UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY





Life Insurance

HELP PROTECT WHAT MATTERS - YOU, YOUR FAMILY & YOUR FUTURE

Life insurance is a simple answer to a very difficult question: How will my loved ones manage financially when I die? It's a subject no one really wants to think about. But, if someone depends on you financially, it's one question you cannot avoid.

PROTECTION FOR EVERY STAGE OF YOUR LIFE

Whether you're single, married, have children or are close to retirement, having life insurance is a must. Life insurance pays benefits to your loved ones after you die, replacing your income and allowing the financial plans you put in place to continue uninterrupted.

When determining how much life insurance you need, think about the expenses you may encounter through every stage of your life. Consider:

FINAL EXPENSES & OTHER DEBT

- Funeral costs and final medical expenses
- · Mortgage and credit card debt
- * Taxes and estate settlement costs

ONGOING EXPENSES

- · Food and clothing
- · Housing and utilities
- · Transportation
- Health care
- Insurance

FUTURE EXPENSES

- · College
- · Retirement

HOW MUCH IS ENOUGH?

The toughest part of buying life insurance is determining how much you need. The amount of life insurance you need depends on your personal situation and financial goals. No matter what your current life stage, life insurance is there to help protect your family financially – even if you can't.

INCOME REPLACEMENT & ASSETS	
Annual income your loved ones need now and in the future	\$
(Current income multiplied by number years needed – for example: \$50k x 5 years = \$250,000)	
Subtotal (Income) =	\$
FINAL EXPENSES & OTHER DEBT	
Funeral Expenses (\$15,000 is a reasonable estimate)	\$
Mortgage	\$
Credit Card and other debt (Balance, car loans, etc)	\$
Subtotal (Debt) =	\$
EDUCATIONAL FUNDS	
College costs per person (4 years at Private \$118,000/ Public \$48,000 institution)	\$
Subtotal (Education) =	\$
TOTAL LIFE INSURANCE NEEDED	
Income + Debt + Education =	
Total Need For Life Insurance	\$
As of 10/15	

Life insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. Policy form number 7000GM-U-EZ 2010 or state equivalent (7000GM-U-EZ 2010 NC). United of Omaha is licensed nationwide, except in New York. Some exclusions, limitations and reductions may apply.

United of Omaha Life Insurance Company

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Voluntary Term Life Insurance FOR EMPLOYEES OF BARRE SUPERVISORY UNION

ELIGIBILITY - AL	LELGIBLE EMPLOYEES	Charles had to work	1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .						
Eligibility Requir	ement You must coverage.	be actively working a minimum of 20 h	ours per week to be eligible for						
Dependent Eligib Requirement	oility To be eligi activities, a and any ch	ble for coverage, your dependents mu and not be confined (at home, in a hos nild(ren) must be under age 26. In orde ple for coverage, you must elect covera	pital, or in any other care facility), or for your spouse and/or children						
Premium Payme	nt The premiu	ums for this insurance are paid in full b	V VOU.						
COVERAGE GUI									
	Minimum	Guarantee Issue	Maximum						
For You	\$10,000	5 times annual salary, up to \$150,000	5 times annual salary, up to \$500,000						
Spouse	\$5,000	100% of employee's benefit, up to \$35,000	100% of employee's benefit, up to \$250,000						
Children	\$2,000	100% of employee's benefit	100% of employee's benefit, up to \$10,000						
health application/ev BENEFITS Life Insurance Benefit Amount	idence of insurability. For late e	ssue is available to new hires. Amounts overtrants, all amounts will require a health a nes defined above, you select the amounts	pplication/evidence of insurability.						
	This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26.								
Accidental Death &	In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan. For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of the life insurance benefit.								
AD&D coverage is available if you or your dependents are injured or die as a result of and the injury or death is independent of sickness and all other causes. The benefit a depends on the type of loss incurred, and is either all or a portion of the Principal Sur									
FEATURES			e e a como e de la estada e propositiva de la como en l						
Living Care/ Accelerated Death Benefit	75% of the amount of the life \$100,000.	e insurance benefit is available to you	if terminally ill, not to exceed						
Waiver of Premium	payment of premium, subject	re totally disabled, your life insurance lot to certain conditions.							
Annual Benefit Amount Increase	amount of insurance does n secure additional life insurar have a child).	nimum amount of coverage during you coverage at your next enrollment by a ot exceed your maximum benefit amounce protection in the event your needs	ip to \$10,000, provided the total unt. This feature allows you to change (ex. you get married or						
Additional AD&D Benefits	in addition to basic AD&D be - Child Education - Airbag	enefits, you are protected by the follow - Seat Belt - Common Carrier	ing benefits:						

Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aides and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep	We work with Willing® to offer employees an online will prep tool. In just a few clicks you can complete a customized plan to protect your family and property (valid in all 50 states). To get started visit www.willing.com/mutualofomaha

AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 70, amounts reduce to 65%
- At age 75, amounts reduce to 50%

Spouse coverage terminates when you reach age 70.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

Voluntary Term Life and AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

- Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.

- Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

		* EMPLO	YEBPKEM	UM TABL	E (12 PAY	ROLLDED	JCTIONS I	PERYEAR)		
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,00 0	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.70	\$1.40	\$2.10	\$2.80	\$3,50	\$4.20	\$4.90	\$5.60	\$6,30	\$7.00
30 - 34	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
35 - 39	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
40 - 44	\$1.30	\$2.50	\$3.90	\$5.20	\$6.50	1 \$7.80	\$9.10	\$10,40	\$11.70	\$13.00
45 - 49	\$2.00	· \$4.00	\$6.00	\$8,00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00
50 - 54	\$3.10	\$6.20	\$9.30	\$12.40	\$15.50	\$18.60	\$21.70	\$24.80	\$27.90	\$31.00
55 - 59	\$4.80	\$9.60	\$14.40	\$19.20	\$24.00	, \$28.80	\$33.60	\$38.40	\$43.20	\$48.00
60 - 64	\$7.30	\$14.60	\$21.90	\$29.20	\$36.50	\$43.80	\$51.10	\$58.40	\$65.70	\$73.00
65 - 69	\$13.00	\$26.00	\$39.00	\$52.00	\$65.00	\$78.00	\$91.00	\$104.00	\$117.00	\$130.00
70 - 74	\$22.70	\$45.40	\$68,10	\$90.80	\$113.50	\$136,20	\$158.90	\$181,60	\$204.30	\$227.00
75 - 79	\$37.30	\$74.60	\$111.90	\$149.20	\$186.50	\$223.80	\$261,10	\$298.40	\$335.70	\$373.00
80+	\$72.70	1 \$145.40	\$218.10	\$290.80	\$363.50	\$436.20	\$508,90	\$581,60	\$654.30	\$727.00

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. Your spouse's rate is based on your age, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30.000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 29	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3,15	\$3.50
30 - 34	\$0.40	\$0.80	, \$1,20	\$1.60	\$2.00	\$2.40	\$2,80	\$3.20	\$3.60	\$4.00
35 - 39	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
40 - 44	\$0.65	\$1,30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
45 - 49	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
50 - 54	\$1.55	\$3.10	\$4.65	\$6.20	\$7.75	\$9.30	\$10.85	\$12.40	\$13.95	\$15.50
55 - 59	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
60 - 64	\$3.65	\$7.30	\$10.95	\$14.60	\$18.25	\$21,90	\$25.55	\$29.20	\$32.85	\$36.50
65 - 69	\$6.50	\$13.00	\$19.50	\$26.00	\$32.50	\$39.00	\$45.50	\$52.00	\$58.50	\$65.00

		AL		HLDREN	PRE	MIUM TA	E (12 PA	YRC	JEL DEDU	CTI	ONS PE	RYE	AR)*		(4 Append)	
\$2,000	1	\$3,000		\$4,000	7	\$5,000	 \$6,000	1	\$7,000	1	\$8,000		\$9,000	1.1.2.71	\$10,000	, Mag
\$0.30		\$0.45	. 4	\$0.60		\$0.75	 \$0.90		\$1.05	1	\$1.20		\$1.35		\$1.50	

^{*}Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

> Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 20 hours per week.
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any
 child(ren) must be under age 26.

What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you or your insured spouse may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
 - At age 70, amounts reduce to 65%
 - At age 75, amounts reduce to 50%
- Spouse coverage terminates when you reach age 70.
- Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive
 after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.



