

REVISED COST PROPOSAL 1

RFP 5953 Z1

BASIC LIFE, AD&D, SUPPLEMENTAL LIFE (DEPENDENT) AND SUPPLEMENTAL LIFE (EMPLOYEE) INSURANCE PLAN OPTIONS

Bidder Name: United of Omaha Life Insurance Company

Bidders shall fill in the proposed monthly premium amounts for each column provided below. All premium amounts specified are guaranteed by Bidder and are inclusive of all costs. Each monthly premium amount proposed should be evenly divisible by "2" with no rounding to accommodate two even deductions per month through our payroll system. Any premium amount not divisible by "2" will be reduced to the nearest lower amount that is divisible by "2" for scoring. By submitting this proposal, Bidder accepts this lower amount if a contract is awarded.

BASIC LIFE	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
Rate for \$20,000 per \$1,000 Per Month	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$	\$

AD&D	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
Flat rate for \$5,000 Per Employee Per Month	\$ 0.10	\$ 0.10	\$ 0.10	\$ 0.10	\$	\$
Flat rate for \$7,500 Per Employee Per Month	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15	\$	\$
Flat rate for \$10,000 Per Employee Per Month	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$	\$

SUPPLEMENTAL LIFE - DEPENDENT	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
Low Option - \$5,000						
Spouse age below 70 and/or Dependent child(ren) up to age 26	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$	\$
Spouse Age 70 or Older and/or Dependent child(ren) up to age 26	\$ 2.72	\$ 2.72	\$ 2.72	\$ 2.72	\$	\$

SUPPLEMENTAL LIFE - DEPENDENT	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
High Option - \$10,000						
Spouse age below 70 and/or Dependent child(ren) up to age 26	\$ 1.99	\$ 1.99	\$ 1.99	\$ 1.99	\$	\$
Spouse Age 70 or Older and/or Dependent child(ren) up to age 26	\$ 5.44	\$ 5.44	\$ 5.44	\$ 5.44	\$	\$

SUPPLEMENTAL LIFE COVERAGE - EMPLOYEE						
Rate/\$1,000	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
Under 25	\$ 0.04	\$ 0.04	\$ 0.04	\$ 0.04	\$	\$
25-29	\$ 0.04	\$ 0.04	\$ 0.04	\$ 0.04	\$	\$
30-34	\$ 0.06	\$ 0.06	\$ 0.06	\$ 0.06	\$	\$
35-39	\$ 0.06	\$ 0.06	\$ 0.06	\$ 0.06	\$	\$
40-44	\$ 0.07	\$ 0.07	\$ 0.07	\$ 0.07	\$	\$
45-49	\$ 0.11	\$ 0.11	\$ 0.11	\$ 0.11	\$	\$
50-54	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$	\$
55-59	\$ 0.31	\$ 0.31	\$ 0.31	\$ 0.31	\$	\$
60-64	\$ 0.48	\$ 0.48	\$ 0.48	\$ 0.48	\$	\$
65-69	\$ 0.92	\$ 0.92	\$ 0.92	\$ 0.92	\$	\$
70-74	\$ 1.50	\$ 1.50	\$ 1.50	\$ 1.50	\$	\$
75-79	\$ 1.50	\$ 1.50	\$ 1.50	\$ 1.50	\$	\$
80 and over	\$ 1.50	\$ 1.50	\$ 1.50	\$ 1.50	\$	\$

DEPARTMENT OF LABOR ACTIVE EMPLOYEES (Grandfathered Group) BASIC LIFE, AD&D AND SUPPLEMENTAL LIFE (DEPENDENT) INSURANCE						
BASIC LIFE	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
Rate for base annual salary adjusted to next higher \$1,000 plus \$2,000. \$10,000 salary minimum. \$60,000 salary maximum. High age reductions.	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$	\$
AD&D	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
Rate for base annual salary adjusted to next higher \$1,000 plus \$2,000. \$10,000 salary minimum. \$60,000 salary maximum. High age reductions.	\$ 0.01	\$ 0.01	\$ 0.01	\$ 0.01	\$	\$
SUPPLEMENTAL LIFE - DEPENDENT	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
Spouse - \$2,000; Child - \$500 (3 days - 6 months) \$1,000 (6 months - 19 years)	\$ 0.38	\$ 0.38	\$ 0.38	\$ 0.38	\$	\$

**DEPARTMENT OF LABOR RETIRED EMPLOYEES (Grandfathered Group)
BASIC LIFE INSURANCE**

BASIC LIFE	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
Varies depending on amount in force at retirement. Refer to Attachment C: Census Report	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$	\$

Cost Proposal 1 does not include cross subsidization.

The employee Basic Life and Supplemental Life rates can be discounted by 2% if portability is not added.

The Supplemental Life age-banded rates were resloped, so they do not straddle Table I.

All Contributory Dependent Life will be included under the Basic Life contract.

MUTUAL of OMAHA INSURANCE COMPANY
UNITED of OMAHA LIFE INSURANCE COMPANY

GROUP INSURANCE PROPOSAL



Presented To:

State of Nebraska

Presented By:

Mutual of Omaha

Includes:

**Basic Term Life and AD&D, Voluntary Term Life and
AD&D** (*Proposal 1 does not include cross subsidization*)

December 11, 2018

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BASIC TERM LIFE AND AD&D INSURANCE

Proposal for: State of Nebraska
Alternate: 1.02

The following Basic Term Life and AD&D plan is being proposed on a fully-insured basis effective **07/01/19**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit mutualofomaha.com.

ELIGIBILITY

CLASS DEFINITION(S)	<p>Class 1: All Other Eligible Active Full Time State of Nebraska Employees Class 2: All Other Eligible Active Part Time State of Nebraska Employees Class 3: All Eligible Nebraska Department of Labor Retirees Who Are Less Than Age 65 (Closed Class) Class 4: All Eligible Nebraska Department of Labor Retirees Who Are Age 65 or Older Class 5: All Eligible Nebraska Department of Labor Active Full Time Employees Who Participated in the Plan Prior to July 1, 1991 (Closed Class)</p>
ELIGIBILITY REQUIREMENT	This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.
MINIMUM WORK HOURS	<p>Class 1: 40 or more hours each week Class 2: 20 or more hours each week Class 3: N/A - Actively Eligible Class 4: N/A - Actively Eligible Class 5: 40 or more hours each week</p>

BENEFIT SUMMARY

EMPLOYEE TERM LIFE BENEFIT AMOUNTS	Benefit	Maximum Benefit	Guarantee Issue Amount	Minimum Benefit
Class 2, 1	\$20,000	\$20,000	\$20,000	\$20,000
Class 3, 4	1X Annual Salary	\$60,000	\$60,000	\$0
Class 5	1X Annual Salary, plus \$2,000	\$60,000	\$60,000	\$10,000

EMPLOYEE BENEFIT REDUCTION SCHEDULE* CLASS 5	At Age	Benefits Reduce to:
	70+	65%

* All benefit reductions are a percentage of the original benefit amount. Coverage terminates at retirement.

EMPLOYEE BENEFIT REDUCTION SCHEDULE* CLASS 3,4	Benefits Reduce:
	2% per month at retirement to a minimum of 25%

**DEPENDENT TERM LIFE
BENEFIT AMOUNTS**
Class 2, 1 (Option 1)**

Spouse Benefit	Spouse Guarantee Issue Amount	Child Benefit (3 days to 14 days)	Child Benefit (14 days to 6 mos.)	Child Benefit (6 mos. to limiting age)
\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Spouse Benefit	Spouse Guarantee Issue Amount	Child Benefit (3 days to 14 days)	Child Benefit (14 days to 6 mos.)	Child Benefit (6 mos. to limiting age)
\$10,000	\$10,000	\$10,000	\$10,000	\$10,000

**DEPENDENT TERM LIFE
BENEFIT AMOUNTS**
Class 2, 1 (Option 2)**

Spouse Benefit	Spouse Guarantee Issue Amount	Child Benefit (3 days to 14 days)	Child Benefit (14 days to 6 mos.)	Child Benefit (6 mos. to limiting age)
\$2,000	\$2,000	\$500	\$500	\$1,000

**DEPENDENT TERM LIFE
BENEFIT AMOUNTS**
Class 5**

** Dependent Spouse and/or Child coverage is only available if the Employee has coverage under this plan.

**EMPLOYEE AD&D
BENEFIT AMOUNT**

The AD&D Principal Sum amount is equal to the amount of basic term life insurance. *Ends at age 65*

ADDITIONAL BENEFITS - CLASS 2, 1

WAIVER OF PREMIUM - DISABILITY	<ul style="list-style-type: none">▪ Definition of Disability - Any Occupation▪ Elimination Period - 6 months▪ Termination - Age 99
LIVING CARE BENEFIT	For employee and spouse, 75% to \$20,000
PORTABILITY	Included
LAYOFF/LEAVE	§ Temporary Layoff - 12 weeks <ul style="list-style-type: none">▪ Personal Leave - 12 weeks
CONTINUATION FOR FEDERAL AND STATE LAWS	Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.
TRAVEL ASSISTANCE	Included
CONVERSION	Included

ADDITIONAL BENEFITS - CLASS 3, 4

LIVING CARE BENEFIT	75% to \$60,000
LAYOFF/LEAVE	<ul style="list-style-type: none"> § Temporary Layoff - Not Included ▪ Personal Leave - Not Included
CONTINUATION FOR FEDERAL AND STATE LAWS	Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.
CONVERSION	Included

ADDITIONAL BENEFITS - CLASS 5

WAIVER OF PREMIUM - DISABILITY	<ul style="list-style-type: none"> ▪ Definition of Disability - Any Occupation ▪ Elimination Period - 6 months ▪ Termination - Age 99 									
LIVING CARE BENEFIT	For employee and spouse, 75% to \$60,000									
PORTABILITY	Included									
LAYOFF/LEAVE	<ul style="list-style-type: none"> § Temporary Layoff - 12 weeks ▪ Personal Leave - 12 weeks 									
CONTINUATION FOR FEDERAL AND STATE LAWS	Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.									
TRAVEL ASSISTANCE	Included									
AD&D	24 hour coverage for employees									
AD&D BENEFITS	<table> <tr> <td>- Seat Belt</td> <td>- Spouse Education</td> <td>- Paralysis</td> </tr> <tr> <td>- Child Education</td> <td>- Airbag</td> <td>- Coma</td> </tr> <tr> <td>- Childcare Center</td> <td></td> <td></td> </tr> </table>	- Seat Belt	- Spouse Education	- Paralysis	- Child Education	- Airbag	- Coma	- Childcare Center		
- Seat Belt	- Spouse Education	- Paralysis								
- Child Education	- Airbag	- Coma								
- Childcare Center										
CONVERSION	Included									



VOLUNTARY TERM LIFE AND AD&D INSURANCE

Proposal for: State of Nebraska
Alternate: 1.03

The following Voluntary Term Life and AD&D plan is being proposed on a fully-insured basis effective 07/01/19. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit mutualofomaha.com.

ELIGIBILITY

CLASS DEFINITION(s) **Class 1:** All Other Eligible Active Full Time and Part Time State of Nebraska Employees

ELIGIBILITY REQUIREMENT This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.

MINIMUM WORK HOURS **Class 1:** 20 or more hours each week

BENEFIT SUMMARY

EMPLOYEE BENEFIT AMOUNTS

Minimum Benefit	Maximum Benefit	Increments	Guarantee Issue Amount*
The greater of 0.5X Annual Salary	5X Annual Salary, up to \$1,980,000	0.5, 1, 1.5, 2, 3, 4, and 5X Annual Salary	5X Annual Salary, up to \$750,000

*Guarantee Issue Amounts assume a participation rate of at least 25% of eligible employees.

BENEFIT REDUCTION SCHEDULE**

At Age	Benefits Reduce to:
70	70%
75	48%
80	32%
85	23%
90+	15%

** All benefit reductions are a percentage of the original benefit amount. Coverage terminates at retirement.

AD&D BENEFIT AMOUNT

Minimum Benefit	Maximum Benefit	Increments	Guarantee Issue Amount*
\$5,000	\$10,000	\$5,000, \$7,500, \$10,000	\$10,000

ADDITIONAL BENEFITS

OPEN ENROLLMENT	A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents (if applicable) without providing health information.
WAIVER OF PREMIUM - DISABILITY	<ul style="list-style-type: none">▪ Definition of Disability - Any Occupation▪ Elimination Period - 6 months▪ Termination - Age 99
ANNUAL INCREASE OPTION	Once annually, the employee/member may increase their insurance amount by 1 increment(s) without providing health information.
LIVING CARE BENEFIT	75% to \$500,000
PORTABILITY	Included
LAYOFF/LEAVE	<ul style="list-style-type: none">§ Temporary Layoff - 12 weeks▪ Personal Leave - 12 weeks

**CONTINUATION FOR
FEDERAL AND STATE
LAWS**

Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member. This provision applies to employer and union groups only, subject to certain conditions.

AD&D

24 hour coverage for employees

AD&D BENEFITS

- Seat Belt
- Child Education
- Childcare Center
- Spouse Education
- Airbag
- Paralysis
- Coma

CONVERSION

Included



BASIC TERM LIFE AND AD&D INSURANCE

DEFINITION OF ANNUAL SALARY

Unless otherwise agreed to by Mutual of Omaha, this proposal assumes annual salary is the employee's gross annual salary received from the employer and in effect immediately prior to the date of loss, as verified by the employee's W-2 Form.

Annual salary includes:

- Contributions to deferred compensation plans

Annual salary excludes:

- Contributions to deferred compensation plans
- Other Extra Compensation
- Overtime
- Differentials
- Commissions
- Bonuses

ADDITIONAL BENEFITS

The information below is intended to provide more detail about the benefits for basic term life insurance outlined previously in this proposal. Unless otherwise noted, the following plan features apply to the employee's coverage under the basic term life plan.

WAIVER OF PREMIUM - DISABILITY

Life insurance continues without payment of premium for employees who are disabled and unable to perform the duties of any occupation, provided:

- Disability begins while the employee is insured by Mutual of Omaha
- Disability begins prior to age 60 and terminates at age 99
- Proof of disability is provided to Mutual of Omaha prior to the end of the disability elimination period (first 6 months of disability)
- Proof of continued disability is verified periodically, according to the terms of the contract

LIVING CARE BENEFIT - CLASS 2, 1

For eligible employees and dependent spouses with a terminal illness, Mutual of Omaha will pay a sum equal to 75% of the term life insurance benefit, up to a maximum of \$20,000. This amount is subtracted from the term life insurance benefit amount prior to payment of a death benefit.

LIVING CARE BENEFIT - CLASS 3, 4

For eligible employees with a terminal illness, Mutual of Omaha will pay a sum equal to 75% of the term life insurance benefit, up to a maximum of \$60,000. This amount is subtracted from the term life insurance benefit amount prior to payment of a death benefit.

LIVING CARE BENEFIT - CLASS 5

For eligible employees and dependent spouses with a terminal illness, Mutual of Omaha will pay a sum equal to 75% of the term life insurance benefit, up to a maximum of \$60,000. This amount is subtracted from the term life insurance benefit amount prior to payment of a death benefit.

PORTABILITY

Portability allows employees and their eligible dependents to take their coverage with them when they are no longer insured under the policy. Employees electing to port coverage become responsible for the premium payments.

The claims experience of ported individuals is not charged back to the experience of the group, and there is no additional service waiting period for an employee to be eligible for Portability. Coverage ported by an employee does not terminate when the master policy terminates.

CONVERSION

Individuals covered under this plan who cease to be eligible for coverage may convert to an individual policy. The conversion policy:

- Does not require evidence of good health
- May contain limitations
- Must be applied for within 31 days of becoming ineligible
- Can be any of the individual life insurance policies offered by Mutual of Omaha, except term insurance, up to the terminated amount of coverage

Individuals whose life insurance ends because of termination of the policy or termination of a class and have been insured under the policy for at least 5 years, may convert their coverage to an individual policy. The conversion policy:

- Must be applied for within 31 days of becoming ineligible
- Pays the amount of group life insurance an employee is eligible to convert if the employee dies within 31 days after their insurance ends

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFITS

This proposal assumes the AD&D benefits are offered in conjunction with the basic term life plan. The information below is intended to provide detail about the benefits for AD&D included in this proposal. Unless otherwise noted, the following plan features apply to the employee's coverage under the plan.

AD&D BENEFIT SCHEDULE

AD&D enhances the employee benefit offering by providing employees financial support when they've suffered an unexpected loss. The AD&D benefit is paid if an employee (or dependent, if covered) is injured as a result of an accident, and that injury is independent of sickness and all other causes.

Benefits are paid according to the following schedule:

Loss	Benefit
§ Life	Principal Sum
§ Both hands	
§ Both Feet	
§ Entire sight of both eyes	
§ One hand and one foot	
§ One hand and entire sight of one eye	
§ One foot and entire sight of one eye	
§ Speech and hearing (both ears)	One-half of the Principal Sum
§ Entire sight of one eye	
§ Speech or hearing (both ears)	
§ One hand or one foot	One-fourth of the Principal Sum
§ Loss of thumb and index finger of same hand	

AD&D EXCLUSIONS

Exclusions and limitations apply to this coverage. Please refer to a sample booklet or contract for additional information, available upon request.



Mutual of Omaha

VOLUNTARY TERM LIFE AND AD&D INSURANCE

DEFINITION OF ANNUAL SALARY

Unless otherwise agreed to by Mutual of Omaha, this proposal assumes annual salary is the employee's gross annual salary received from the employer and in effect immediately prior to the date of loss, as verified by the employee's W-2 Form.

Annual salary includes:

- Contributions to deferred compensation plans

Annual salary excludes:

- Other Extra Compensation
- Differentials
- Overtime
- Bonuses
- Commissions

ADDITIONAL BENEFITS

The information below is intended to provide more detail about the benefits for voluntary term life insurance outlined previously in this proposal. Unless otherwise noted, the following plan features apply to the employee's coverage under the voluntary term life plan.

ANNUAL BENEFIT INCREASE	Employees may elect to increase their benefit amount by 1 increment(s) each policy year without providing evidence of insurability.
WAIVER OF PREMIUM - DISABILITY	Life insurance continues without payment of premium for employees who are disabled and unable to perform the duties of any occupation, provided: <ul style="list-style-type: none"> ▪ Disability begins while the employee is insured by Mutual of Omaha ▪ Disability begins prior to age 60 and terminates at age 99 ▪ Proof of disability is provided to Mutual of Omaha prior to the end of the disability elimination period (first 6 months of disability) ▪ Proof of continued disability is verified periodically, according to the terms of the contract
LIVING CARE BENEFIT	For eligible employees with a terminal illness, Mutual of Omaha will pay a sum equal to 75% of the term life insurance benefit, up to a maximum of \$500,000. This amount is subtracted from the term life insurance benefit amount prior to payment of a death benefit.
PORTABILITY	Portability allows employees and their eligible dependents to take their coverage with them when they are no longer insured under the policy. Employees electing to port coverage become responsible for the premium payments. The claims experience of ported individuals is not charged back to the experience of the group, and there is no additional service waiting period for an employee to be eligible for Portability. Coverage ported by an employee does not terminate when the master policy terminates.

CONVERSION

Individuals covered under this plan who cease to be eligible for coverage may convert to an individual policy. The conversion policy:

- Does not require evidence of good health
- May contain limitations
- Must be applied for within 31 days of becoming ineligible
- Can be any of the individual life insurance policies offered by Mutual of Omaha, except term insurance, up to the terminated amount of coverage

Individuals whose life insurance ends because of termination of the policy or termination of a class and have been insured under the policy for at least 5 years, may convert their coverage to an individual policy. The conversion policy:

- Must be applied for within 31 days of becoming ineligible
- Pays the amount of group life insurance an employee is eligible to convert if the employee dies within 31 days after their insurance ends

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFITS

This proposal assumes the AD&D benefits are offered in conjunction with the voluntary term life plan. The information below is intended to provide detail about the benefits for AD&D included in this proposal. The following benefits apply to the employees and eligible dependents (if applicable) covered under the plan.

AD&D BENEFIT SCHEDULE

AD&D enhances the employee benefit offering by providing employees financial support when they've suffered an unexpected loss. The AD&D benefit is paid if an employee (or dependent, if covered) is injured as a result of an accident, and that injury is independent of sickness and all other causes.

Benefits are paid according to the following schedule:

Loss	Benefit
§ Life § Both hands § Both Feet § Entire sight of both eyes § One hand and one foot § One hand and entire sight of one eye § One foot and entire sight of one eye § Speech and hearing (both ears)	Principal Sum
§ Entire sight of one eye § Speech or hearing (both ears) § One hand or one foot	One-half of the Principal Sum
§ Loss of thumb and index finger of same hand	One-fourth of the Principal Sum

ADDITIONAL AD&D BENEFITS

Additional AD&D benefits provide added security to employees by paying benefits in addition to the basic AD&D benefit. Additional benefits included in this proposal are:

- **Seat Belt Benefit** - If the insured is injured in an automobile accident while wearing a seat belt, and that injury results in death, a benefit is payable.
- **Airbag Benefit** - If the insured is injured in an automobile accident, an airbag is in use and that injury results in death, a benefit is payable.
- **Spouse Education Benefit** - If the insured is injured and that injury results in death, benefits are payable to the spouse for education at a trade school, college, university or other institution of higher learning, up to \$3,000 per year. This benefit will be payable at the end of each school year for a maximum of four consecutive years if the spouse is enrolled on a full-time basis for each consecutive term.
- **Child Education Benefit** - If the insured is injured and that injury results in death, benefits are payable equal to 5% of the Principal Sum, up to \$5,000. This benefit will be payable at the end of each school year for a maximum of four consecutive years, and will be paid to the eligible dependent student or, if a minor child, to the student's legal guardian.
- **Childcare Benefit** - If the insured is injured and that injury results in death, an eligible

dependent may receive Childcare benefits equal to 5% of the Principal Sum, up to \$5,000. This benefit is payable for each dependent, and is payable to the employee's spouse.

- **Paralysis Benefit** -Benefits for additional losses:
 - Loss - Quadriplegia / Benefit - Principal Sum
 - Loss - Triplegia / Benefit - Three-quarters of the Principal Sum
 - Loss - Paraplegia or Hemiplegia / Benefit - One-half of the Principal Sum
 - Loss - Uniplegia / Benefit - One-fourth of the Principal Sum
- **Coma Benefit** - If the insured is injured, and as a result becomes comatose within 31 days of the injury and remains comatose for 31 days, benefits are payable equal to 5% of the amount of the Principal Sum per month, for up to a maximum of 20 months.

AD&D EXCLUSIONS

Exclusions and limitations apply to this coverage. Please refer to a sample booklet or contract for additional information, available upon request.



TRAVEL ASSISTANCE

If employees have an emergency while traveling, either abroad or more than 100 miles from home, they can obtain assistance services any time. Provided by AXA Assistance U.S.A., Travel Assistance services are available to employees and their dependents anywhere in the world, offering access to support professionals who can help them access pre-departure information, find quality medical care, support services for hotel arrangements or luggage tracing, and technical assistance.

Travel Assistance services include:

- | | |
|---|---|
| PRE-DEPARTURE
INFORMATION | <ul style="list-style-type: none">▪ Health hazards advisory for worldwide destinations▪ Domestic and international weather information▪ Consulate and Embassy locations▪ Required documentation information (ex. passport or visa) |
| EMERGENCY MEDICAL
ASSISTANCE | <ul style="list-style-type: none">▪ Locating medical care▪ Medical insurance coordination▪ Case communications▪ Transportation for a family member▪ Hotel convalescence arrangements▪ Prescription drugs coordination▪ Medically necessary repatriation |
| TRAVEL SUPPORT
SERVICES | <ul style="list-style-type: none">▪ Emergency cash coordination▪ Hotel/motel arrangements and information▪ Lost/delayed luggage tracing |
| TECHNICAL
ASSISTANCE | <ul style="list-style-type: none">▪ Coordination of credit card, airline ticket, or other documentation replacement▪ Interpreter/translator services▪ Vehicle return service▪ Lawyer referrals▪ Coordination of financial assistance for bonds/bail |
| INFORMATIONAL
BROCHURES | <p>A convenient tri-fold brochure, which includes detachable wallet cards for easy reference, is available to provide employees information about Travel Assistance. A PDF version of the information is also available, for printing, e-mailing, or internet distribution.</p> |



RATING CRITERIA

Some assumptions have been made in the preparation of this proposal. Changes in these assumptions may impact the rates or fees. These assumptions apply to all coverages included in this proposal unless otherwise noted.

SIC CODE This proposal assumes the applicable Standard Industry Classification (SIC) code for the group is 9111.

SITUS STATE This proposal assumes the situs state of the group is NE.

ACCEPTANCE This proposal is contingent upon Mutual of Omaha Home Office review and acceptance of the completed application for coverage. It is recommended that current coverage is not cancelled or dropped until notification acceptance from Mutual of Omaha is received.

PACKAGE PRICING The rates and benefits for each option in this proposal assumes package pricing. The rates and/or benefits for each option are subject to change if one or more coverages are not selected by the employer.

LIMITATIONS & STANDARD CONTRACT NOTICE This proposal is subject to Mutual of Omaha's standard product terms, limitations, and exclusions. Additionally, this proposal requires use of standard system-compatible benefits and contract provisions. Applicable federal and state mandates are added at issuance.

This proposal also assumes that all employees/members reside in the situs state of the group. If any employees/members reside outside of the situs state of the group, we must be notified of the number of employees/members by state during the implementation process so that all applicable state mandates can be accommodated.

Please refer to a sample standard contract, certificate booklet and/or subscription agreement documents for additional information and detail, available upon request.

ERISA Each plan presented in this proposal is considered to be an employer-sponsored ERISA benefit plan. If it is determined that any plan presented in this proposal is not an ERISA benefit plan, Mutual of Omaha reserves the right to re-rate or otherwise adjust the proposed plan(s).

PROPOSAL CONDITIONS Mutual of Omaha reserves the right to re-rate or withdraw this proposal *prior* to the effective date if any of the following changes:

- SIC code
- Employer contributions
- Information regarding disabled or COBRA participants
- For groups that are experience rated - risk increases based on review of the current carrier's claims experience, including open or pended claims
- Demographics (age, gender, occupation, earnings, location and size)
- Plan participation - increase or decrease of 10% or more lives
- Laws, regulations, judicial and/or administrative orders and decisions affecting benefits, cost of administration, or cost of health care services
- Proposed effective date
- Benefits or eligibility
- Premium tax
- *Addendum Two advised that there have not been any benefit changes since 7/1/2013, so we bid Life and Supplemental Life and AD&D benefits based on when the coverages terminated with Mutual of Omaha effective 7/1/2013.*

On or after the effective date, Mutual of Omaha reserves the right to change rates or fees if there is a change in any factor listed above. In addition, Mutual of Omaha may change rates or fees any time after the most recent Rate Guarantee Date, provided at least 30 days advance notice of the rate or fee increase has been given to the group.

PROPOSAL EXPIRATION This proposal is good for 90 days after 12/11/18, or the assumed effective date of the plan, whichever comes first.



ELIGIBILITY CRITERIA

BASIC TERM LIFE AND AD&D

ELIGIBLE EMPLOYEES This proposal provides coverage for all actively at work employees on the policy effective date working a minimum of 20 hours per week in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.

ELIGIBLE DEPENDENTS Eligible dependents include:

- Spouse
- Unmarried children from 3 days to age 26 (unless a full-time student)
- Full-time students up to the limiting age of 26 (unless otherwise agreed to by Mutual of Omaha or state regulation requires a different age)
- Stepchildren living in the home
- Foster children, under certain conditions

ELIGIBLE RETIREES In order to be eligible, employees are required to meet the retiree qualification requirements as defined by the employer and approved by Mutual of Omaha.

WHEN COVERAGE BEGINS Coverage for most employees insured under the current plan of life insurance begins on the effective date of the plan. Exceptions for new hires are as follows:

For employees who are:	Coverage begins:
Confined <ul style="list-style-type: none"> ▪ In a hospital ▪ In an institution ▪ In a care facility ▪ At home 	When confinement ends
Not at work due to an injury or sickness	When the employee returns to work

Coverage for employees hired after the effective date of the plan will be covered either on the first day following the completion of any qualifying period or the first of the month following the completion of any qualifying period.

WHEN COVERAGE BEGINS - DEPENDENTS Coverage for most dependents insured under the current plan of life insurance begins on the effective date of the plan. Exceptions are as follows:

For dependents who are:	Coverage begins:
Confined <ul style="list-style-type: none"> ▪ In a hospital ▪ In an institution ▪ In a care facility ▪ At home 	When confinement ends
Disabled physically or mentally to the extent of being unable to perform normal activities or not able to engage in any work; this will not apply to dependents covered under the employer's current plan of life insurance as long as they are insured under the Mutual of Omaha policy on the effective date	When all normal activities are resumed and/or the dependent has returned to work

EVIDENCE OF INSURABILITY Evidence of insurability (evidence of good health) is required:

- If enrollment is received after 31 days of becoming eligible for coverage
- If reinstatement of coverage is applied for after the policy has lapsed
- For coverage amounts in excess of the guarantee issue amount

VOLUNTARY TERM LIFE AND AD&D

ELIGIBLE EMPLOYEES

This proposal provides coverage for all actively at work employees on the policy effective date working a minimum of 20 hours per week in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.

WHEN COVERAGE BEGINS

Coverage for most employees insured under the current plan of life insurance begins on the effective date of the plan. Exceptions for new hires are as follows:

For employees who are:	Coverage begins:
Confined <ul style="list-style-type: none"> ▪ In a hospital ▪ In an institution ▪ In a care facility ▪ At home 	When confinement ends
Not at work due to an injury or sickness	When the employee returns to work
A late applicant	When the application is approved by Mutual of Omaha

For benefit amounts *not in excess of the guarantee issue amount*: Coverage for employees hired after the effective date of the plan will be covered either on the first day following the completion of any qualifying period or the first of the month following the completion of any qualifying period. (If the voluntary term life plan is offered in conjunction with an "Other Group Plan," coverage begins for new hires subject to the qualifying period of that plan.)

For benefit amounts in excess of the guarantee issue amount: Coverage begins on the first day of the month following the day Mutual of Omaha approves the application.

To become insured, any new hire must:

- Make a written request for coverage during the required qualifying period (or within the time limit specified by the "Other Group Plan")
- If required, submit evidence of insurability
- Pay the required premium

WHEN COVERAGE BEGINS - DEPENDENTS

Coverage for most dependents insured under the current plan of life insurance begins on the effective date of the plan. Exceptions are as follows:

For dependents who are:	Coverage begins:
Confined <ul style="list-style-type: none"> ▪ In a hospital ▪ In an institution ▪ In a care facility ▪ At home 	When confinement ends
Disabled physically or mentally to the extent of being unable to perform normal activities or not able to engage in any work; this will not apply to dependents covered under the employer's current plan of life insurance as long as they are insured under the Mutual of Omaha policy on the effective date	When all normal activities are resumed and/or the dependent has returned to work

EVIDENCE OF INSURABILITY

Evidence of insurability (evidence of good health) is required:

- If enrollment is received after 31 days of becoming eligible for coverage
- If reinstatement of coverage is applied for after the policy has lapsed
- For coverage amounts in excess of the guarantee issue amount

REVISED COST PROPOSAL 2

RFP 5953 Z1

BASIC LIFE, AD&D, SUPPLEMENTAL LIFE (DEPENDENT) AND SUPPLEMENTAL LIFE (EMPLOYEE) INSURANCE PLAN OPTIONS

Bidder Name: United of Omaha Life Insurance Company

Bidders shall fill in the proposed monthly premium amounts for each column provided below. All premium amounts specified are guaranteed by Bidder and are inclusive of all costs. Each monthly premium amount proposed should be evenly divisible by "2" with no rounding to accommodate two even deductions per month through our payroll system. Any premium amount not divisible by "2" will be reduced to the nearest lower amount that is divisible by "2" for scoring. By submitting this proposal, Bidder accepts this lower amount if a contract is awarded.

BASIC LIFE	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
Rate for \$20,000 per \$1,000 Per Month	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08	\$	\$

AD&D	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
Flat rate for \$5,000 Per Employee Per Month	\$ 0.10	\$ 0.10	\$ 0.10	\$ 0.10	\$	\$
Flat rate for \$7,500 Per Employee Per Month	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15	\$	\$
Flat rate for \$10,000 Per Employee Per Month	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$	\$

SUPPLEMENTAL LIFE - DEPENDENT	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
Low Option - \$5,000						
Spouse age below 70 and/or Dependent child(ren) up to age 26	\$ 1.54	\$ 1.54	\$ 1.54	\$ 1.54	\$	\$
Spouse Age 70 or Older and/or Dependent child(ren) up to age 26	\$ 4.10	\$ 4.10	\$ 4.10	\$ 4.10	\$	\$

SUPPLEMENTAL LIFE - DEPENDENT	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
High Option - \$10,000						
Spouse age below 70 and/or Dependent child(ren) up to age 26	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$	\$
Spouse Age 70 or Older and/or Dependent child(ren) up to age 26	\$ 8.22	\$ 8.22	\$ 8.22	\$ 8.22	\$	\$

SUPPLEMENTAL LIFE COVERAGE - EMPLOYEE						
Rate/\$1,000	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
Under 25	\$ 0.04	\$ 0.04	\$ 0.04	\$ 0.04	\$	\$
25-29	\$ 0.04	\$ 0.04	\$ 0.04	\$ 0.04	\$	\$
30-34	\$ 0.06	\$ 0.06	\$ 0.06	\$ 0.06	\$	\$
35-39	\$ 0.07	\$ 0.07	\$ 0.07	\$ 0.07	\$	\$
40-44	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08	\$	\$
45-49	\$ 0.12	\$ 0.12	\$ 0.12	\$ 0.12	\$	\$
50-54	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$	\$
55-59	\$ 0.33	\$ 0.33	\$ 0.33	\$ 0.33	\$	\$
60-64	\$ 0.51	\$ 0.51	\$ 0.51	\$ 0.51	\$	\$
65-69	\$ 0.98	\$ 0.98	\$ 0.98	\$ 0.98	\$	\$
70-74	\$ 1.60	\$ 1.60	\$ 1.60	\$ 1.60	\$	\$
75-79	\$ 1.60	\$ 1.60	\$ 1.60	\$ 1.60	\$	\$
80 and over	\$ 1.60	\$ 1.60	\$ 1.60	\$ 1.60	\$	\$

DEPARTMENT OF LABOR ACTIVE EMPLOYEES (Grandfathered Group) BASIC LIFE, AD&D AND SUPPLEMENTAL LIFE (DEPENDENT) INSURANCE						
BASIC LIFE	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
Rate for base annual salary adjusted to next higher \$1,000 plus \$2,000. \$10,000 salary minimum. \$60,000 salary maximum. High age reductions.	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$	\$
AD&D	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
Rate for base annual salary adjusted to next higher \$1,000 plus \$2,000. \$10,000 salary minimum. \$60,000 salary maximum. High age reductions.	\$ 0.01	\$ 0.01	\$ 0.01	\$ 0.01	\$	\$
SUPPLEMENTAL LIFE - DEPENDENT	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
Spouse - \$2,000; Child - \$500 (3 days - 6 months) \$1,000 (6 months - 19 years)	\$ 0.38	\$ 0.38	\$ 0.38	\$ 0.38	\$	\$

**DEPARTMENT OF LABOR RETIRED EMPLOYEES (Grandfathered Group)
BASIC LIFE INSURANCE**

BASIC LIFE	Initial Contract Period				Optional Year 1	Optional Year 2
	Year 1	Year 2	Year 3	Year 4		
Varies depending on amount in force at retirement. Refer to Attachment C: Census Report	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$	\$

Cost Proposal 2 includes cross subsidization.

The employee Basic Life and Supplemental Life rates can be discounted by 2% if portability is not added.

The Supplemental Life age-banded rates were resloped, so they do not straddle Table I.

All Contributory Dependent Life will be included under the Basic Life contract.

MUTUAL of OMAHA INSURANCE COMPANY
UNITED of OMAHA LIFE INSURANCE COMPANY

GROUP INSURANCE PROPOSAL



Presented To:

State of Nebraska

Presented By:

Mutual of Omaha

Includes:

**Basic Term Life and AD&D, Voluntary Term Life
and AD&D** *(Proposal 2 includes cross subsidization)*

December 11, 2018



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Definitions
Additional Benefits

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Additional Benefits

Travel Assistance

Rating Criteria

Eligibility Criteria



BASIC TERM LIFE AND AD&D INSURANCE

Proposal for: State of Nebraska
Alternate: 1.02

The following Basic Term Life and AD&D plan is being proposed on a fully-insured basis effective **07/01/19**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit mutualofomaha.com.

ELIGIBILITY

CLASS DEFINITION(S)

Class 1: All Other Eligible Active Full Time State of Nebraska Employees
Class 2: All Other Eligible Active Part Time State of Nebraska Employees
Class 3: All Eligible Nebraska Department of Labor Retirees Who Are Less Than Age 65 (Closed Class)
Class 4: All Eligible Nebraska Department of Labor Retirees Who Are Age 65 or Older
Class 5: All Eligible Nebraska Department of Labor Active Full Time Employees Who Participated in the Plan Prior to July 1, 1991 (Closed Class)

ELIGIBILITY REQUIREMENT This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.

MINIMUM WORK HOURS

Class 1: 40 or more hours each week
Class 2: 20 or more hours each week
Class 3: N/A - Actively Eligible
Class 4: N/A - Actively Eligible
Class 5: 40 or more hours each week

BENEFIT SUMMARY

EMPLOYEE TERM LIFE BENEFIT AMOUNTS	Benefit	Maximum Benefit	Guarantee Issue Amount	Minimum Benefit
Class 2, 1	\$20,000	\$20,000	\$20,000	\$20,000
Class 3, 4	1X Annual Salary	\$60,000	\$60,000	\$0
Class 5	1X Annual Salary, plus \$2,000	\$60,000	\$60,000	\$10,000

EMPLOYEE BENEFIT REDUCTION SCHEDULE* CLASS 5	At Age	Benefits Reduce to:
	70+	65%

* All benefit reductions are a percentage of the original benefit amount. Coverage terminates at retirement.

EMPLOYEE BENEFIT REDUCTION SCHEDULE* CLASS 3,4	Benefits Reduce:
	2% per month at retirement to a minimum of 25%

**DEPENDENT TERM LIFE
BENEFIT AMOUNTS**
Class 2, 1 (Option 1)**

Spouse Benefit	Spouse Guarantee Issue Amount	Child Benefit (3 days to 14 days)	Child Benefit (14 days to 6 mos.)	Child Benefit (6 mos. to limiting age)
\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Spouse Benefit	Spouse Guarantee Issue Amount	Child Benefit (3 days to 14 days)	Child Benefit (14 days to 6 mos.)	Child Benefit (6 mos. to limiting age)
\$10,000	\$10,000	\$10,000	\$10,000	\$10,000

**DEPENDENT TERM LIFE
BENEFIT AMOUNTS**
Class 2, 1 (Option 2)**

Spouse Benefit	Spouse Guarantee Issue Amount	Child Benefit (3 days to 14 days)	Child Benefit (14 days to 6 mos.)	Child Benefit (6 mos. to limiting age)
\$2,000	\$2,000	\$500	\$500	\$1,000

**DEPENDENT TERM LIFE
BENEFIT AMOUNTS**
Class 5**

** Dependent Spouse and/or Child coverage is only available if the Employee has coverage under this plan.

**EMPLOYEE AD&D
BENEFIT AMOUNT**

The AD&D Principal Sum amount is equal to the amount of basic term life insurance. *Ends at age 65*

ADDITIONAL BENEFITS - CLASS 2, 1

WAIVER OF PREMIUM - DISABILITY	<ul style="list-style-type: none">▪ Definition of Disability - Any Occupation▪ Elimination Period - 6 months▪ Termination - Age 99
LIVING CARE BENEFIT	For employee and spouse, 75% to \$20,000
PORTABILITY	Included
LAYOFF/LEAVE	§ Temporary Layoff - 12 weeks <ul style="list-style-type: none">▪ Personal Leave - 12 weeks
CONTINUATION FOR FEDERAL AND STATE LAWS	Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.
TRAVEL ASSISTANCE	Included
CONVERSION	Included

ADDITIONAL BENEFITS - CLASS 3, 4

LIVING CARE BENEFIT	75% to \$60,000
LAYOFF/LEAVE	<ul style="list-style-type: none"> § Temporary Layoff - Not Included ▪ Personal Leave - Not Included
CONTINUATION FOR FEDERAL AND STATE LAWS	Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.
CONVERSION	Included

ADDITIONAL BENEFITS - CLASS 5

WAIVER OF PREMIUM - DISABILITY	<ul style="list-style-type: none"> ▪ Definition of Disability - Any Occupation ▪ Elimination Period - 6 months ▪ Termination - Age 99 									
LIVING CARE BENEFIT	For employee and spouse, 75% to \$60,000									
PORTABILITY	Included									
LAYOFF/LEAVE	<ul style="list-style-type: none"> § Temporary Layoff - 12 weeks ▪ Personal Leave - 12 weeks 									
CONTINUATION FOR FEDERAL AND STATE LAWS	Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.									
TRAVEL ASSISTANCE	Included									
AD&D	24 hour coverage for employees									
AD&D BENEFITS	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">- Seat Belt</td> <td style="width: 33%;">- Spouse Education</td> <td style="width: 33%;">- Paralysis</td> </tr> <tr> <td>- Child Education</td> <td>- Airbag</td> <td>- Coma</td> </tr> <tr> <td>- Childcare Center</td> <td></td> <td></td> </tr> </table>	- Seat Belt	- Spouse Education	- Paralysis	- Child Education	- Airbag	- Coma	- Childcare Center		
- Seat Belt	- Spouse Education	- Paralysis								
- Child Education	- Airbag	- Coma								
- Childcare Center										
CONVERSION	Included									



VOLUNTARY TERM LIFE AND AD&D INSURANCE

Proposal for: State of Nebraska
Alternate: 1.03

The following Voluntary Term Life and AD&D plan is being proposed on a fully-insured basis effective **07/01/19**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit mutualofomaha.com.

ELIGIBILITY

CLASS DEFINITION(S) **Class 1:** All Other Eligible Active Full Time and Part Time State of Nebraska Employees

ELIGIBILITY REQUIREMENT This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.

MINIMUM WORK HOURS **Class 1:** 20 or more hours each week

BENEFIT SUMMARY

EMPLOYEE BENEFIT AMOUNTS

Minimum Benefit	Maximum Benefit	Increments	Guarantee Issue Amount*
The greater of 0.5X Annual Salary	5X Annual Salary, up to \$1,980,000	0.5, 1, 1.5, 2, 3, 4, and 5X Annual Salary	5X Annual Salary, up to \$750,000

*Guarantee Issue Amounts assume a participation rate of at least 25% of eligible employees.

BENEFIT REDUCTION SCHEDULE**

At Age	Benefits Reduce to:
70	70%
75	48%
80	32%
85	23%
90+	15%

** All benefit reductions are a percentage of the original benefit amount. Coverage terminates at retirement.

AD&D BENEFIT AMOUNT

Minimum Benefit	Maximum Benefit	Increments	Guarantee Issue Amount*
\$5,000	\$10,000	\$5,000, \$7,500, \$10,000	\$10,000

ADDITIONAL BENEFITS

OPEN ENROLLMENT	A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents (if applicable) without providing health information.
WAIVER OF PREMIUM - DISABILITY	<ul style="list-style-type: none">▪ Definition of Disability - Any Occupation▪ Elimination Period - 6 months▪ Termination - Age 99
ANNUAL INCREASE OPTION	Once annually, the employee/member may increase their insurance amount by 1 increment(s) without providing health information.
LIVING CARE BENEFIT	75% to \$500,000
PORTABILITY	Included
LAYOFF/LEAVE	<ul style="list-style-type: none">§ Temporary Layoff - 12 weeks▪ Personal Leave - 12 weeks

**CONTINUATION FOR
FEDERAL AND STATE
LAWS**

Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member. This provision applies to employer and union groups only, subject to certain conditions.

AD&D

24 hour coverage for employees

AD&D BENEFITS

- Seat Belt
- Spouse Education
- Paralysis
- Child Education
- Airbag
- Coma
- Childcare Center

CONVERSION

Included



Mutual of Omaha

BASIC TERM LIFE AND AD&D INSURANCE

DEFINITION OF ANNUAL SALARY

Unless otherwise agreed to by Mutual of Omaha, this proposal assumes annual salary is the employee's gross annual salary received from the employer and in effect immediately prior to the date of loss, as verified by the employee's W-2 Form.

Annual salary includes:

- Contributions to deferred compensation plans

Annual salary excludes:

- Contributions to deferred compensation plans
- Other Extra Compensation
- Overtime
- Differentials
- Commissions
- Bonuses

ADDITIONAL BENEFITS

The information below is intended to provide more detail about the benefits for basic term life insurance outlined previously in this proposal. Unless otherwise noted, the following plan features apply to the employee's coverage under the basic term life plan.

WAIVER OF PREMIUM - DISABILITY

Life insurance continues without payment of premium for employees who are disabled and unable to perform the duties of any occupation, provided:

- Disability begins while the employee is insured by Mutual of Omaha
- Disability begins prior to age 60 and terminates at age 99
- Proof of disability is provided to Mutual of Omaha prior to the end of the disability elimination period (first 6 months of disability)
- Proof of continued disability is verified periodically, according to the terms of the contract

LIVING CARE BENEFIT - CLASS 2, 1

For eligible employees and dependent spouses with a terminal illness, Mutual of Omaha will pay a sum equal to 75% of the term life insurance benefit, up to a maximum of \$20,000. This amount is subtracted from the term life insurance benefit amount prior to payment of a death benefit.

LIVING CARE BENEFIT - CLASS 3, 4

For eligible employees with a terminal illness, Mutual of Omaha will pay a sum equal to 75% of the term life insurance benefit, up to a maximum of \$60,000. This amount is subtracted from the term life insurance benefit amount prior to payment of a death benefit.

LIVING CARE BENEFIT - CLASS 5

For eligible employees and dependent spouses with a terminal illness, Mutual of Omaha will pay a sum equal to 75% of the term life insurance benefit, up to a maximum of \$60,000. This amount is subtracted from the term life insurance benefit amount prior to payment of a death benefit.

PORTABILITY

Portability allows employees and their eligible dependents to take their coverage with them when they are no longer insured under the policy. Employees electing to port coverage become responsible for the premium payments.

The claims experience of ported individuals is not charged back to the experience of the group, and there is no additional service waiting period for an employee to be eligible for Portability. Coverage ported by an employee does not terminate when the master policy terminates.

CONVERSION

Individuals covered under this plan who cease to be eligible for coverage may convert to an individual policy. The conversion policy:

- Does not require evidence of good health
- May contain limitations
- Must be applied for within 31 days of becoming ineligible
- Can be any of the individual life insurance policies offered by Mutual of Omaha, except term insurance, up to the terminated amount of coverage

Individuals whose life insurance ends because of termination of the policy or termination of a class and have been insured under the policy for at least 5 years, may convert their coverage to an individual policy. The conversion policy:

- Must be applied for within 31 days of becoming ineligible
- Pays the amount of group life insurance an employee is eligible to convert if the employee dies within 31 days after their insurance ends

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFITS

This proposal assumes the AD&D benefits are offered in conjunction with the basic term life plan. The information below is intended to provide detail about the benefits for AD&D included in this proposal. Unless otherwise noted, the following plan features apply to the employee's coverage under the plan.

AD&D BENEFIT SCHEDULE

AD&D enhances the employee benefit offering by providing employees financial support when they've suffered an unexpected loss. The AD&D benefit is paid if an employee (or dependent, if covered) is injured as a result of an accident, and that injury is independent of sickness and all other causes.

Benefits are paid according to the following schedule:

Loss	Benefit
§ Life	Principal Sum
§ Both hands	
§ Both Feet	
§ Entire sight of both eyes	
§ One hand and one foot	
§ One hand and entire sight of one eye	
§ One foot and entire sight of one eye	
§ Speech and hearing (both ears)	One-half of the Principal Sum
§ Entire sight of one eye	
§ Speech or hearing (both ears)	
§ One hand or one foot	One-fourth of the Principal Sum
§ Loss of thumb and index finger of same hand	

AD&D EXCLUSIONS

Exclusions and limitations apply to this coverage. Please refer to a sample booklet or contract for additional information, available upon request.



Mutual of Omaha

VOLUNTARY TERM LIFE AND AD&D INSURANCE

DEFINITION OF ANNUAL SALARY

Unless otherwise agreed to by Mutual of Omaha, this proposal assumes annual salary is the employee's gross annual salary received from the employer and in effect immediately prior to the date of loss, as verified by the employee's W-2 Form.

Annual salary includes:

- Contributions to deferred compensation plans

Annual salary excludes:

- Other Extra Compensation
- Differentials
- Overtime
- Bonuses
- Commissions

ADDITIONAL BENEFITS

The information below is intended to provide more detail about the benefits for voluntary term life insurance outlined previously in this proposal. Unless otherwise noted, the following plan features apply to the employee's coverage under the voluntary term life plan.

ANNUAL BENEFIT INCREASE	Employees may elect to increase their benefit amount by 1 increment(s) each policy year without providing evidence of insurability.
WAIVER OF PREMIUM - DISABILITY	Life insurance continues without payment of premium for employees who are disabled and unable to perform the duties of any occupation, provided: <ul style="list-style-type: none"> ▪ Disability begins while the employee is insured by Mutual of Omaha ▪ Disability begins prior to age 60 and terminates at age 99 ▪ Proof of disability is provided to Mutual of Omaha prior to the end of the disability elimination period (first 6 months of disability) ▪ Proof of continued disability is verified periodically, according to the terms of the contract
LIVING CARE BENEFIT	For eligible employees with a terminal illness, Mutual of Omaha will pay a sum equal to 75% of the term life insurance benefit, up to a maximum of \$500,000. This amount is subtracted from the term life insurance benefit amount prior to payment of a death benefit.
PORTABILITY	Portability allows employees and their eligible dependents to take their coverage with them when they are no longer insured under the policy. Employees electing to port coverage become responsible for the premium payments. The claims experience of ported individuals is not charged back to the experience of the group, and there is no additional service waiting period for an employee to be eligible for Portability. Coverage ported by an employee does not terminate when the master policy terminates.

CONVERSION

Individuals covered under this plan who cease to be eligible for coverage may convert to an individual policy. The conversion policy:

- Does not require evidence of good health
- May contain limitations
- Must be applied for within 31 days of becoming ineligible
- Can be any of the individual life insurance policies offered by Mutual of Omaha, except term insurance, up to the terminated amount of coverage

Individuals whose life insurance ends because of termination of the policy or termination of a class and have been insured under the policy for at least 5 years, may convert their coverage to an individual policy. The conversion policy:

- Must be applied for within 31 days of becoming ineligible
- Pays the amount of group life insurance an employee is eligible to convert if the employee dies within 31 days after their insurance ends

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFITS

This proposal assumes the AD&D benefits are offered in conjunction with the voluntary term life plan. The information below is intended to provide detail about the benefits for AD&D included in this proposal. The following benefits apply to the employees and eligible dependents (if applicable) covered under the plan.

AD&D BENEFIT SCHEDULE

AD&D enhances the employee benefit offering by providing employees financial support when they've suffered an unexpected loss. The AD&D benefit is paid if an employee (or dependent, if covered) is injured as a result of an accident, and that injury is independent of sickness and all other causes.

Benefits are paid according to the following schedule:

Loss	Benefit
§ Life	Principal Sum
§ Both hands	
§ Both Feet	
§ Entire sight of both eyes	
§ One hand and one foot	
§ One hand and entire sight of one eye	
§ One foot and entire sight of one eye	
§ Speech and hearing (both ears)	
§ Entire sight of one eye	One-half of the Principal Sum
§ Speech or hearing (both ears)	
§ One hand or one foot	
§ Loss of thumb and index finger of same hand	One-fourth of the Principal Sum

ADDITIONAL AD&D BENEFITS

Additional AD&D benefits provide added security to employees by paying benefits in addition to the basic AD&D benefit. Additional benefits included in this proposal are:

- **Seat Belt Benefit** - If the insured is injured in an automobile accident while wearing a seat belt, and that injury results in death, a benefit is payable.
- **Airbag Benefit** - If the insured is injured in an automobile accident, an airbag is in use and that injury results in death, a benefit is payable.
- **Spouse Education Benefit** - If the insured is injured and that injury results in death, benefits are payable to the spouse for education at a trade school, college, university or other institution of higher learning, up to \$3,000 per year. This benefit will be payable at the end of each school year for a maximum of four consecutive years if the spouse is enrolled on a full-time basis for each consecutive term.
- **Child Education Benefit** - If the insured is injured and that injury results in death, benefits are payable equal to 5% of the Principal Sum, up to \$5,000. This benefit will be payable at the end of each school year for a maximum of four consecutive years, and will be paid to the eligible dependent student or, if a minor child, to the student's legal guardian.
- **Childcare Benefit** - If the insured is injured and that injury results in death, an eligible

dependent may receive Childcare benefits equal to 5% of the Principal Sum, up to \$5,000. This benefit is payable for each dependent, and is payable to the employee's spouse.

- **Paralysis Benefit** -Benefits for additional losses:
 - Loss - Quadriplegia / Benefit - Principal Sum
 - Loss - Triplegia / Benefit - Three-quarters of the Principal Sum
 - Loss - Paraplegia or Hemiplegia / Benefit - One-half of the Principal Sum
 - Loss - Uniplegia / Benefit - One-fourth of the Principal Sum
- **Coma Benefit** - If the insured is injured, and as a result becomes comatose within 31 days of the injury and remains comatose for 31 days, benefits are payable equal to 5% of the amount of the Principal Sum per month, for up to a maximum of 20 months.

AD&D EXCLUSIONS

Exclusions and limitations apply to this coverage. Please refer to a sample booklet or contract for additional information, available upon request.



TRAVEL ASSISTANCE

If employees have an emergency while traveling, either abroad or more than 100 miles from home, they can obtain assistance services any time. Provided by AXA Assistance U.S.A., Travel Assistance services are available to employees and their dependents anywhere in the world, offering access to support professionals who can help them access pre-departure information, find quality medical care, support services for hotel arrangements or luggage tracing, and technical assistance.

Travel Assistance services include:

- | | |
|---|---|
| PRE-DEPARTURE
INFORMATION | <ul style="list-style-type: none">▪ Health hazards advisory for worldwide destinations▪ Domestic and international weather information▪ Consulate and Embassy locations▪ Required documentation information (ex. passport or visa) |
| EMERGENCY MEDICAL
ASSISTANCE | <ul style="list-style-type: none">▪ Locating medical care▪ Medical insurance coordination▪ Case communications▪ Transportation for a family member▪ Hotel convalescence arrangements▪ Prescription drugs coordination▪ Medically necessary repatriation |
| TRAVEL SUPPORT
SERVICES | <ul style="list-style-type: none">▪ Emergency cash coordination▪ Hotel/motel arrangements and information▪ Lost/delayed luggage tracing |
| TECHNICAL
ASSISTANCE | <ul style="list-style-type: none">▪ Coordination of credit card, airline ticket, or other documentation replacement▪ Interpreter/translator services▪ Vehicle return service▪ Lawyer referrals▪ Coordination of financial assistance for bonds/bail |
| INFORMATIONAL
BROCHURES | <p>A convenient tri-fold brochure, which includes detachable wallet cards for easy reference, is available to provide employees information about Travel Assistance. A PDF version of the information is also available, for printing, e-mailing, or internet distribution.</p> |



RATING CRITERIA

Some assumptions have been made in the preparation of this proposal. Changes in these assumptions may impact the rates or fees. These assumptions apply to all coverages included in this proposal unless otherwise noted.

SIC CODE This proposal assumes the applicable Standard Industry Classification (SIC) code for the group is 9111.

SITUS STATE This proposal assumes the situs state of the group is NE.

ACCEPTANCE This proposal is contingent upon Mutual of Omaha Home Office review and acceptance of the completed application for coverage. It is recommended that current coverage is not cancelled or dropped until notification acceptance from Mutual of Omaha is received.

PACKAGE PRICING The rates and benefits for each option in this proposal assumes package pricing. The rates and/or benefits for each option are subject to change if one or more coverages are not selected by the employer.

LIMITATIONS & STANDARD CONTRACT NOTICE This proposal is subject to Mutual of Omaha's standard product terms, limitations, and exclusions. Additionally, this proposal requires use of standard system-compatible benefits and contract provisions. Applicable federal and state mandates are added at issuance.

This proposal also assumes that all employees/members reside in the situs state of the group. If any employees/members reside outside of the situs state of the group, we must be notified of the number of employees/members by state during the implementation process so that all applicable state mandates can be accommodated.

Please refer to a sample standard contract, certificate booklet and/or subscription agreement documents for additional information and detail, available upon request.

ERISA Each plan presented in this proposal is considered to be an employer-sponsored ERISA benefit plan. If it is determined that any plan presented in this proposal is not an ERISA benefit plan, Mutual of Omaha reserves the right to re-rate or otherwise adjust the proposed plan(s).

PROPOSAL CONDITIONS Mutual of Omaha reserves the right to re-rate or withdraw this proposal *prior* to the effective date if any of the following changes:

- SIC code
- Employer contributions
- Information regarding disabled or COBRA participants
- For groups that are experience rated - risk increases based on review of the current carrier's claims experience, including open or pended claims
- Demographics (age, gender, occupation, earnings, location and size)
- Plan participation - increase or decrease of 10% or more lives
- Laws, regulations, judicial and/or administrative orders and decisions affecting benefits, cost of administration, or cost of health care services
- Proposed effective date
- Benefits or eligibility
- Premium tax
- *Addendum Two advised that there have not been any benefit changes since 7/1/2013, so we bid Life and Supplemental Life and AD&D benefits based on when the coverages terminated with Mutual of Omaha effective 7/1/2013.*

On or after the effective date, Mutual of Omaha reserves the right to change rates or fees if there is a change in any factor listed above. In addition, Mutual of Omaha may change rates or fees any time after the most recent Rate Guarantee Date, provided at least 30 days advance notice of the rate or fee increase has been given to the group.

PROPOSAL EXPIRATION This proposal is good for 90 days after 12/11/18, or the assumed effective date of the plan, whichever comes first.



ELIGIBILITY CRITERIA

BASIC TERM LIFE AND AD&D

ELIGIBLE EMPLOYEES This proposal provides coverage for all actively at work employees on the policy effective date working a minimum of 20 hours per week in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.

ELIGIBLE DEPENDENTS Eligible dependents include:

- Spouse
- Unmarried children from 3 days to age 26 (unless a full-time student)
- Full-time students up to the limiting age of 26 (unless otherwise agreed to by Mutual of Omaha or state regulation requires a different age)
- Stepchildren living in the home
- Foster children, under certain conditions

ELIGIBLE RETIREES In order to be eligible, employees are required to meet the retiree qualification requirements as defined by the employer and approved by Mutual of Omaha.

WHEN COVERAGE BEGINS Coverage for most employees insured under the current plan of life insurance begins on the effective date of the plan. Exceptions for new hires are as follows:

For employees who are:	Coverage begins:
Confined <ul style="list-style-type: none"> ▪ In a hospital ▪ In an institution ▪ In a care facility ▪ At home 	When confinement ends
Not at work due to an injury or sickness	When the employee returns to work

Coverage for employees hired after the effective date of the plan will be covered either on the first day following the completion of any qualifying period or the first of the month following the completion of any qualifying period.

WHEN COVERAGE BEGINS - DEPENDENTS Coverage for most dependents insured under the current plan of life insurance begins on the effective date of the plan. Exceptions are as follows:

For dependents who are:	Coverage begins:
Confined <ul style="list-style-type: none"> ▪ In a hospital ▪ In an institution ▪ In a care facility ▪ At home 	When confinement ends
Disabled physically or mentally to the extent of being unable to perform normal activities or not able to engage in any work; this will not apply to dependents covered under the employer's current plan of life insurance as long as they are insured under the Mutual of Omaha policy on the effective date	When all normal activities are resumed and/or the dependent has returned to work

EVIDENCE OF INSURABILITY Evidence of insurability (evidence of good health) is required:

- If enrollment is received after 31 days of becoming eligible for coverage
- If reinstatement of coverage is applied for after the policy has lapsed
- For coverage amounts in excess of the guarantee issue amount

VOLUNTARY TERM LIFE AND AD&D

ELIGIBLE EMPLOYEES This proposal provides coverage for all actively at work employees on the policy effective date working a minimum of 20 hours per week in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.

WHEN COVERAGE BEGINS Coverage for most employees insured under the current plan of life insurance begins on the effective date of the plan. Exceptions for new hires are as follows:

For employees who are:	Coverage begins:
Confined <ul style="list-style-type: none"> ▪ In a hospital ▪ In an institution ▪ In a care facility ▪ At home 	When confinement ends
Not at work due to an injury or sickness	When the employee returns to work
A late applicant	When the application is approved by Mutual of Omaha

For benefit amounts *not in excess of the guarantee issue amount*: Coverage for employees hired after the effective date of the plan will be covered either on the first day following the completion of any qualifying period or the first of the month following the completion of any qualifying period. (If the voluntary term life plan is offered in conjunction with an "Other Group Plan," coverage begins for new hires subject to the qualifying period of that plan.)

For benefit amounts in excess of the guarantee issue amount: Coverage begins on the first day of the month following the day Mutual of Omaha approves the application.

To become insured, any new hire must:

- Make a written request for coverage during the required qualifying period (or within the time limit specified by the "Other Group Plan")
- If required, submit evidence of insurability
- Pay the required premium

WHEN COVERAGE BEGINS - DEPENDENTS Coverage for most dependents insured under the current plan of life insurance begins on the effective date of the plan. Exceptions are as follows:

For dependents who are:	Coverage begins:
Confined <ul style="list-style-type: none"> ▪ In a hospital ▪ In an institution ▪ In a care facility ▪ At home 	When confinement ends
Disabled physically or mentally to the extent of being unable to perform normal activities or not able to engage in any work; this will not apply to dependents covered under the employer's current plan of life insurance as long as they are insured under the Mutual of Omaha policy on the effective date	When all normal activities are resumed and/or the dependent has returned to work

EVIDENCE OF INSURABILITY Evidence of insurability (evidence of good health) is required:

- If enrollment is received after 31 days of becoming eligible for coverage
- If reinstatement of coverage is applied for after the policy has lapsed
- For coverage amounts in excess of the guarantee issue amount