22 | Plan F<br>WM24 | Plan High F<br>WM34 | Plan G<br>WM25 | Plan N<br>WM35 | Attained<br>Age | Plan A<br>WM20 | Plan C<br>WM22 | Plan F<br>WM24 | Plan High F<br>WM34 | Plan G<br>WM25 | Plan N<br>WM35 | Attained<br>Age | Plan A<br>WM20 | Plan C<br>WM22 | Plan F<br>WM24 | Plan High F<br>WM34 | Plan G<br>WM25 | Plan N<br>WM35 |
| 126.31         | 161.75         | 143.78         | 38.10               | 110.68         | 92.23          | 65              | 144.00         | 184.41         | 163.91         | 43.44               | 126.17         | 105.14         | 65              | 144.00         | 184.41         | 163.91         | 43.44               | 126.17         | 105.14         |
| 126.31         | 161.75         | 143.78         | 38.10               | 110.68         | 92.23          | 66              | 144.00         | 184.41         | 163.91         | 43.44               | 126.17         | 105.14         | 66              | 144.00         | 184.41         | 163.91         | 43.44               | 126.17         | 105.14         |
| 126.31         | 161.75         | 143.78         | 38.10               | 110.68         | 92.23          | 67              | 144.00         | 184.41         | 163.91         | 43.44               | 126.17         | 105.14         | 67              | 144.00         | 184.41         | 163.91         | 43.44               | 126.17         | 105.14         |
| 130.94         | 167.68         | 149.05         | 39.50               | 114.74         | 95.62          | 68              | 149.28         | 191.16         | 169.92         | 45.03               | 130.79         | 108.99         | 68              | 149.28         | 191.16         | 169.92         | 45.03               | 130.79         | 108.99         |
| 135.57         | 173.62         | 154.33         | 40.90               | 118.79         | 98.99          | 69              | 154.55         | 197.93         | 175.93         | 46.63               | 135.42         | 112.86         | 69              | 154.55         | 197.93         | 175.93         | 46.63               | 135.42         | 112.86         |
| 140.20         | 179.55         | 159.60         | 42.29               | 122.85         | 102.37         | 70              | 159.84         | 204.69         | 181.95         | 48.22               | 140.05         | 116.71         | 70              | 159.84         | 204.69         | 181.95         | 48.22               | 140.05         | 116.71         |
| 145.26         | 186.01         | 165.35         | 43.81               | 127.03         | 105.86         | 71              | 165.59         | 212.05         | 188.49         | 49.95               | 144.81         | 120.68         | 71              | 165.59         | 212.05         | 188.49         | 49.95               | 144.81         | 120.68         |
| 150.30         | 192.48         | 171.09         | 45.34               | 131.21         | 109.34         | 72              | 171.35         | 219.43         | 195.05         | 51.69               | 149.57         | 124.64         | 72              | 171.35         | 219.43         | 195.05         | 51.69               | 149.57         | 124.64         |
| 155.35         | 198.95         | 176.84         | 46.86               | 135.38         | 112.81         | 73              | 177.10         | 226.80         | 201.59         | 53.42               | 154.34         | 128.61         | 73              | 177.10         | 226.80         | 201.59         | 53.42               | 154.34         | 128.61         |
| 160.40         | 205.41         | 182.59         | 48.38               | 139.55         | 116.29         | 74              | 182.85         | 234.16         | 208.14         | 55.16               | 159.10         | 132.59         | 74              | 182.85         | 234.16         | 208.14         | 55.16               | 159.10         | 132.59         |
| 165.44         | 211.87         | 188.33         | 49.90               | 143.74         | 119.78         | 75              | 188.62         | 241.53         | 214.70         | 56.89               | 163.86         | 136.55         | 75              | 188.62         | 241.53         | 214.70         | 56.89               | 163.86         | 136.55         |
| 169.75         | 217.39         | 193.23         | 51.21               | 148.33         | 123.61         | 76              | 193.51         | 247.81         | 220.28         | 58.38               | 169.10         | 140.92         | 76              | 193.51         | 247.81         | 220.28         | 58.38               | 169.10         | 140.92         |
| 174.05         | 222.89         | 198.12         | 52.51               | 152.94         | 127.45         | 77              | 198.41         | 254.09         | 225.86         | 59.85               | 174.34         | 145.28         | 77              | 198.41         | 254.09         | 225.86         | 59.85               | 174.34         | 145.28         |
| 178.35         | 228.40         | 203.02         | 53.80               | 157.53         | 131.28         | 78              | 203.32         | 260.37         | 231.44         | 61.33               | 179.59         | 149.66         | 78              | 203.32         | 260.37         | 231.44         | 61.33               | 179.59         | 149.66         |
| 182.65         | 233.91         | 207.91         | 55.10               | 162.13         | 135.11         | 79              | 208.23         | 266.66         | 237.03         | 62.81               | 184.84         | 154.03         | 79              | 208.23         | 266.66         | 237.03         | 62.81               | 184.84         | 154.03         |
| 186.95         | 239.41         | 212.81         | 56.40               | 166.73         | 138.95         | 80              | 213.13         | 272.93         | 242.61         | 64.29               | 190.07         | 158.40         | 80              | 213.13         | 272.93         | 242.61         | 64.29               | 190.07         | 158.40         |
| 191.81         | 245.64         | 218.34         | 57.86               | 170.40         | 142.00         | 81              | 218.67         | 280.03         | 248.91         | 65.96               | 194.26         | 161.88         | 81              | 218.67         | 280.03         | 248.91         | 65.96               | 194.26         | 161.88         |
| 196.68         | 251.87         | 223.88         | 59.32               | 174.07         | 145.06         | 82              | 224.21         | 287.13         | 255.22         | 67.64               | 198.44         | 165.36         | 82              | 224.21         | 287.13         | 255.22         | 67.64               | 198.44         | 165.36         |
| 201.53         | 258.08         | 229.41         | 60.79               | 177.74         | 148.11         | 83              | 229.75         | 294.21         | 261.52         | 69.31               | 202.62         | 168.85         | 83              | 229.75         | 294.21         | 261.52         | 69.31               | 202.62         | 168.85         |
| 206.40         | 264.31         | 234.94         | 62.26               | 181.41         | 151.17         | 84              | 235.29         | 301.32         | 267.83         | 70.98               | 206.81         | 172.34         | 84              | 235.29         | 301.32         | 267.83         | 70.98               | 206.81         | 172.34         |
| 211.26         | 270.54         | 240.48         | 63.73               | 185.07         | 154.23         | 85              | 240.84         | 308.42         | 274.14         | 72.65               | 210.99         | 175.82         | 85              | 240.84         | 308.42         | 274.14         | 72.65               | 210.99         | 175.82         |
| 215.49         | 275.95         | 245.29         | 65.00               | 188.77         | 157.31         | 86              | 245.65         | 314.58         | 279.63         | 74.11               | 215.21         | 179.34         | 86              | 245.65         | 314.58         | 279.63         | 74.11               | 215.21         | 179.34         |
| 219.79         | 281.46         | 250.19         | 66.30               | 192.55         | 160.46         | 87              | 250.56         | 320.87         | 285.22         | 75.58               | 219.51         | 182.93         | 87              | 250.56         | 320.87         | 285.22         | 75.58               | 219.51         | 182.93         |
| 224.20         | 287.10         | 255.20         | 67.63               | 196.40         | 163.67         | 88              | 255.58         | 327.28         | 290.92         | 77.09               | 223.90         | 186.59         | 88              | 255.58         | 327.28         | 290.92         | 77.09               | 223.90         | 186.59         |
| 228.68         | 292.84         | 260.30         | 68.98               | 200.33         | 166.95         | 89              | 260.69         | 333.84         | 296.75         | 78.64               | 228.38         | 190.32         | 89              | 260.69         | 333.84         | 296.75         | 78.64               | 228.38         | 190.32         |
| 233.25         | 298.70         | 265.51         | 70.36               | 204.34         | 170.28         | 90              | 265.90         | 340.52         | 302.68         | 80.21               | 232.94         | 194.12         | 90              | 265.90         | 340.52         | 302.68         | 80.21               | 232.94         | 194.12         |
| 237.91         | 304.66         | 270.81         | 71.77               | 208.42         | 173.69         | 91              | 271.22         | 347.33         | 308.73         | 81.81               | 237.61         | 198.01         | 91              | 271.22         | 347.33         | 308.73         | 81.81               | 237.61         | 198.01         |
| 242.68         | 310.76         | 276.24         | 73.20               | 212.59         | 177.16         | 92              | 276.64         | 354.26         | 314.90         | 83.45               | 242.35         | 201.96         | 92              | 276.64         | 354.26         | 314.90         | 83.45               | 242.35         | 201.96         |
| 247.52         | 316.97         | 281.75         | 74.67               | 216.84         | 180.70         | 93              | 282.18         | 361.35         | 321.20         | 85.12               | 247.20         | 206.01         | 93              | 282.18         | 361.35         | 321.20         | 85.12               | 247.20         | 206.01         |
| 252.47         | 323.32         | 287.40         | 76.16               | 221.18         | 184.32         | 94              | 287.82         | 368.57         | 327.62         | 86.82               | 252.15         | 210.13         | 94              | 287.82         | 368.57         | 327.62         | 86.82               | 252.15         | 210.13         |
| 257.53         | 329.79         | 293.14         | 77.68               | 225.60         | 188.00         | 95              | 293.57         | 375.96         | 334.18         | 88.56               | 257.19         | 214.33         | 95              | 293.57         | 375.96         | 334.18         | 88.56               | 257.19         | 214.33         |
| 262.68         | 336.38         | 299.00         | 79.24               | 230.12         | 191.77         | 96              | 299.44         | 383.47         | 340.86         | 90.33               | 262.33         | 218.62         | 96              | 299.44         | 383.47         | 340.86         | 90.33               | 262.33         | 218.62         |
| 267.92         | 343.10         | 304.98         | 80.82               | 234.71         | 195.59         | 97              | 305.44         | 391.14         | 347.68         | 92.14               | 267.58         | 222.98         | 97              | 305.44         | 391.14         | 347.68         | 92.14               | 267.58         | 222.98         |
| 273.28         | 349.96         | 311.08         | 82.44               | 239.42         | 199.51         | 98              | 311.55         | 398.97         | 354.64         | 93.98               | 272.93         | 227.45         | 98              | 311.55         | 398.97         | 354.64         | 93.98               | 272.93         | 227.45         |
| 278.75         | 356.97         | 317.30         | 84.09               | 244.21         | 203.50         | 99+             | 317.78         | 406.95         | 361.73         | 95.85               | 278.39         | 231.99         | 99+             | 317.78         | 406.95         | 361.73         | 95.85               | 278.39         | 231.99         |

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.  
To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

**MONTHLY TOBACCO PREMIUMS**  
**ZIP CODES: 486-489, 492**

| FEMALE         |                |                |                     |                |                | MALE            |                |                |                |                     |                |                |
|----------------|----------------|----------------|---------------------|----------------|----------------|-----------------|----------------|----------------|----------------|---------------------|----------------|----------------|
| Plan A<br>WM20 | Plan C<br>WM22 | Plan F<br>WM24 | Plan High F<br>WM34 | Plan G<br>WM25 | Plan N<br>WM35 | Attained<br>Age | Plan A<br>WM20 | Plan C<br>WM22 | Plan F<br>WM24 | Plan High F<br>WM34 | Plan G<br>WM25 | Plan N<br>WM35 |
| 136.55         | 174.87         | 155.44         | 41.19               | 119.65         | 99.71          | 65              | 155.68         | 199.36         | 177.20         | 46.96               | 136.40         | 113.67         |
| 136.55         | 174.87         | 155.44         | 41.19               | 119.65         | 99.71          | 66              | 155.68         | 199.36         | 177.20         | 46.96               | 136.40         | 113.67         |
| 136.55         | 174.87         | 155.44         | 41.19               | 119.65         | 99.71          | 67              | 155.68         | 199.36         | 177.20         | 46.96               | 136.40         | 113.67         |
| 141.56         | 181.28         | 161.14         | 42.70               | 124.04         | 103.37         | 68              | 161.39         | 206.66         | 183.70         | 48.68               | 141.40         | 117.83         |
| 146.57         | 187.69         | 166.84         | 44.21               | 128.42         | 107.02         | 69              | 167.09         | 213.98         | 190.20         | 50.41               | 146.40         | 122.01         |
| 151.57         | 194.10         | 172.54         | 45.72               | 132.81         | 110.68         | 70              | 172.80         | 221.28         | 196.70         | 52.13               | 151.40         | 126.17         |
| 157.04         | 201.10         | 178.75         | 47.37               | 137.33         | 114.45         | 71              | 179.02         | 229.24         | 203.78         | 54.00               | 156.55         | 130.46         |
| 162.49         | 208.09         | 184.97         | 49.02               | 141.84         | 118.21         | 72              | 185.24         | 237.22         | 210.86         | 55.88               | 161.70         | 134.75         |
| 167.95         | 215.08         | 191.18         | 50.66               | 146.36         | 121.96         | 73              | 191.46         | 245.19         | 217.94         | 57.75               | 166.85         | 139.04         |
| 173.40         | 222.06         | 197.39         | 52.31               | 150.87         | 125.72         | 74              | 197.68         | 253.15         | 225.02         | 59.63               | 172.00         | 143.34         |
| 178.86         | 229.05         | 203.59         | 53.95               | 155.39         | 129.49         | 75              | 203.91         | 261.12         | 232.10         | 61.50               | 177.15         | 147.62         |
| 183.51         | 235.01         | 208.90         | 55.36               | 160.36         | 133.64         | 76              | 209.20         | 267.90         | 238.14         | 63.11               | 182.81         | 152.34         |
| 188.17         | 240.96         | 214.19         | 56.76               | 165.34         | 137.78         | 77              | 214.50         | 274.69         | 244.17         | 64.70               | 188.48         | 157.06         |
| 192.81         | 246.91         | 219.48         | 58.16               | 170.31         | 141.92         | 78              | 219.80         | 281.48         | 250.20         | 66.30               | 194.15         | 161.79         |
| 197.46         | 252.87         | 224.77         | 59.57               | 175.28         | 146.06         | 79              | 225.11         | 288.28         | 256.24         | 67.91               | 199.82         | 166.52         |
| 202.11         | 258.82         | 230.06         | 60.97               | 180.25         | 150.21         | 80              | 230.41         | 295.06         | 262.28         | 69.50               | 205.49         | 171.24         |
| 207.37         | 265.55         | 236.05         | 62.55               | 184.21         | 153.51         | 81              | 236.40         | 302.74         | 269.10         | 71.31               | 210.01         | 175.01         |
| 212.63         | 272.29         | 242.03         | 64.13               | 188.19         | 156.83         | 82              | 242.39         | 310.41         | 275.92         | 73.12               | 214.53         | 178.77         |
| 217.87         | 279.01         | 248.01         | 65.72               | 192.15         | 160.12         | 83              | 248.38         | 318.07         | 282.73         | 74.93               | 219.05         | 182.54         |
| 223.14         | 285.74         | 253.99         | 67.31               | 196.12         | 163.43         | 84              | 254.37         | 325.75         | 289.55         | 76.73               | 223.57         | 186.31         |
| 228.39         | 292.48         | 259.98         | 68.89               | 200.08         | 166.73         | 85              | 260.37         | 333.42         | 296.37         | 78.54               | 228.10         | 190.08         |
| 232.96         | 298.32         | 265.17         | 70.27               | 204.08         | 170.07         | 86              | 265.57         | 340.09         | 302.30         | 80.11               | 232.66         | 193.88         |
| 237.61         | 304.29         | 270.47         | 71.68               | 208.16         | 173.47         | 87              | 270.87         | 346.88         | 308.34         | 81.71               | 237.31         | 197.76         |
| 242.37         | 310.37         | 275.89         | 73.11               | 212.33         | 176.94         | 88              | 276.30         | 353.82         | 314.51         | 83.34               | 242.05         | 201.71         |
| 247.22         | 316.59         | 281.41         | 74.58               | 216.57         | 180.48         | 89              | 281.83         | 360.91         | 320.81         | 85.02               | 246.90         | 205.75         |
| 252.16         | 322.91         | 287.03         | 76.07               | 220.90         | 184.09         | 90              | 287.46         | 368.13         | 327.22         | 86.72               | 251.83         | 209.86         |
| 257.20         | 329.37         | 292.77         | 77.59               | 225.32         | 187.77         | 91              | 293.21         | 375.49         | 333.76         | 88.45               | 256.87         | 214.06         |
| 262.35         | 335.96         | 298.63         | 79.14               | 229.82         | 191.52         | 92              | 299.07         | 382.98         | 340.43         | 90.21               | 262.00         | 218.34         |
| 267.59         | 342.67         | 304.60         | 80.72               | 234.42         | 195.35         | 93              | 305.05         | 390.65         | 347.24         | 92.02               | 267.24         | 222.71         |
| 272.94         | 349.53         | 310.70         | 82.34               | 239.12         | 199.26         | 94              | 311.15         | 398.46         | 354.19         | 93.86               | 272.59         | 227.16         |
| 278.41         | 356.53         | 316.91         | 83.98               | 243.89         | 203.24         | 95              | 317.38         | 406.44         | 361.28         | 95.74               | 278.05         | 231.71         |
| 283.97         | 363.65         | 323.25         | 85.66               | 248.78         | 207.32         | 96              | 323.72         | 414.56         | 368.50         | 97.65               | 283.60         | 236.34         |
| 289.65         | 370.92         | 329.71         | 87.37               | 253.75         | 211.45         | 97              | 330.20         | 422.85         | 375.87         | 99.61               | 289.28         | 241.06         |
| 295.44         | 378.34         | 336.30         | 89.12               | 258.83         | 215.69         | 98              | 336.81         | 431.32         | 383.39         | 101.60              | 295.06         | 245.89         |
| 301.35         | 386.91         | 343.03         | 90.91               | 264.01         | 220.00         | 99+             | 343.55         | 439.95         | 391.06         | 103.63              | 300.96         | 250.80         |

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

**MONTHLY NON-TOBACCO PREMIUMS**  
ZIP CODES: 480 - 485

| FEMALE         |                |                |                     |                |                |                 |                |                |                | MALE                |                |                |  |  |
|----------------|----------------|----------------|---------------------|----------------|----------------|-----------------|----------------|----------------|----------------|---------------------|----------------|----------------|--|--|
| Plan A<br>WM20 | Plan C<br>WM22 | Plan F<br>WM24 | Plan High F<br>WM34 | Plan G<br>WM25 | Plan N<br>WM35 | Attained<br>Age | Plan A<br>WM20 | Plan C<br>WM22 | Plan F<br>WM24 | Plan High F<br>WM34 | Plan G<br>WM25 | Plan N<br>WM35 |  |  |
| 152.90         | 195.81         | 174.05         | 46.12               | 133.98         | 111.65         | 65              | 174.32         | 223.23         | 198.42         | 52.58               | 152.73         | 127.28         |  |  |
| 152.90         | 195.81         | 174.05         | 46.12               | 133.98         | 111.65         | 66              | 174.32         | 223.23         | 198.42         | 52.58               | 152.73         | 127.28         |  |  |
| 152.90         | 195.81         | 174.05         | 46.12               | 133.98         | 111.65         | 67              | 174.32         | 223.23         | 198.42         | 52.58               | 152.73         | 127.28         |  |  |
| 158.51         | 202.99         | 180.43         | 47.82               | 138.89         | 115.75         | 68              | 180.71         | 231.41         | 205.70         | 54.51               | 158.33         | 131.94         |  |  |
| 164.12         | 210.17         | 186.82         | 49.51               | 143.80         | 119.83         | 69              | 187.09         | 239.60         | 212.97         | 56.44               | 163.94         | 136.62         |  |  |
| 169.72         | 217.35         | 193.20         | 51.20               | 148.71         | 123.93         | 70              | 193.49         | 247.78         | 220.25         | 58.37               | 169.53         | 141.28         |  |  |
| 175.84         | 225.17         | 200.16         | 53.04               | 153.78         | 128.15         | 71              | 200.45         | 256.69         | 228.17         | 60.46               | 175.30         | 146.08         |  |  |
| 181.94         | 233.00         | 207.11         | 54.89               | 158.83         | 132.36         | 72              | 207.42         | 265.63         | 236.11         | 62.57               | 181.06         | 150.88         |  |  |
| 188.06         | 240.83         | 214.07         | 56.73               | 163.88         | 136.56         | 73              | 214.39         | 274.54         | 244.04         | 64.67               | 186.83         | 155.69         |  |  |
| 194.17         | 248.65         | 221.03         | 58.57               | 168.93         | 140.78         | 74              | 221.35         | 283.46         | 251.96         | 66.77               | 192.59         | 160.50         |  |  |
| 200.27         | 256.47         | 227.97         | 60.41               | 174.00         | 145.00         | 75              | 228.32         | 292.38         | 259.90         | 68.87               | 198.36         | 165.30         |  |  |
| 205.49         | 263.15         | 233.91         | 61.99               | 179.56         | 149.64         | 76              | 234.25         | 299.98         | 266.65         | 70.67               | 204.70         | 170.58         |  |  |
| 210.70         | 269.81         | 239.83         | 63.56               | 185.14         | 154.28         | 77              | 240.18         | 307.58         | 273.41         | 72.45               | 211.05         | 175.87         |  |  |
| 215.90         | 276.48         | 245.76         | 65.12               | 190.70         | 158.91         | 78              | 246.12         | 315.18         | 280.16         | 74.24               | 217.40         | 181.17         |  |  |
| 221.10         | 283.15         | 251.68         | 66.70               | 196.26         | 163.55         | 79              | 252.07         | 322.80         | 286.93         | 76.04               | 223.75         | 186.45         |  |  |
| 226.31         | 289.81         | 257.61         | 68.27               | 201.84         | 168.20         | 80              | 258.00         | 330.39         | 293.68         | 77.82               | 230.09         | 191.74         |  |  |
| 232.20         | 297.35         | 264.31         | 70.04               | 206.27         | 171.89         | 81              | 264.70         | 338.99         | 301.32         | 79.85               | 235.15         | 195.96         |  |  |
| 238.09         | 304.89         | 271.01         | 71.81               | 210.72         | 175.60         | 82              | 271.42         | 347.58         | 308.96         | 81.88               | 240.22         | 200.18         |  |  |
| 243.96         | 312.41         | 277.70         | 73.59               | 215.15         | 179.30         | 83              | 278.12         | 356.15         | 316.58         | 83.90               | 245.28         | 204.40         |  |  |
| 249.85         | 319.95         | 284.40         | 75.37               | 219.60         | 183.00         | 84              | 284.83         | 364.75         | 324.22         | 85.92               | 250.34         | 208.62         |  |  |
| 255.74         | 327.50         | 291.11         | 77.14               | 224.04         | 186.70         | 85              | 291.54         | 373.35         | 331.86         | 87.94               | 255.41         | 212.84         |  |  |
| 260.85         | 334.04         | 296.92         | 78.69               | 228.52         | 190.43         | 86              | 297.37         | 380.81         | 338.50         | 89.71               | 260.51         | 217.09         |  |  |
| 266.07         | 340.72         | 302.86         | 80.26               | 233.09         | 194.24         | 87              | 303.31         | 388.42         | 345.26         | 91.49               | 265.73         | 221.44         |  |  |
| 271.39         | 347.54         | 308.92         | 81.87               | 237.75         | 198.12         | 88              | 309.38         | 396.18         | 352.17         | 93.32               | 271.03         | 225.87         |  |  |
| 276.82         | 354.50         | 315.10         | 83.50               | 242.50         | 202.09         | 89              | 315.57         | 404.12         | 359.22         | 95.20               | 276.46         | 230.39         |  |  |
| 282.35         | 361.58         | 321.40         | 85.18               | 247.35         | 206.13         | 90              | 321.88         | 412.20         | 366.40         | 97.10               | 281.98         | 234.98         |  |  |
| 288.00         | 368.80         | 327.83         | 86.88               | 252.30         | 210.25         | 91              | 328.32         | 420.45         | 373.73         | 99.04               | 287.63         | 239.69         |  |  |
| 293.77         | 376.18         | 334.39         | 88.61               | 257.34         | 214.45         | 92              | 334.88         | 428.84         | 381.20         | 101.01              | 293.37         | 244.48         |  |  |
| 299.63         | 383.71         | 341.07         | 90.39               | 262.49         | 218.74         | 93              | 341.58         | 437.43         | 388.82         | 103.04              | 299.24         | 249.38         |  |  |
| 305.63         | 391.39         | 347.90         | 92.20               | 267.75         | 223.12         | 94              | 348.41         | 446.17         | 396.60         | 105.10              | 305.23         | 254.36         |  |  |
| 311.74         | 399.22         | 354.86         | 94.04               | 273.10         | 227.58         | 95              | 355.38         | 455.10         | 404.53         | 107.20              | 311.34         | 259.45         |  |  |
| 317.98         | 407.19         | 361.95         | 95.92               | 278.56         | 232.14         | 96              | 362.48         | 464.20         | 412.62         | 109.34              | 317.56         | 264.64         |  |  |
| 324.33         | 415.33         | 369.19         | 97.83               | 284.13         | 236.77         | 97              | 369.74         | 473.49         | 420.87         | 111.53              | 323.91         | 269.93         |  |  |
| 330.82         | 423.64         | 376.57         | 99.79               | 289.82         | 241.51         | 98              | 377.14         | 482.96         | 429.30         | 113.77              | 330.39         | 275.33         |  |  |
| 337.43         | 432.12         | 384.10         | 101.79              | 295.62         | 246.34         | 99+             | 384.68         | 492.62         | 437.88         | 116.03              | 337.00         | 280.83         |  |  |

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.



**MONTHLY TOBACCO PREMIUMS**  
ZIP CODES: 480 - 485

| FEMALE         |                |                |                     |                |                |                 |                |                |                | MALE                |                |                |                 |                |                |                |                     |                |                |
|----------------|----------------|----------------|---------------------|----------------|----------------|-----------------|----------------|----------------|----------------|---------------------|----------------|----------------|-----------------|----------------|----------------|----------------|---------------------|----------------|----------------|
| Plan A<br>WM20 | Plan C<br>WM22 | Plan F<br>WM24 | Plan High F<br>WM34 | Plan G<br>WM25 | Plan N<br>WM35 | Attained<br>Age | Plan A<br>WM20 | Plan C<br>WM22 | Plan F<br>WM24 | Plan High F<br>WM34 | Plan G<br>WM25 | Plan N<br>WM35 | Attained<br>Age | Plan A<br>WM20 | Plan C<br>WM22 | Plan F<br>WM24 | Plan High F<br>WM34 | Plan G<br>WM25 | Plan N<br>WM35 |
| 165.30         | 211.68         | 188.16         | 49.86               | 144.84         | 120.70         | 65              | 188.45         | 241.33         | 214.51         | 56.84               | 165.12         | 137.60         | 65              | 188.45         | 241.33         | 214.51         | 56.84               | 165.12         | 137.60         |
| 165.30         | 211.68         | 188.16         | 49.86               | 144.84         | 120.70         | 66              | 188.45         | 241.33         | 214.51         | 56.84               | 165.12         | 137.60         | 66              | 188.45         | 241.33         | 214.51         | 56.84               | 165.12         | 137.60         |
| 165.30         | 211.68         | 188.16         | 49.86               | 144.84         | 120.70         | 67              | 188.45         | 241.33         | 214.51         | 56.84               | 165.12         | 137.60         | 67              | 188.45         | 241.33         | 214.51         | 56.84               | 165.12         | 137.60         |
| 171.36         | 219.44         | 195.06         | 51.69               | 150.16         | 125.13         | 68              | 195.36         | 250.17         | 222.38         | 58.93               | 171.17         | 142.63         | 68              | 195.36         | 250.17         | 222.38         | 58.93               | 171.17         | 142.63         |
| 177.42         | 227.21         | 201.96         | 53.52               | 155.46         | 129.55         | 69              | 202.26         | 259.03         | 230.24         | 61.02               | 177.23         | 147.69         | 69              | 202.26         | 259.03         | 230.24         | 61.02               | 177.23         | 147.69         |
| 183.48         | 234.97         | 208.86         | 55.35               | 160.77         | 133.98         | 70              | 209.17         | 267.87         | 238.11         | 63.10               | 183.28         | 152.73         | 70              | 209.17         | 267.87         | 238.11         | 63.10               | 183.28         | 152.73         |
| 190.10         | 243.43         | 216.38         | 57.34               | 166.24         | 138.54         | 71              | 216.71         | 277.51         | 246.68         | 65.37               | 189.51         | 157.93         | 71              | 216.71         | 277.51         | 246.68         | 65.37               | 189.51         | 157.93         |
| 196.70         | 251.90         | 223.91         | 59.34               | 171.71         | 143.09         | 72              | 224.24         | 287.17         | 255.25         | 67.64               | 195.74         | 163.12         | 72              | 224.24         | 287.17         | 255.25         | 67.64               | 195.74         | 163.12         |
| 203.31         | 260.36         | 231.43         | 61.33               | 177.17         | 147.64         | 73              | 231.77         | 296.80         | 263.82         | 69.91               | 201.97         | 168.31         | 73              | 231.77         | 296.80         | 263.82         | 69.91               | 201.97         | 168.31         |
| 209.91         | 268.81         | 238.95         | 63.32               | 182.63         | 152.19         | 74              | 239.29         | 306.44         | 272.39         | 72.19               | 208.21         | 173.51         | 74              | 239.29         | 306.44         | 272.39         | 72.19               | 208.21         | 173.51         |
| 216.51         | 277.27         | 246.46         | 65.31               | 188.11         | 156.76         | 75              | 246.84         | 316.09         | 280.97         | 74.45               | 214.44         | 178.70         | 75              | 246.84         | 316.09         | 280.97         | 74.45               | 214.44         | 178.70         |
| 222.15         | 284.49         | 252.87         | 67.01               | 194.12         | 161.77         | 76              | 253.24         | 324.30         | 288.27         | 76.39               | 221.29         | 184.41         | 76              | 253.24         | 324.30         | 288.27         | 76.39               | 221.29         | 184.41         |
| 227.78         | 291.69         | 259.28         | 68.71               | 200.15         | 166.78         | 77              | 259.66         | 332.52         | 295.57         | 78.33               | 228.16         | 190.13         | 77              | 259.66         | 332.52         | 295.57         | 78.33               | 228.16         | 190.13         |
| 233.40         | 298.90         | 265.68         | 70.40               | 206.16         | 171.80         | 78              | 266.08         | 340.73         | 302.88         | 80.26               | 235.03         | 195.86         | 78              | 266.08         | 340.73         | 302.88         | 80.26               | 235.03         | 195.86         |
| 239.03         | 306.11         | 272.09         | 72.11               | 212.18         | 176.81         | 79              | 272.50         | 348.97         | 310.19         | 82.20               | 241.89         | 201.57         | 79              | 272.50         | 348.97         | 310.19         | 82.20               | 241.89         | 201.57         |
| 244.66         | 313.31         | 278.50         | 73.81               | 218.20         | 181.84         | 80              | 278.92         | 357.18         | 317.49         | 84.13               | 248.75         | 207.29         | 80              | 278.92         | 357.18         | 317.49         | 84.13               | 248.75         | 207.29         |
| 251.02         | 321.46         | 285.74         | 75.72               | 223.00         | 185.83         | 81              | 286.17         | 366.47         | 325.75         | 86.32               | 254.22         | 211.85         | 81              | 286.17         | 366.47         | 325.75         | 86.32               | 254.22         | 211.85         |
| 257.39         | 329.61         | 292.99         | 77.64               | 227.80         | 189.84         | 82              | 293.42         | 375.76         | 334.01         | 88.52               | 259.69         | 216.41         | 82              | 293.42         | 375.76         | 334.01         | 88.52               | 259.69         | 216.41         |
| 263.74         | 337.74         | 300.22         | 79.56               | 232.60         | 193.83         | 83              | 300.67         | 385.03         | 342.25         | 90.70               | 265.17         | 220.97         | 83              | 300.67         | 385.03         | 342.25         | 90.70               | 265.17         | 220.97         |
| 270.11         | 345.90         | 307.46         | 81.48               | 237.41         | 197.83         | 84              | 307.92         | 394.32         | 350.51         | 92.89               | 270.64         | 225.54         | 84              | 307.92         | 394.32         | 350.51         | 92.89               | 270.64         | 225.54         |
| 276.47         | 354.05         | 314.71         | 83.40               | 242.20         | 201.84         | 85              | 315.18         | 403.62         | 358.77         | 95.07               | 276.12         | 230.09         | 85              | 315.18         | 403.62         | 358.77         | 95.07               | 276.12         | 230.09         |
| 282.00         | 361.12         | 321.00         | 85.07               | 247.04         | 205.87         | 86              | 321.48         | 411.69         | 365.94         | 96.98               | 281.64         | 234.69         | 86              | 321.48         | 411.69         | 365.94         | 96.98               | 281.64         | 234.69         |
| 287.64         | 368.35         | 327.42         | 86.77               | 251.99         | 209.99         | 87              | 327.90         | 419.91         | 373.26         | 98.91               | 287.27         | 239.40         | 87              | 327.90         | 419.91         | 373.26         | 98.91               | 287.27         | 239.40         |
| 293.40         | 375.72         | 333.97         | 88.50               | 257.03         | 214.19         | 88              | 334.47         | 428.31         | 380.72         | 100.89              | 293.01         | 244.18         | 88              | 334.47         | 428.31         | 380.72         | 100.89              | 293.01         | 244.18         |
| 299.26         | 383.24         | 340.65         | 90.28               | 262.17         | 218.48         | 89              | 341.16         | 436.89         | 388.34         | 102.91              | 298.87         | 249.07         | 89              | 341.16         | 436.89         | 388.34         | 102.91              | 298.87         | 249.07         |
| 305.24         | 390.90         | 347.46         | 92.08               | 267.41         | 222.85         | 90              | 347.98         | 445.63         | 396.11         | 104.97              | 304.84         | 254.04         | 90              | 347.98         | 445.63         | 396.11         | 104.97              | 304.84         | 254.04         |
| 311.35         | 398.71         | 354.41         | 93.92               | 272.76         | 227.30         | 91              | 354.94         | 454.54         | 404.03         | 107.07              | 310.95         | 259.13         | 91              | 354.94         | 454.54         | 404.03         | 107.07              | 310.95         | 259.13         |
| 317.58         | 406.69         | 361.50         | 95.80               | 278.21         | 231.84         | 92              | 362.03         | 463.61         | 412.10         | 109.20              | 317.16         | 264.30         | 92              | 362.03         | 463.61         | 412.10         | 109.20              | 317.16         | 264.30         |
| 323.92         | 414.82         | 368.72         | 97.72               | 283.77         | 236.47         | 93              | 369.28         | 472.89         | 420.35         | 111.39              | 323.51         | 269.59         | 93              | 369.28         | 472.89         | 420.35         | 111.39              | 323.51         | 269.59         |
| 330.41         | 423.12         | 376.11         | 99.67               | 289.46         | 241.21         | 94              | 376.66         | 482.34         | 428.75         | 113.62              | 329.98         | 274.99         | 94              | 376.66         | 482.34         | 428.75         | 113.62              | 329.98         | 274.99         |
| 337.02         | 431.58         | 383.63         | 101.66              | 295.24         | 246.03         | 95              | 384.19         | 492.00         | 437.33         | 115.90              | 336.58         | 280.49         | 95              | 384.19         | 492.00         | 437.33         | 115.90              | 336.58         | 280.49         |
| 343.76         | 440.21         | 391.30         | 103.70              | 301.15         | 250.96         | 96              | 391.87         | 501.84         | 446.07         | 118.21              | 343.31         | 286.10         | 96              | 391.87         | 501.84         | 446.07         | 118.21              | 343.31         | 286.10         |
| 350.62         | 449.01         | 399.12         | 105.77              | 307.17         | 255.97         | 97              | 399.72         | 511.88         | 455.00         | 120.58              | 350.18         | 291.81         | 97              | 399.72         | 511.88         | 455.00         | 120.58              | 350.18         | 291.81         |
| 357.64         | 457.99         | 407.10         | 107.88              | 313.32         | 261.10         | 98              | 407.72         | 522.12         | 464.11         | 122.99              | 357.18         | 297.65         | 98              | 407.72         | 522.12         | 464.11         | 122.99              | 357.18         | 297.65         |
| 364.79         | 467.15         | 415.24         | 110.04              | 319.59         | 266.32         | 99+             | 415.87         | 532.57         | 473.39         | 125.44              | 364.32         | 303.60         | 99+             | 415.87         | 532.57         | 473.39         | 125.44              | 364.32         | 303.60         |

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.  
To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

### **Disclosures**

Use this outline to compare benefits and premiums among policies.

### **Premium Information**

The premium for your policy will change. Because the premium rate is based on your attained age, the premium will increase each year as you age. This annual premium change will occur on the first policy renewal date which coincides with or follows the policy anniversary date.

A premium change for any other reason can occur on any policy renewal date. However, we cannot make such a change unless we make the same change to all policies using this form issued in the same state to persons of the same classification.

### **Risk Class Rating**

If, according to our underwriting standards, you are overweight or underweight for your height, you will be considered to be a greater insurable risk. In such a case, your premium will be priced either as Class I – 10% or Class II – 20% higher than the rates illustrated, based on your Body Mass Index (BMI) reading. Risk class rating will not be applicable when you apply for coverage during an open enrollment or guaranteed issue period.

### **Household Premium Discount**

You are eligible for a household premium discount if: (a) you reside with your spouse (including civil union/domestic partner) of any age or (b) for the past year you have resided with at least one, but not more than three, other adults who are age 60 or older. The discounted premium will be priced 12% lower than the rates illustrated. The policy's household premium discount will be removed if the other adult or spouse no longer resides with you (other than in the case of his or her death).

### **Read Your Policy Very Carefully**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

### **Right to Return Policy**

If you find that you are not satisfied with your policy, you may return it to Mutual of Omaha Plaza, Omaha, NE 68175. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

### **Policy Replacement**

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

### **Notice**

The policy may not fully cover all of your medical costs. Neither United World Life Insurance Company nor our agents are connected with Medicare. This outline of coverage does not give all the details of Medicare Coverage. Contact your local Social Security office or consult "Medicare & You" for more details.

### **Complete Answers Are Very Important**

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

### **Exclusions**

Exclusions apply to your coverage. Please be sure to review the exclusions in your policy. This policy does not cover Part A benefits for benefit periods that begin while this policy is not in force, and other exclusions apply.

**PLANS A AND C  
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

| Services   | Medicare Pays  | Plan A Pays                        | You Pay                     | Plan C Pays                        | You Pay   |
|--|--|------------------------------------|-----------------------------|------------------------------------|-----------|
| <b>HOSPITALIZATION*</b> - Semiprivate room and board, general nursing, and miscellaneous services and supplies   |  |                                    |                             |                                    |           |
| First 60 days  | All but \$1,316  | \$0                                | \$1,316 (Part A deductible) | \$1,316 (Part A deductible)        | \$0       |
| 61 <sup>st</sup> through 90 <sup>th</sup> day  | All but \$329 a day  | \$329 a day                        | \$0                         | \$329 a day                        | \$0       |
| 91 <sup>st</sup> day and after<br>(while using 60 lifetime reserve days):  | All but \$658 a day  | \$658 a day                        | \$0                         | \$658 a day                        | \$0       |
| Once lifetime reserve days are used<br>(Additional 365 days):  | \$0  | 100% of Medicare-eligible expenses | \$0**                       | 100% of Medicare-eligible expenses | \$0**     |
| Beyond the additional 365 days   | \$0  | \$0                                | All costs                   | \$0                                | All costs |
| <b>SKILLED NURSING FACILITY CARE*</b> - You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. |  |                                    |                             |                                    |           |
| First 20 days  | All approved amounts   | \$0                                | \$0                         | \$0                                | \$0       |
| 21 <sup>st</sup> through 100 <sup>th</sup> day   | All but \$164.50 a day   | \$0                                | Up to \$164.50 a day        | Up to \$164.50 a day               | \$0       |
| 101 <sup>st</sup> day and after  | \$0  | \$0                                | All costs                   | \$0                                | All costs |
| <b>BLOOD</b>   |  |                                    |                             |                                    |           |
| First 3 pints  | \$0  | 3 pints                            | \$0                         | 3 pints                            | \$0       |
| Additional amounts   | 100%   | \$0                                | \$0                         | \$0                                | \$0       |
| <b>HOSPICE CARE</b> - You must meet Medicare's requirements, including a doctor's certification of terminal illness.   |  |                                    |                             |                                    |           |
|  | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance     | \$0                         | Medicare copayment/coinsurance     | \$0       |

\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's/certificate's "Core Benefits". During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLANS A AND C  
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

\*Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

| Services   | Medicare Pays | Plan A Pays   | You Pay                   | Plan C Pays               | You Pay   |
|--|---------------|---------------|---------------------------|---------------------------|-----------|
| <b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment</b> |               |               |                           |                           |           |
| First \$183 of Medicare-approved amounts *   | \$0           |               | \$183 (Part B deductible) | \$183 (Part B deductible) | \$0       |
| Remainder of Medicare-approved amounts   | Generally 80% | Generally 20% | \$0                       | Generally 20%             | \$0       |
| <b>Part B Excess Charges (above Medicare-approved amounts)</b>   |               |               |                           |                           |           |
|  | \$0           |               | All costs                 | \$0                       | All costs |
| <b>BLOOD</b>   |               |               |                           |                           |           |
| First 3 pints  | \$0           |               | All costs                 | All costs                 | \$0       |
| Next \$183 of Medicare-approved amounts *  | \$0           |               | \$183 (Part B deductible) | \$183 (Part B deductible) | \$0       |
| Remainder of Medicare-approved amounts   | 80%           | 20%           | \$0                       | 20%                       | \$0       |
| <b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>  |               |               |                           |                           |           |
|  | 100%          |               | \$0                       | \$0                       | \$0       |

**PARTS A AND B**

|  |      |     |                           |                           |     |
|--|------|-----|---------------------------|---------------------------|-----|
| <b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b>           |      |     |                           |                           |     |
| Medically necessary skilled care services and medical supplies | 100% |     | \$0                       | \$0                       | \$0 |
| <b>DURABLE MEDICAL EQUIPMENT</b>                               |      |     |                           |                           |     |
| First \$183 of Medicare-approved amounts                       | \$0  |     | \$183 (Part B deductible) | \$183 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts                         | 80%  | 20% | \$0                       | 20%                       | \$0 |

**PLANS A AND C  
 MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR  
 OTHER BENEFITS – NOT COVERED BY MEDICARE**

| <b>Services</b>   | <b>Medicare Pays</b> | <b>Plan A Pays</b> | <b>You Pay</b> | <b>Plan C Pays</b>                            | <b>You Pay</b>   |
|---|----------------------|--------------------|----------------|---|--|
| <b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b>   |                      |                    |                |   |  |
| Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA |                      |                    |                |   |  |
| First \$250 each calendar year  | \$0                  | N/A                | All Costs      | \$0   | \$250  |
| Remainder of charges  | \$0                  | N/A                | All Costs      | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum benefit |

**PLANS F AND HIGH DEDUCTIBLE F  
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

| Services   | Medicare Pays  | Plan F Pays                                | You Pay   | Plan High Deductible F Pays<br>(After you pay \$2,200 deductible***) | You Pay (In addition to \$2,200 deductible***) |
|--|--|--|-----------|--|--|
| <b>HOSPITALIZATION*</b> - Semiprivate room and board, general nursing, and miscellaneous services and supplies   |  |  |           |  |  |
| First 60 days  | All but \$1,316  | \$1,316 (Part A deductible)<br>\$329 a day | \$0       | \$1,316 (Part A deductible)<br>\$329 a day                           | \$0  |
| 61 <sup>st</sup> through 90 <sup>th</sup> day  | All but \$329 a day  | \$329 a day                                | \$0       | \$329 a day  | \$0  |
| 91 <sup>st</sup> day and after<br>(while using 60 lifetime reserve days):  | All but \$658 a day  | \$658 a day                                | \$0       | \$658 a day  | \$0  |
| Once lifetime reserve days are used<br>(Additional 365 days):  | \$0  | 100% of Medicare-eligible expenses         | \$0**     | 100% of Medicare-eligible expenses                                   | \$0**  |
| Beyond the additional 365 days   | \$0  | \$0  | All costs | \$0  | All costs                                      |
| <b>SKILLED NURSING FACILITY CARE*</b> - You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. |  |  |           |  |  |
| First 20 days  | All approved amounts   | \$0  | \$0       | \$0  | \$0  |
| 21 <sup>st</sup> through 100 <sup>th</sup> day   | All but \$164.50 a day   | Up to \$164.50 a day                       | \$0       | Up to \$164.50 a day   | \$0  |
| 101 <sup>st</sup> day and after  | \$0  | \$0  | All costs | \$0  | All costs                                      |
| <b>BLOOD</b>   |  |  |           |  |  |
| First 3 pints  | \$0  | 3 pints                                    | \$0       | 3 pints  | \$0  |
| Additional amounts   | 100%   | \$0  | \$0       | \$0  | \$0  |
| <b>HOSPICE CARE</b> - You must meet Medicare's requirements, including a doctor's certification of terminal illness.   |  |  |           |  |  |
|  | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance             | \$0       | Medicare copayment/coinsurance                                       | \$0  |

\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's/certificate's "Core Benefits". During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

\*\*\* High deductible plan F pays the same benefits as Plan F after one has paid a calendar year \$2,200 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,200. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

**PLANS F AND HIGH DEDUCTIBLE F  
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

\*Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

| Services   | Medicare Pays | Plan F Pays               | You Pay | Plan High Deductible F Pays<br>(After you pay \$2,200 deductible****) | You Pay (In addition to \$2,200 deductible****) |
|--|---------------|---------------------------|---------|---|---|
| <b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment</b> |               |                           |         |   |   |
| First \$183 of Medicare-approved amounts *   | \$0           | \$183 (Part B deductible) | \$0     | \$183 (Part B deductible)   | \$0   |
| Remainder of Medicare-approved amounts   | Generally 80% | Generally 20%             | \$0     | Generally 20%   | \$0   |
| <b>Part B Excess Charges (above Medicare-approved amounts)</b>   |               |                           |         |   |   |
|  | \$0           | 100%                      | \$0     | 100%  | \$0   |
| <b>BLOOD</b>   |               |                           |         |   |   |
| First 3 pints  | \$0           | All costs                 | \$0     | All costs   | \$0   |
| Next \$183 of Medicare-approved amounts *  | \$0           | \$183 (Part B deductible) | \$0     | \$183 (Part B deductible)   | \$0   |
| Remainder of Medicare-approved amounts   | 80%           | 20%                       | \$0     | 20%   | \$0   |
| <b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>  |               |                           |         |   |   |
|  | 100%          | \$0                       | \$0     | \$0   | \$0   |

**PARTS A AND B**

|  |      |                           |     |                           |     |
|--|------|---------------------------|-----|---------------------------|-----|
| <b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b>           |      |                           |     |                           |     |
| Medically necessary skilled care services and medical supplies | 100% | \$0                       | \$0 | \$0                       | \$0 |
| <b>DURABLE MEDICAL EQUIPMENT</b>                               |      |                           |     |                           |     |
| First \$183 of Medicare-approved amounts                       | \$0  | \$183 (Part B deductible) | \$0 | \$183 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts                         | 80%  | 20%                       | \$0 | 20%                       | \$0 |

\*\*\*\* High deductible plan F pays the same benefits as Plan F after one has paid a calendar year \$2,200 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,200. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

**PLANS F AND HIGH DEDUCTIBLE F  
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

| <b>Services</b>   | <b>Medicare Pays</b> | <b>Plan F Pays</b>                            | <b>You Pay</b>   | <b>Plan High Deductible F Pays<br/>(After you pay \$2,200 deductible<sup>***</sup>)</b> | <b>You Pay (In addition to \$2,200 deductible<sup>***</sup>)</b> |
|---|----------------------|---|--|---|--|
| <b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b>   |                      |   |  |   |  |
| Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA |                      |   |  |   |  |
| First \$250 each calendar year  | \$0                  | \$0   | \$250  | \$0   | \$250  |
| Remainder of charges  | \$0                  | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum benefit | 80% to a lifetime maximum benefit of \$50,000   | 20% and amounts over the \$50,000 lifetime maximum benefit       |

<sup>\*\*\*</sup> High deductible plan F pays the same benefits as Plan F after one has paid a calendar year \$2,200 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,200. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.



**PLANS G AND N  
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

| Services   | Medicare Pays  | Plan G Pays                        | You Pay   | Plan N Pays                        | You Pay   |
|--|--|------------------------------------|-----------|------------------------------------|-----------|
| <b>HOSPITALIZATION*</b> - Semiprivate room and board, general nursing, and miscellaneous services and supplies   |  |                                    |           |                                    |           |
| First 60 days  | All but \$1,316  | \$1,316 (Part A deductible)        | \$0       | \$1,316 (Part A deductible)        | \$0       |
| 61 <sup>st</sup> through 90 <sup>th</sup> day<br>91 <sup>st</sup> day and after  | All but \$329 a day  | \$329 a day                        | \$0       | \$329 a day                        | \$0       |
| (while using 60 lifetime reserve days):  | All but \$658 a day  | \$658 a day                        | \$0       | \$658 a day                        | \$0       |
| Once lifetime reserve days are used  |  | 100% of Medicare-eligible expenses | \$0**     | 100% of Medicare-eligible expenses | \$0**     |
| (Additional 365 days):   | \$0  |                                    | All costs | \$0                                | All costs |
| Beyond the additional 365 days   | \$0  |                                    |           |                                    |           |
| <b>SKILLED NURSING FACILITY CARE*</b> - You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. |  |                                    |           |                                    |           |
| First 20 days  | All approved amounts   | \$0                                | \$0       | \$0                                | \$0       |
| 21 <sup>st</sup> through 100 <sup>th</sup> day   | All but \$164.50 a day   | Up to \$164.50 a day               | \$0       | Up to \$164.50 a day               | \$0       |
| 101 <sup>st</sup> day and after  | \$0  | \$0                                | All costs | \$0                                | All costs |
| <b>BLOOD</b>   |  |                                    |           |                                    |           |
| First 3 pints  | \$0  | 3 pints                            | \$0       | 3 pints                            | \$0       |
| Additional amounts   | 100%   | \$0                                | \$0       | \$0                                | \$0       |
| <b>HOSPICE CARE</b> - You must meet Medicare's requirements, including a doctor's certification of terminal illness.   |  |                                    |           |                                    |           |
|  | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance     | \$0       | Medicare copayment/coinsurance     | \$0       |

\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's/certificate's "Core Benefits". During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLANS G AND N  
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

\*Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

| <b>Services</b>  | <b>Medicare Pays</b> | <b>Plan G Pays</b> | <b>You Pay</b>            | <b>Plan N Pays</b>   | <b>You Pay</b>   |
|--|----------------------|--------------------|---------------------------|--|--|
| <b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment</b> |                      |                    |                           |  |  |
| First \$183 of Medicare-approved amounts *   | \$0                  | \$0                | \$183 (Part B deductible) | \$0  | \$183 (Part B deductible)  |
| Remainder of Medicare-approved amounts   | Generally 80%        | Generally 20%      | \$0                       | Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. | Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. |
| <b>Part B Excess Charges (above Medicare-approved amounts)</b>   |                      |                    |                           |  |  |
|  | \$0                  | 100%               | \$0                       | \$0  | All costs  |
| <b>BLOOD</b>   |                      |                    |                           |  |  |
| First 3 pints  | \$0                  | All costs          | \$0                       | All costs  | \$0  |
| Next \$183 of Medicare-approved amounts *  | \$0                  | \$0                | \$183 (Part B deductible) | \$0  | \$183 (Part B deductible)  |
| Remainder of Medicare-approved amounts   | 80%                  | 20%                | \$0                       | 20%  | \$0  |
| <b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>  |                      |                    |                           |  |  |
|  | 100%                 | \$0                | \$0                       | \$0  | \$0  |

**PLANS G AND N  
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR  
PARTS A AND B**

| <b>Services</b>  | <b>Medicare Pays</b> | <b>Plan G Pays</b> | <b>You Pay</b>            | <b>Plan N Pays</b> | <b>You Pay</b>            |
|--|----------------------|--------------------|---------------------------|--------------------|---------------------------|
| <b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b>           |                      |                    |                           |                    |                           |
| Medically necessary skilled care services and medical supplies | 100%                 | \$0                | \$0                       | \$0                | \$0                       |
| <b>DURABLE MEDICAL EQUIPMENT</b>                               |                      |                    |                           |                    |                           |
| First \$183 of Medicare-approved amounts                       | \$0                  | \$0                | \$183 (Part B deductible) | \$0                | \$183 (Part B deductible) |
| Remainder of Medicare-approved amounts                         | 80%                  | 20%                | \$0                       | 20%                | \$0                       |

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

| <b>Services</b>   | <b>Medicare Pays</b> | <b>Plan G Pays</b>                            | <b>You Pay</b>   | <b>Plan N Pays</b>                            | <b>You Pay</b>   |
|---|----------------------|---|--|---|--|
| <b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b>   |                      |   |  |   |  |
| Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA |                      |   |  |   |  |
| First \$250 each calendar year  | \$0                  | \$0   | \$250  | \$0   | \$250  |
| Remainder of charges  | \$0                  | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum benefit | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum benefit |

Producer Name

Agent Writing Number  
or Social Security Number

Commission Share

Commission Code  
Required *only* if you are not  
appointed or licensed or are  
changing brokerage firms



|  |                             |               |  |
|--|-----------------------------|---------------|--|
|  | _ _ _ _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ % _ _ |  |
|  | _ _ _ _ _ _ _ _ _ _ _ _ _ _ | _ _ _ _ % _ _ |  |

**Preferred Method of Communication (Select one)**

Phone  Fax  Email Contact info: \_\_\_\_\_

**Note:** Producers must be under the same commission code to share or split commissions. Please update your contact information at <http://www.mutualofomaha.com/>.

**Application Submission Checklist – United World Medicare Supplement Coverage**

- Provide Applicant with the Guide to Health Insurance for People with Medicare
- Provide Applicant with the Outline of Coverage
  - Calculate the premium based on age at application date
- Complete the Calculate Your Premium form to determine rate
- Application (complete in full)

**Sections A & B: Plan and Applicant Information**

- Select plan
- Enter Requested Effective Date
- Indicate where the policy is to be mailed



**Section C: Medicare Information**

- Include applicant’s Medicare claim number on the application. This number is required for electronic claim processing. If this number is not available at time of application, the applicant/agent must provide this number by calling 1-877-617-5587 once it is received. If not already covered by Medicare, indicate “eligibility” and “enrollment” dates.

**Section D: Household Premium Discount Information**

- Indicate if eligible for a Household Premium Discount

**Section E: Previous or Existing Coverage Information**

- Please complete ALL questions in full

**For Sections F and G – Refer to the Open Enrollment/Guaranteed Issue worksheet to help identify eligibility.**

**Section F: Please answer all of the following questions**

- If either Applicant A or B answered “YES” to question 7 OR BOTH questions 8 and 9 in Section F, they can skip to Section I

**Sections G & H: Health/Medication Information**

- Do NOT answer if applicant is in an open enrollment or guaranteed issue period

**Section I: Agreement and Authorization**

- Make sure applicant(s) sign and date the application

**Section K: To be Completed by Producer**

- Make sure producer(s) sign and date the application

- Complete the Method of Payment form and return with the completed application
  - Use premium determined by the **Calculate Your Premium form**
  - The full modal premium is collected at the time of application
- Complete Replacement Notice and leave a copy with the applicant (if applicable)
- Provide Applicant with Premium Receipt signed by agent (if applicable)

**Note:** An interviewer may call to verify/confirm the information provided on the application. This form is required if splitting commissions.

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# Open Enrollment and Guaranteed Issue Worksheet

**If any of the following situations apply, applicant is in an open enrollment or guaranteed issue period:**  
(Situations may vary by state and coverage may be limited. Please refer to the Underwriting Guide for more information.)

## ELIGIBILITY FOR OPEN ENROLLMENT

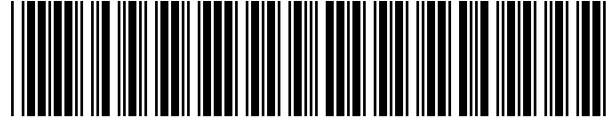
### Applicant is:

- at least 64 ½ years of age (in most states) and within six months before or after his/her effective date for Medicare Part B, or
- covered under Medicare Part B prior to age 65 (eligible for a six-month open enrollment period upon reaching age 65)

**Note: Coverage cannot be effective until your Medicare coverage is effective.**

## ELIGIBILITY FOR GUARANTEED ISSUE

**Evidence of eligibility is required for the following situations.**



### Applicant:

- is in the original Medicare plan, has an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays, and that coverage is ending
- is in the original Medicare plan, has a Medicare Select policy, and moves out of the Select plan's service area
- loses coverage due to their Medicare supplement insurance company's insolvency or at no fault of the applicant
- the applicant leaves their Medicare supplement plan because the company has not followed rules, or has misled the applicant

*Applicant has the right to buy Medicare supplement Plan A, B, C, F, K or L that is sold in the applicant's state by any insurance company.*

### Applicant was enrolled in a Medicare Advantage (MA) plan, and:

- the plan is leaving the Medicare program or stops service in the applicant's area, or the applicant moves out of the plan's service area (applicant must switch back to original Medicare)
- the applicant leaves the plan because the company has not followed rules, or has misled the applicant

*Applicant has the right to buy Medicare supplement Plan A, B, C, F, K or L that is sold in the applicant's state by any insurance company.*

- the applicant decided to switch to original Medicare within the first year of joining a MA plan when first eligible for Medicare Part A at age 65

*Applicant has the right to buy any Medicare supplement plan that is sold in the applicant's state by any insurance company.*

- after dropping their Medicare supplement policy to join a MA plan for the first time, has been on the MA plan less than one year and wants to switch back

*Applicant has the right to obtain their Medicare supplement policy back if that carrier still sells it or, if not available, buy any Medicare supplement Plan A, B, C, F, K or L that is sold in the applicant's state by any insurance company.*

### Applicant was enrolled in a Medicaid plan or state-specific variation of a Medicaid plan, and:

- the applicant's state has Guaranteed Issue or Open Enrollment Rights for the loss of Medicaid or state-specific variation of a Medicaid plan

*Reference the Underwriting Guidelines for states that have Guarantee Issue or Open Enrollment Rights for loss of Medicaid or state-specific variation of a Medicaid plan.*

### Acceptable Evidence of Eligibility:

- a. Copy of the applicant's MA plan's termination notice
- b. Copy of the letter the applicant sent to his/her MA plan requesting disenrollment
- c. Signed statement that the applicant has requested to be disenrolled from his/her MA plan
- d. Certification of group coverage
- e. Copy of the termination letter from employer or group carrier
- f. Image of insurance ID card (ONLY allowed if your MA plan is being terminated)
- g. Copy of the termination letter that the applicant received regarding their state Medicaid plan or state-specific variation of a Medicaid plan

# UNITED WORLD LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

## Calculate Your Premium

**PLEASE COMPLETE**

**Medicare Supplement Insurance Plan**    **Applicant A** \_\_\_\_\_

**Applicant B** \_\_\_\_\_

**Before you begin:** Please go to the Height and Weight Chart on the next page to determine your eligibility for coverage, unless you are in an open enrollment or guaranteed issue period.

|    | Steps  | Example<br>Rate displayed is used for calculation purposes only.   | Applicant A | Applicant B |
|----|--|--|-------------|-------------|
| #1 | <b>Age</b><br>Write in your age at the time of signing the application.<br><b>ZIP Code</b><br>Indicate your ZIP Code used to determine your rate.  | 65<br><br>51502  |             |             |
| #2 | <b>Premium</b><br>Write in your Med supp plan's premium from the Outline of Coverage provided, based on your age and ZIP Code listed in Step #1.   | \$128.52   |             |             |
| #3 | <b>Household Premium Discount</b><br>Please refer to the application for state specific household discount premium rules.<br><br><b>If the rules apply</b> , multiply the amount from Step #2 by .88.<br><b>If the rules do not apply</b> , enter the amount from Step #2.   | $\$128.52 \times .88 =$<br>\$113.10<br><br>In this example, the person qualifies for the household premium discount.   |             |             |
| #4 | <b>Rate Adjustment</b><br><i>If you're in your open enrollment or guaranteed issue period, skip to Step #5.</i><br><b>Locate your height, then weight on the next page.</b><br><ul style="list-style-type: none"> <li>If your weight is in the Standard column, enter the amount from Step #3</li> <li>If your weight is in the Class I or II column, multiply the amount from Step #3 by:<br/>1.10 if in Class I column<br/>1.20 if in Class II column</li> </ul> | $\$113.10 \times 1.20 =$<br>\$135.70<br><br>Person's weight is in the Class II column.                                 |             |             |
| #5 | <b>Payment Options</b><br>Your monthly payment is your last premium entered (Step #3 or #4).<br><br>To determine other payment schedules, multiply your monthly premium by:<br>3 to pay 4 times a year (quarterly)<br>6 to pay twice a year (semiannually)<br>12 to pay once a year (annually)   | \$135.70 monthly payment<br><br>\$407.10 quarterly payment<br>\$814.20 semiannual payment<br>\$1,628.40 annual payment |             |             |

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# Height and Weight Chart

## Eligibility

Find your height in the left-hand column and look across the row to find your weight. If your weight is in the Decline column, we're sorry, you're not eligible for coverage at this time.

## Rate Adjustment

The column heading above your weight will indicate your appropriate rate adjustment, if any (risk class).

| Height | Decline<br>Weight | Class I (10%)<br>Weight | Standard<br>Weight | Class I (10%)<br>Weight | Class II (20%)<br>Weight | Decline<br>Weight |
|--------|-------------------|-------------------------|--------------------|-------------------------|--------------------------|-------------------|
| 4' 2"  | < 54              | 54 – 60                 | 61 – 110           | 111 – 128               | 129 – 145                | 146 +             |
| 4' 3"  | < 56              | 56 – 62                 | 63 – 114           | 115 – 133               | 134 – 151                | 152 +             |
| 4' 4"  | < 58              | 58 – 65                 | 66 – 119           | 120 – 138               | 139 – 157                | 158 +             |
| 4' 5"  | < 60              | 60 – 67                 | 68 – 123           | 124 – 143               | 144 – 163                | 164 +             |
| 4' 6"  | < 63              | 63 – 70                 | 71 – 128           | 129 – 149               | 150 – 170                | 171 +             |
| 4' 7"  | < 65              | 65 – 73                 | 74 – 133           | 134 – 154               | 155 – 176                | 177 +             |
| 4' 8"  | < 67              | 67 – 75                 | 76 – 138           | 139 – 160               | 161 – 182                | 183 +             |
| 4' 9"  | < 70              | 70 – 78                 | 79 – 143           | 144 – 166               | 167 – 189                | 190 +             |
| 4' 10" | < 72              | 72 – 81                 | 82 – 148           | 149 – 172               | 173 – 196                | 197 +             |
| 4' 11" | < 75              | 75 – 84                 | 85 – 153           | 154 – 178               | 179 – 202                | 203 +             |
| 5' 0"  | < 77              | 77 – 87                 | 88 – 158           | 159 – 184               | 185 – 209                | 210 +             |
| 5' 1"  | < 80              | 80 – 89                 | 90 – 164           | 165 – 190               | 191 – 216                | 217 +             |
| 5' 2"  | < 83              | 83 – 92                 | 93 – 169           | 170 – 196               | 197 – 224                | 225 +             |
| 5' 3"  | < 85              | 85 – 95                 | 96 – 175           | 176 – 203               | 204 – 231                | 232 +             |
| 5' 4"  | < 88              | 88 – 99                 | 100 – 180          | 181 – 209               | 210 – 238                | 239 +             |
| 5' 5"  | < 91              | 91 – 102                | 103 – 186          | 187 – 216               | 217 – 246                | 247 +             |
| 5' 6"  | < 93              | 93 – 105                | 106 – 192          | 193 – 223               | 224 – 254                | 255 +             |
| 5' 7"  | < 96              | 96 – 108                | 109 – 197          | 198 – 229               | 230 – 261                | 262 +             |
| 5' 8"  | < 99              | 99 – 111                | 112 – 203          | 204 – 236               | 237 – 269                | 270 +             |
| 5' 9"  | < 102             | 102 – 115               | 116 – 209          | 210 – 243               | 244 – 277                | 278 +             |
| 5' 10" | < 105             | 105 – 118               | 119 – 216          | 217 – 250               | 251 – 285                | 286 +             |
| 5' 11" | < 108             | 108 – 121               | 122 – 222          | 223 – 258               | 259 – 293                | 294 +             |
| 6' 0"  | < 111             | 111 – 125               | 126 – 228          | 229 – 265               | 266 – 302                | 303 +             |
| 6' 1"  | < 114             | 114 – 128               | 129 – 234          | 235 – 272               | 273 – 310                | 311 +             |
| 6' 2"  | < 117             | 117 – 132               | 133 – 241          | 242 – 280               | 281 – 319                | 320 +             |
| 6' 3"  | < 121             | 121 – 136               | 137 – 248          | 249 – 288               | 289 – 328                | 329 +             |
| 6' 4"  | < 124             | 124 – 139               | 140 – 254          | 255 – 295               | 296 – 336                | 337 +             |
| 6' 5"  | < 127             | 127 – 143               | 144 – 261          | 262 – 303               | 304 – 345                | 346 +             |
| 6' 6"  | < 130             | 130 – 147               | 148 – 268          | 269 – 311               | 312 – 354                | 355 +             |
| 6' 7"  | < 134             | 134 – 150               | 151 – 275          | 276 – 319               | 320 – 363                | 364 +             |
| 6' 8"  | < 137             | 137 – 154               | 155 – 282          | 283 – 327               | 328 – 373                | 374 +             |
| 6' 9"  | < 140             | 140 – 158               | 159 – 289          | 290 – 335               | 336 – 382                | 383 +             |
| 6' 10" | < 144             | 144 – 162               | 163 – 296          | 297 – 344               | 345 – 392                | 393 +             |
| 6' 11" | < 147             | 147 – 166               | 167 – 303          | 304 – 352               | 353 – 401                | 402 +             |
| 7' 0"  | < 151             | 151 – 170               | 171 – 311          | 312 – 361               | 362 – 411                | 412 +             |
| 7' 1"  | < 155             | 155 – 174               | 175 – 318          | 319 – 369               | 370 – 421                | 422 +             |
| 7' 2"  | < 158             | 158 – 178               | 179 – 326          | 327 – 378               | 379 – 431                | 432 +             |
| 7' 3"  | < 162             | 162 – 183               | 184 – 333          | 334 – 387               | 388 – 441                | 442 +             |
| 7' 4"  | < 166             | 166 – 187               | 188 – 341          | 342 – 396               | 397 – 451                | 452 +             |

Medicare supplement insurance is underwritten by  
**UNITED WORLD LIFE INSURANCE COMPANY**  
 A MUTUAL of OMAHA COMPANY  
 Mutual of Omaha Plaza  
 Omaha, Nebraska 68175  
[mutualofomaha.com](http://mutualofomaha.com)



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## B. Applicant Information

**Applicant A**

**Applicant B**

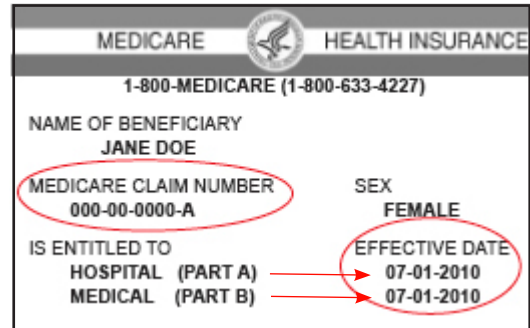
**Go paperless!** To receive your Explanation of Benefits (EOBs) online, select "YES" below and provide your current e-mail address in Section B. If you subscribe, you will not receive paper EOBs, but instead, will receive an e-mail notification when new EOBs become available with a link to access each specific EOB. We will continue to mail EOBs if you are entitled to receive any monetary reimbursement from United World Life Insurance Company.

Receive statement online? .....  Y  N

Receive statement online? .....  Y  N

## C. Medicare Information

Please reference your Medicare card to complete this section.



**Applicant A**

**Applicant B**

|  |
|--|
| Medicare Claim Number  |
| Medicare Part A Effective Date <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>   |
| If you are not covered under Medicare Part A, what is your eligibility date <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>        |
| Medicare Part B Effective Date <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>   |
| If you are not covered under Medicare Part B, indicate the date you plan to enroll <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> |

|  |
|--|
| Medicare Claim Number  |
| Medicare Part A Effective Date <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>   |
| If you are not covered under Medicare Part A, what is your eligibility date <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>        |
| Medicare Part B Effective Date <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>   |
| If you are not covered under Medicare Part B, indicate the date you plan to enroll <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> |

## D. Household Premium Discount Information

| You may be eligible for a policy with a lower premium rate based on your answers to the statements in this section.  | Applicant A   | Applicant B   |
|--|---|---|
| 1. Do you currently have a household resident (at least one, no more than three):<br>(a) with whom you have continuously resided for the last 12 months and who is age 60 or older; or<br>(b) with whom you reside and to whom you are either married or in a civil union partnership?.. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. If you answered "YES" to Question 1 above, please fill out the following information about the household resident, except if both applicants are both applying for coverage on this application.  |   |   |
| Name (First/Middle/Last)   |   |   |
| Date of Birth  |   |   |
| Street Address   |   |   |
| City/State/ZIP   |   |   |

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## E. Previous or Existing Coverage Information

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy or certificate, or that you had certain rights to buy such a policy or certificate, you may be guaranteed acceptance in one or more of our Medicare supplement plans. **Please include a copy of the notice from your prior insurer with your application.** PLEASE ANSWER ALL QUESTIONS. Please mark "YES" or "NO" with an "X" to the questions below.

To the Best of Your Knowledge and Belief:

|  | Applicant A   | Applicant B   |
|--|---|---|
| 3. Are you covered for medical assistance through the state Medicaid program?.....<br>(NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer "NO" to this question.)<br><b>If "YES," answer the following about this existing coverage:</b> | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| (a) Will Medicaid pay your premiums for this Medicare supplement policy?.....  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| (b) Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?.....  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

### Please answer questions regarding another Medicare supplement or Select plan:

|  |  |  |
|--|--|--|
| 4. Do you have another Medicare supplement or Medicare Select insurance policy or certificate in force?..... | <input type="checkbox"/> Y <input type="checkbox"/> N              | <input type="checkbox"/> Y <input type="checkbox"/> N              |
| <b>If "YES," answer the following about this existing coverage:</b>  |  |  |
| (a) Do you intend to replace your current Medicare supplement policy/certificate with this policy?.....      | <input type="checkbox"/> Y <input type="checkbox"/> N              | <input type="checkbox"/> Y <input type="checkbox"/> N              |
| (b) Indicate planned termination or disenrollment date.....  | Applicant A  | Applicant B  |
|  | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| (c) With what company, and what plan do you have?  |  |  |

| Applicant A     | Applicant B     |
|-----------------|-----------------|
| Name of Company | Name of Company |
| Plan            | Plan            |

### Please answer questions regarding Medicare plan coverage (other than Medicare supplement):

|  |  |  |
|--|--|--|
| 5. Have you had coverage from any Medicare plan other than Medicare Part A or B within the past 63 days? (for example, a Medicare Advantage plan, or a Medicare HMO or PPO)..... | Applicant A  | Applicant B  |
|  | <input type="checkbox"/> Y <input type="checkbox"/> N              | <input type="checkbox"/> Y <input type="checkbox"/> N              |
| <b>If "YES," answer the following about this previous or existing coverage:</b>  |  |  |
| (a) Fill in your start and end dates below. If you are still covered under this plan, leave "END" blank.....   | Applicant A  | Applicant B  |
|  | START  | START  |
|  | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
|  | END  | END  |
|  | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
|  | Applicant B  | Applicant B  |
|  | START  | START  |
|  | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
|  | END  | END  |
|  | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| (b) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy?.....                              | <input type="checkbox"/> Y <input type="checkbox"/> N              | <input type="checkbox"/> Y <input type="checkbox"/> N              |
| (c) Planned date of termination/disenrollment?.....  | Applicant A  | Applicant B  |
|  | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
|  | Applicant B  | Applicant B  |
|  | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| (d) Was this your first time in this type of Medicare plan?.....   | <input type="checkbox"/> Y <input type="checkbox"/> N              | <input type="checkbox"/> Y <input type="checkbox"/> N              |
| (e) Did you drop a Medicare supplement or Medicare Select policy/certificate to enroll in this Medicare plan?.....   | <input type="checkbox"/> Y <input type="checkbox"/> N              | <input type="checkbox"/> Y <input type="checkbox"/> N              |
| (f) Is your former Medicare supplement or Medicare Select policy certificate still available?  | <input type="checkbox"/> Y <input type="checkbox"/> N              | <input type="checkbox"/> Y <input type="checkbox"/> N              |



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- (g) Please indicate reason for termination/disenrollment:
- Your Medicare Advantage plan is leaving the Medicare program.....
  - Your Medicare Advantage organization stopped offering Medicare Advantage plans.....
  - Your Medicare Advantage organization stopped offering coverage in the area in which you live.....
  - You moved out of the geographic service area of your Medicare Advantage plan.....
  - You had a Medicare Advantage plan with Medicare Part D benefits and are enrolling in a stand-alone Medicare Part D plan.....
  - Other: \_\_\_\_\_  
Applicant A \_\_\_\_\_  
Applicant B \_\_\_\_\_

Check box(s) below if applicable

| Applicant A              | Applicant B              |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**Please answer questions regarding other health insurance:**

6. Have you had coverage under any other health insurance within the past 63 days?.....  
(For example, an employer group health plan, union plan, or individual non-Medicare supplement plan.)

| Applicant A   | Applicant B   |
|---|---|
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

**If "YES," answer the following about this previous or existing coverage:**

(a) What are your dates of coverage under the other policy/certificate?  
If you are still covered under this plan, leave "END" blank.....

|             |       |       |
|-------------|-------|-------|
| Applicant A | START | /   / |
|             | END   | /   / |
| Applicant B | START | /   / |
|             | END   | /   / |



(b) Planned date of termination/disenrollment?.....

|             |       |
|-------------|-------|
| Applicant A | /   / |
| Applicant B | /   / |

(c) Have you disenrolled from your current coverage voluntarily?.....

|   |   |
|---|---|
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
|---|---|

(d) Please state the reason for your disenrollment:

Applicant A \_\_\_\_\_

Applicant B \_\_\_\_\_

(e) With what company and what kind of policy/certificate? (List below.)

| Applicant A             | Applicant B             |
|-------------------------|-------------------------|
| Name of Company         | Name of Company         |
| Policy/Certificate type | Policy/Certificate type |

**F. Please answer all of the following questions:**

To the Best of Your Knowledge and Belief:

7. Are you applying during a guaranteed issue period?.....  
(NOTE: Refer to the guaranteed issue worksheet to help identify if you are eligible.  
If the answer above is "YES," attach proof of eligibility.)
8. Did you turn age 65 in the last six months?.....
9. Did you enroll in Medicare Part B in the last six months?.....

| Applicant A   | Applicant B   |
|---|---|
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

**If "YES," indicate your Medicare Part B effective date.....**

|             |       |
|-------------|-------|
| Applicant A | /   / |
| Applicant B | /   / |



**IF YOU ANSWER "YES" TO QUESTION 7 OR BOTH QUESTIONS 8 AND 9 IN SECTION F, OR ARE OTHERWISE IN AN OPEN ENROLLMENT PERIOD, SKIP SECTIONS G & H AND GO TO SECTION I.**

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**If you are applying during an open enrollment or guaranteed issue period:  
SKIP SECTIONS G & H and GO TO SECTION I.**

(Please see the enclosed material for explanation of the open enrollment and guaranteed issue periods.)



**G. Health Information**

**For all plans, answer questions 10-22. Note: An interviewer may call to confirm and verify the information you have provided on this application.**

**Part A: Medical Questions:** (If "YES" is answered to any of the following questions 10-16, that person is not eligible for coverage.)

| To the Best of Your Knowledge and Belief:   | Applicant A   | Applicant B   |
|---|---|---|
| 10. Are you currently confined to a wheelchair or any motorized mobility device?.....   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 11. Are you currently hospitalized, confined to a bed, in a nursing home or assisted living facility?.....  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 12. Have you been medically diagnosed with, treated for, or had surgery for any of the following:   |   |   |
| A. Chronic kidney disease (Stages 3, 4, or 5), kidney failure, or kidney disease requiring dialysis?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| B. Emphysema, chronic obstructive pulmonary disease (COPD), any other chronic pulmonary disorder or any cardio-pulmonary disorder requiring oxygen?.....  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| C. Alzheimer's disease, dementia or any other cognitive disorder? .....   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| D. Parkinson's disease, multiple sclerosis or amyotrophic lateral sclerosis (Lou Gehrig's Disease), Huntington's disease, or cerebral palsy?.....   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| E. Systemic lupus, scleroderma or myasthenia gravis? .....  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| F. Chronic hepatitis or cirrhosis? .....  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| G. Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)? .....  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 13. Have you had an organ or stem cell transplant or been advised to have an organ or stem cell transplant (excluding cornea implants)? .....   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 14. Do you have Osteoporosis, and as a result, experienced a fracture? .....  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 15. Do you have diabetes with complications including retinopathy, neuropathy, peripheral artery disease, peripheral venous thrombotic disease, stroke, transient ischemic attack (TIA), any heart disorder or any kidney disease?..... | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 16. Do you have an implanted cardiac defibrillator? .....   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

**Part B: Medical Questions:** (If "YES" is answered to any of the following questions 17-20, that person MAY not eligible for coverage and is subject to an underwriting review.) If you would like consideration to be given to an application that contains a "Yes" answer to any question in Part B, attach an explanation stating how long the condition has existed and how it is being controlled.

| To the Best of Your Knowledge and Belief:   | Applicant A   | Applicant B   |
|---|---|---|
| 17. Within the past two years, have you been treated for, or been advised by a physician to have treatment for:   |   |   |
| A. Coronary artery disease, angina, heart attack, cardiac angioplasty, bypass surgery or stent placement?.....  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| B. Cardiomyopathy, congestive heart failure, aortic or cardiac aneurysm, peripheral artery disease, peripheral venous thrombotic disease, vascular angioplasty, endarterectomy, carotid artery disease, any heart or heart valve disorder, atrial fibrillation, other heart rhythm disorder, or implantation of a pacemaker?..... | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| C. Alcoholism or drug abuse? .....  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| D. Any mental or nervous disorder requiring treatment (including hospital confinement)? .....   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| E. Internal cancer, lymphoma or melanoma? .....   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| F. A stroke or transient ischemic attack (TIA)? .....   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| G. Degenerative bone disease, spinal stenosis, rheumatoid arthritis, psoriatic arthritis, arthritis that restricts mobility or have you been advised to have joint replacement? .....   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 18. Do you have diabetes with high blood pressure and have you:   |   |   |
| A. Taken more than two medications for either condition (insulin dependent or oral medications)? ...  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| B. Had any changes in your medications within the past two years? .....   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 19. Have you been hospital confined three or more times in the past two years for a same or similar condition? .....  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 20. Have you been advised by a medical professional to have treatment, further diagnostic evaluation, diagnostic testing, follow up visits or any surgery that has not been performed? .....  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

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NOTE: Please verify the completeness and accuracy of the above statements as they may impact claim payment.



## G. Health Information (cont.)

To the Best of Your Knowledge and Belief:

21. Have you used tobacco in any form in the past 12 months? ..... **Applicant A**  Y  N **Applicant B**  Y  N

22. Applicant A (Height) Ft   In   (Weight) Lbs

Applicant B (Height) Ft   In   (Weight) Lbs

## H. Medication Information

If you are applying for ANY plan OUTSIDE of an open enrollment or guaranteed issue period, please answer the question. If "Yes", list all over-the-counter or prescription medications you are currently taking or have been prescribed in the last two years.

To the Best of Your Knowledge and Belief:

1. Are you currently taking, or have you been prescribed during the previous 2 years any prescription drugs or over-the-counter medications? ..... **Applicant A**  Y  N **Applicant B**  Y  N

### Applicant A

| Medication Name<br>(copy off pharmacy label) | Dosage | Frequency | Have you taken<br>this medication for<br>more than 2 years? | Prescribed<br>by Primary<br>Physician?                | Diagnosis/Condition |
|--|--------|-----------|---|---|---------------------|
|  |        |           | <input type="checkbox"/> Y <input type="checkbox"/> N       | <input type="checkbox"/> Y <input type="checkbox"/> N |                     |
|  |        |           | <input type="checkbox"/> Y <input type="checkbox"/> N       | <input type="checkbox"/> Y <input type="checkbox"/> N |                     |
|  |        |           | <input type="checkbox"/> Y <input type="checkbox"/> N       | <input type="checkbox"/> Y <input type="checkbox"/> N |                     |
|  |        |           | <input type="checkbox"/> Y <input type="checkbox"/> N       | <input type="checkbox"/> Y <input type="checkbox"/> N |                     |
|  |        |           | <input type="checkbox"/> Y <input type="checkbox"/> N       | <input type="checkbox"/> Y <input type="checkbox"/> N |                     |
|  |        |           | <input type="checkbox"/> Y <input type="checkbox"/> N       | <input type="checkbox"/> Y <input type="checkbox"/> N |                     |

### Applicant B

| Medication Name<br>(copy off pharmacy label) | Dosage | Frequency | Have you taken<br>this medication for<br>more than 2 years? | Prescribed<br>by Primary<br>Physician?                | Diagnosis/Condition |
|--|--------|-----------|---|---|---------------------|
|  |        |           | <input type="checkbox"/> Y <input type="checkbox"/> N       | <input type="checkbox"/> Y <input type="checkbox"/> N |                     |
|  |        |           | <input type="checkbox"/> Y <input type="checkbox"/> N       | <input type="checkbox"/> Y <input type="checkbox"/> N |                     |
|  |        |           | <input type="checkbox"/> Y <input type="checkbox"/> N       | <input type="checkbox"/> Y <input type="checkbox"/> N |                     |
|  |        |           | <input type="checkbox"/> Y <input type="checkbox"/> N       | <input type="checkbox"/> Y <input type="checkbox"/> N |                     |
|  |        |           | <input type="checkbox"/> Y <input type="checkbox"/> N       | <input type="checkbox"/> Y <input type="checkbox"/> N |                     |
|  |        |           | <input type="checkbox"/> Y <input type="checkbox"/> N       | <input type="checkbox"/> Y <input type="checkbox"/> N |                     |

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# I. Agreement and Authorization



## IMPORTANT STATEMENTS

- You do not need more than one Medicare supplement policy.
- If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- If you are age 65 or older, you may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- If, after purchasing the policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

## AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION TO UNITED WORLD LIFE INSURANCE COMPANY

- I authorize any physician, medical or dental practitioners, hospitals, clinics, pharmacies, pharmacy benefit managers, other medical care facilities, health maintenance organizations and all other providers of medical or dental services, the group of companies which presently includes United World Life Insurance Company, Omaha Insurance Company, Mutual of Omaha Insurance Company, United of Omaha Life Insurance Company, Companion Life Insurance Company, and any additional companies which may become part of this group of companies and their successors, along with other persons and entities which act on behalf of those companies to provide services to them, employers, consumer reporting agencies, and other insurance companies to disclose Personal Information about me to United World Life Insurance Company. Unless revoked earlier, this authorization will remain in effect for 24 months from the date I sign this application. I understand that I may revoke this authorization at any time, by written notice to: ATTN: Individual Underwriting, United World Life Insurance Company, P.O. Box 3608, Omaha, NE 68103-3608. I realize that my right to revoke this authorization is limited to the extent that United World Life Insurance Company has taken action in reliance on the authorization or the law allows United World Life Insurance Company to contest the issuance of the policy or a claim under the policy.
- "Personal Information" means all health information, such as medical history, mental and physical condition, including the presence of HIV infection, AIDS or ARC, prescription drug records, drug and alcohol use and other information such as finances, occupation, general reputation and insurance claims information about me. Personal Information does not include Psychotherapy Notes, which are notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a counseling session, which notes are separated from the rest of the person's medical record. Certain information, such as that relating to prescriptions, diagnosis and functional status, is not included in the term Psychotherapy Notes.
- The Personal Information will be used to determine my eligibility for insurance and to resolve or contest any issues of incomplete, incorrect or misrepresented information on my application which may arise during the processing of my application or in connection with claims for insurance benefits. This authorization will not be used if the applicant is in an open enrollment or guaranteed issue period.
- If the person or entity to whom Personal Information is disclosed is not a health care provider or health plan subject to federal privacy regulations, the Personal Information may then be subject to further disclosure by that person or entity without the protections of the federal privacy regulations.
- I understand that I may refuse to sign this application. I realize that if I refuse to sign, the insurance for which I am applying will not be issued.
- I understand that I will receive a copy of the signed application. A copy of this application is as effective as the original. I acknowledge and agree that if there is more than one applicant on this application, all information provided may be reviewed or shared with the other applicant. I understand that, upon acceptance of the completed application, each applicant will receive a separate policy and a completed and signed application will become part of each applicant's policy.

I represent that my answers and statements on this application are true and complete to the best of my knowledge and belief. I understand that my policy benefits can start no earlier than my Medicare effective date, my first month's premium has been received and/or processed and my application has been approved by United World Life Insurance Company.

I acknowledge receipt of **A Guide to Health Insurance for People with Medicare** (not applicable for Direct-to-Consumer business) and an Outline of Coverage.

Dated at \_\_\_\_\_, on 

|  |  |
|--|--|
|  |  |
|--|--|

 / 

|  |  |
|--|--|
|  |  |
|--|--|

 / 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

 \_\_\_\_\_  
City State Month Day Year Applicant A's Signature

Dated at \_\_\_\_\_, on 

|  |  |
|--|--|
|  |  |
|--|--|

 / 

|  |  |
|--|--|
|  |  |
|--|--|

 / 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

 \_\_\_\_\_  
City State Month Day Year Applicant B's Signature (if applying)

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# METHOD OF PAYMENT FORM

## Part I. Select Premium Payment Option

REQUIRED FORM – PLEASE RETURN PAGES 1 & 2

|   |   |   |
|---|---|---|
| <b>Initial Premium Payment (Select option #1 or #2)</b><br>Initial premium amount (based on age at application date).....<br>1. Paper Check (submit signed check with application).....<br>2. Automated Bank Account Withdrawal.....<br><b>Ongoing Premium Payments (Select option #1 or #2)</b><br>1. I want my payments automatically withdrawn from my bank account every month on (Circle date).....<br>2. I will mail my premium to the company every 3, 6, or 12 months. (Monthly billing is not allowed. Select frequency of billing)..... | <b>Applicant A</b><br>\$ _____<br><input type="checkbox"/><br><input type="checkbox"/><br>1 <sup>st</sup> or 15 <sup>th</sup><br>every _____ months<br>Insert 3, 6, or 12 | <b>Applicant B</b><br>\$ _____<br><input type="checkbox"/><br><input type="checkbox"/><br>1 <sup>st</sup> or 15 <sup>th</sup><br>every _____ months<br>Insert 3, 6, or 12 |
|---|---|---|

When choosing automatic bank account withdrawal, MONEY WILL BE WITHDRAWN FROM YOUR ACCOUNT IMMEDIATELY UPON POLICY APPROVAL AND ISSUE. The first withdrawal date may be different from the monthly date selected for ongoing premiums. Depending on the amount of time elapsed between the policy date and the date the policy is placed in force, the amount of the first ongoing withdrawal may exceed one modal premium and may occur on a date other than the policy date. The Proposed Insured/Insured will not receive premium billing notices while on this premium payment option. We **CANNOT** establish electronic payments from foreign banks.

Ongoing premiums are due and will be automatically withdrawn from the account below on the same day of the month as the policy date or the date selected above. The policy date is determined at the time the policy is issued and can be found within the policy. **Ongoing withdrawals will begin once the policy is placed in force.**

## Part II. Payor Information

|  |   |   |
|--|---|---|
| 1. <b>Account Owner Name</b> , if different than applicant's.....<br>2. If premium is <b>NOT</b> paid by Proposed Insured/Insured (includes spouse or joint-married account), indicate the bank account owner's relationship to Proposed Insured/Insured by selecting one of the following.<br>Employer (3 app minimum/applicant must be retired. Refer to List-Bill guidelines. N/A for Direct-to-Consumer business)<br>Living Trust<br>Power of Attorney or legal guardian (documentation required)<br>Business owned by applicant or applicant's spouse | <b>Applicant A</b><br>_____<br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <b>Applicant B</b><br>_____<br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
|--|---|---|

## Part III. Account Information

Complete the Following ONLY if Automated Bank Account Withdrawal is Chosen:

This section is intended as authorization to debit your bank account.

Complete bank account information below OR attach a copy of a voided check (Do NOT use a deposit slip)

|                              |   |  |
|------------------------------|---|--|
| Can attach voided check here | <b>Applicant A</b><br>Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings<br>Name of Financial Institution<br>_____<br>Routing Number (9 digits on lower left side of check)<br>_____<br>Account Number (Do NOT use Debit/Credit Card numbers)<br>_____<br>Name as Shown on Account<br>_____ | <b>Applicant B</b> <input type="checkbox"/> Same account as Applicant A<br>Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings<br>Name of Financial Institution<br>_____<br>Routing Number (9 digits on lower left side of check)<br>_____<br>Account Number (Do NOT use Debit/Credit Card numbers)<br>_____<br>Name as Shown on Account<br>_____ |
|------------------------------|---|--|

- Payments cannot be postponed until a later date.
- Payment from a third party, including any foundation, will not be accepted, except in certain pre-approved situations.
- All refunds will be made to the applicant in the event of rejection, incomplete submission, overpayment, cancellation, etc.





**Example:**

|                                      |  |
|--------------------------------------|--|
| Account Holder Name                  | Do NOT include the check # in the Routing or Account Number. |
| John Doe                             | Check #1234  |
| Street Address                       | Date: _____  |
| Town, City ZIP Code                  |  |
| Pay to:                              | Dollars  |
| Routing/Transfer Number              | Account Number   |
| Financial Institution Name & Address |  |
| Memo                                 | Signed By: _____   |
| ⑆123456789⑆ 12345678 ⑆ 1234 ⑆        |  |



### Part III. Account Information (continued)

I authorize United World Life Insurance Company ("United World") to withdraw funds from my account for the initial and/or monthly renewal premiums and understand that the amounts may differ. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize my financial institution to pay from my account to United World any preauthorized bank account withdrawals. I agree that my financial institution shall be fully protected in honoring any such payment and that its rights and responsibilities regarding the payment shall be the same as if the payment were signed personally by me. I agree to notify the business in writing of any changes in my account information. This authorization will be effective until I give you at least three business days' notice to cancel. If notice is given verbally, United World may require written confirmation from me within 14 days after my verbal notice.

| <b>Applicant A</b>   | <b>Applicant B</b>   |
|--|--|
| <br>_____<br>Authorized Signature as Shown on Account | <br>_____<br>Authorized Signature as Shown on Account |
| _____<br>Date  | _____<br>Date  |



# UNITED WORLD LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY



## NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE

### Save this notice! It may be important to you in the future.

According to your application, you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a policy to be issued by United World Life Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

### Statement to Applicant by Issuer, Agent, Broker or Other Representative:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason(s) (check one):

| <b>Applicant A</b>  | <b>Applicant B</b>  |
|---|---|
| <input type="checkbox"/> Additional benefits  | <input type="checkbox"/> Additional benefits  |
| <input type="checkbox"/> No change in benefits, but lower premiums  | <input type="checkbox"/> No change in benefits, but lower premiums  |
| <input type="checkbox"/> Fewer benefits and lower premiums  | <input type="checkbox"/> Fewer benefits and lower premiums  |
| <input type="checkbox"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D         | <input type="checkbox"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D         |
| <input type="checkbox"/> Disenrollment from a Medicare Advantage Plan (Please explain reason for disenrollment) | <input type="checkbox"/> Disenrollment from a Medicare Advantage Plan (Please explain reason for disenrollment) |
| <input type="checkbox"/> Other (please specify)   | <input type="checkbox"/> Other (please specify)   |
| _____   | _____   |
| _____   | _____   |
| _____   | _____   |

If, you still wish to terminate your present policy or certificate and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the Company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy or certificate until you have received your new policy and are sure that you want to keep it.



**Signature of Agent, Broker or Other Representative\***

**Date**

United World Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175

### Applicant A

### Applicant B

|               |               |
|---------------|---------------|
| Signature<br> | Signature<br> |
| Date          | Date          |

\*Signature not required for direct response sales.

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## IMPORTANT DOCUMENTS

LEAVE THE FOLLOWING REMAINING PAGES WITH CLIENT(S)

As part of the application process, the applicant has signed multiple forms. Applicant copies of these forms and client notifications on the following pages are to be given to the applicant(s) if applicable.

**Replacement Notice**

If replacing, both you and the applicant must sign the customer copy of the replacement notice.

**Premium Receipt**



# UNITED WORLD LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY



## NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE

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| <b>Applicant A</b>  | <b>Applicant B</b>  |
|---|---|
| <input type="checkbox"/> Additional benefits  | <input type="checkbox"/> Additional benefits  |
| <input type="checkbox"/> No change in benefits, but lower premiums  | <input type="checkbox"/> No change in benefits, but lower premiums  |
| <input type="checkbox"/> Fewer benefits and lower premiums  | <input type="checkbox"/> Fewer benefits and lower premiums  |
| <input type="checkbox"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D         | <input type="checkbox"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D         |
| <input type="checkbox"/> Disenrollment from a Medicare Advantage Plan (Please explain reason for disenrollment) | <input type="checkbox"/> Disenrollment from a Medicare Advantage Plan (Please explain reason for disenrollment) |
| <input type="checkbox"/> Other (please specify)   | <input type="checkbox"/> Other (please specify)   |
| _____   | _____   |
| _____   | _____   |
| _____   | _____   |

If, you still wish to terminate your present policy or certificate and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the Company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy or certificate until you have received your new policy and are sure that you want to keep it.



**Signature of Agent, Broker or Other Representative\***

**Date**

United World Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175

**Applicant A**

**Applicant B**

|               |               |
|---------------|---------------|
| Signature<br> | Signature<br> |
| Date          | Date          |

\*Signature not required for direct response sales.

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# UNITED WORLD LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

## Premium Receipt

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All premiums must be made payable to United World Life Insurance Company.

**Do not make check payable to the agent or leave the payee blank.**

**Applicant A**

Received from \_\_\_\_\_  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
an application for Form \_\_\_\_\_ Policy  
and/or Riders \_\_\_\_\_ and  
Check for \_\_\_\_\_ Dollars.

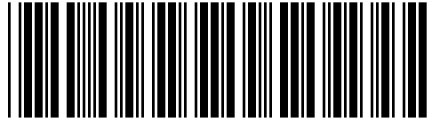
**Applicant B**

Received from \_\_\_\_\_  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
an application for Form \_\_\_\_\_ Policy  
and/or Riders \_\_\_\_\_ and  
Check for \_\_\_\_\_ Dollars.

 Agent \_\_\_\_\_

 Agent \_\_\_\_\_

**No insurance of any kind shall take effect until a policy is issued and delivered to the applicant, and the initial premium is paid, all during the life of the applicant. If no policy is issued, United World Life Insurance Company shall have no liability except to refund the initial premium to the applicant. This is a receipt of your application and initial premium.**



**Provide the completed premium receipt, if applicable, and notice to the applicant.**