

iGO E-App User's Guide

for Guaranteed Advantage (50AD),
TLA Fully Underwritten,
TLE, Living Promise,
Childrens Whole Life

United of Omaha

December 2017

IGO E-App

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Getting Started

iGo Electronic Applications is available for the following products:

Guaranteed ADvantage

Term Life Answers

Term Life Answers - SpeedeTicket

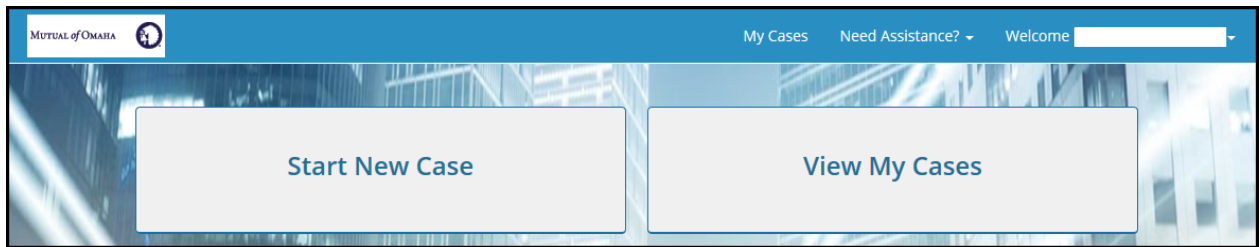
Term Life Express

Children's Whole Life

Whole Life Living Promise - **not available for Agency**

You may access the electronic applications through Mutual of Omaha's SPA site. The application is available through the Life Quotes link or the Life e-Application link on producer SPA.

Upon entry of iGo Electronic Applications, there are two large buttons, one for Start New Case and one for View My Cases.



Click on the [Start New Case](#) button to begin a new case.

or

Click on the [View My Cases](#) button to access applications already started.

View My Cases

The View My Cases button is used to return to applications already in progress or to check on the status of the electronic signature process under the Alerts section.

The screenshot displays the 'My Cases' web application interface. At the top, there is a navigation bar with the Mutual of Omaha logo, a 'My Cases' tab, and a 'Need Assistance?' dropdown. Below the navigation bar, the 'My Cases' section features a 'Start New Case' button and a search bar. A 'Case Actions' dropdown is also present. The main content area is titled 'Alerts' and contains a table with four rows of case alerts. Each row includes a checkbox, a warning icon, the case name, status, carrier, product, date modified, a 'View Forms' button, and a 'Case Actions' dropdown.

<input type="checkbox"/>		Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
<input type="checkbox"/>		Testtwo, TLA Face Amount: \$100,000 Case Details	Awaiting Agent e-Signature	MUTUAL of OMAHA	Term Life Express	11/29/2016		Case Actions
<input type="checkbox"/>		Stuffing, Sally TC004 Face Amount: \$10,000 Case Details	Awaiting Agent e-Signature	MUTUAL of OMAHA	Living Promise	11/23/2016		Case Actions
<input type="checkbox"/>		LPSubmit, Test Face Amount: \$30,000 Case Details	Awaiting Agent e-Signature	MUTUAL of OMAHA	Living Promise	11/22/2016		Case Actions
<input type="checkbox"/>		CWLsubmit, Test	Awaiting Agent e-Signature	MUTUAL of OMAHA	Childrens Whole Life	11/22/2016		Case Actions

Alerts

Alerting capabilities have been built around predefined case actions and events within iGO e-App. In the instance a particular action or event occurs, an alert icon will display with the corresponding case records, and the case will automatically shift upward into the new Alerts section of the dashboard. Users may view the alert message by hovering over the orange alert icon. An alert will automatically clear when an event or action occurs that renders it invalid. Additionally, users may choose to manually clear an alert if desired. Once all alerts associated with a case have been cleared, the case will return to the Cases section of the dashboard. In the event more than one alert has triggered for a particular case, the alerts will stack one on top of the other as pictured below.

Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
Lewis, Ryan						
Face Amount: \$250,000 Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	Term Life Answers- Full Application	5/20/2013		Case Actions
Smith, Mary						
Mary Smith's e-Signature link will expire on 5/29/2013 Mary Smith has been temporarily locked out of the e-Sign process due to failed authentication. Please verify that the SSN/TIN/PIN the client is required to enter is accurate.			Term 5	5/17/2013		Case Actions
Face Amount: \$500,000 Agent of Record: Jason Wells Case Details...	Awaiting Consumer e-Signature	MUTUAL of OMAHA	Term Life Answers- Full Application	5/17/2013		Case Actions

<< < Page 1 > >> Go to page:

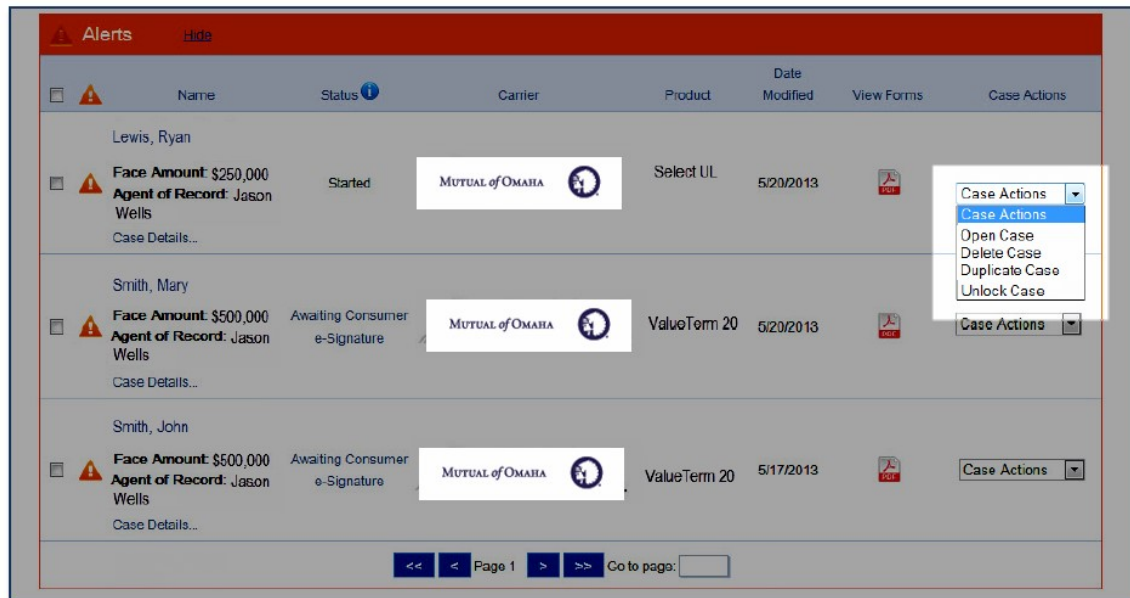
Available Alert Messages

Alert messages notify users of various activities associated with their cases giving them the opportunity to proactively engage with their clients.

#	Alert when...	Status Equals:	Alert Message
1.	Agent needs to e-Sign	Awaiting Agent e-Signature	Your e-Signature is needed at this time
2.	Consumer e-Signature link is about to expire on MM/DD/YYYY [international date YYYY/MM/DD]	Awaiting Consumer e-Signature	[e-Signer's Name] e-Signature link will expire on MM/DD/YYYY.
3.	Agent e-Signature link is about to expire	Awaiting Agent e-Signature	Your e-Signature link will expire on MM/DD/YYYY
4.	Agency approval link is about to expire	Awaiting Agency Approval	Your agency is required to review this case before e-Submitting it to the carrier. The link to access and review this case will expire on MM/DD/YYYY.
5.	Consumer e-Signature link expires	e-Signature Link Expired	The e-Signature link has expired. Please send a new e-Signature link to [e-Signer's Name]
6.	Agent e-Signature link expires	e-Signature Link Expired	The e-Signature link has expired. Please send a new link, or contact support for further assistance.
7.	Agency Approval Link expires	e-Signature Link Expired	The link to review and approve this case has expired. Please contact your agency or representative for assistance.
8.	Sync is Required to e-Submit to carrier	Sync to e-Submit	This case has not been e-Submitted to the carrier. Please connect to the Internet and Sync to e-Submit.
9.	Consumer declines to e-Sign	Consumer Declined to e-Sign	[e-Signer's Name] has declined to e-Sign. To re-initiate the e-Signature process, you must unlock the case.
10.	Principal approver declines to approve	Declined by Principal Approver	Your principal approver has declined approve your case. Please contact your principal approver for additional information.
11.	Agency declines to approve and e-Submit to carrier	Agency Declined to e-Submit	Your agency has declined to e-Submit your case at this time. Please contact your agency or representative for additional information.
12.	Consumer is locked out of e-Sign process	Awaiting Consumer e-Signature	[e-Signer's Name] has been temporarily locked out of the e-Sign process due to failed authentication. Please verify that the SSN/TIN/PIN the client is required to enter is accurate.

Case Actions Drop Down

Every case in iGO will now display a Case Action drop down menu containing available actions for that case. Available actions are determined by the status the case is currently in.



Duplicate Case

The producer can select Duplicate Case from the drop down on any case that has been started or submitted when they want to start a new application for a different product. Any information that was entered on the previous case will be saved and will not have to be reentered on the new application in most sections. Each screen will need to be viewed for it to be in good order before it can be submitted.

View Forms PDF Icon

Users may now view the PDF associated with the case directly from the My Cases Dashboard or the Case Details page. Upon clicking the PDF icon button corresponding to an individual case, all completed information for that case will map to the forms and display in a pop-up window.

MUTUAL of OMAHA

Powered by iPipeline

[My Preferences](#) | [Sign Out?](#)

Display Cases with Activity in: All

Check box(es) below to: Case Actions

Alerts

	Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
	Lewis, Ryan Face Amount: \$250,000 Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	Term Life Answers-Full Application	6/20/2013		Case Actions
	Smith, Mary Face Amount: \$500,000 Agent of Record: Jason Wells Case Details...	Awaiting Consumer e-Signature	MUTUAL of OMAHA	Term Life Answers-Full Application	6/20/2013		Case Actions
	Smith, John Face Amount: \$500,000 Agent of Record: Jason Wells Case Details...	Awaiting Consumer e-Signature	MUTUAL of OMAHA	Term Life Answers-Full Application	6/17/2013		Case Actions

Cases

[Start New Case](#)

	Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
	Williams, John Face Amount: \$150,000 Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	Term Life Answers-Full Application	6/18/2013		Case Actions
	Walsh, Kerry Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	Term Life Answers-Full Application	5/14/2013		Case Actions
	Park, James Face Amount: \$200,000 Agent of Record: Jason Wells Case Details...	Locked - Ready to Sign	MUTUAL of OMAHA	Term Life Answers-Full Application	5/14/2013		Case Actions

Case Details Page

The Case Details page can be accessed via a link located on the My Cases Dashboard. This page provides an overview of an individual case including a Case Summary, Activity, History, e-Signature Status, and any Alerts pertaining to that case.

The screenshot shows a dashboard with a blue header bar containing the text "Cases" and a "Start New Case" button. Below the header is a table with columns: Name, Status, Carrier, Product, Date Modified, View Forms, and Case Actions. The first row of the table contains the following data: Name: Smith, John; Face Amount: \$5,000; Status: Awaiting Consumer e-Signature; Carrier: MUTUAL of OMAHA; Product: Select Term; Date Modified: 5/16/2013; View Forms: (PDF icon); Case Actions: (dropdown menu). Below the table, there is a "Case Details..." button.

The screenshot shows the "Case Details" page for John Smith. The page is powered by iPipeline. It features a "Back to My Cases" button and a "Case Actions" dropdown menu. The page is divided into several sections:

- Document:** (PDF icon)
- Case Summary:**

Case Description	Husband and Wife
Insured	John Smith
Insured Email	jsmith@gmail.com
Insured Date of Birth	06/05/1955
Phone Number	(786)641-0664
Address	1145 West Market Street West Chester
Carrier	National Carrier
Product Name	Term Life Answers-
State	FL
Product Type	Term Life
Health Class	No
Replacement (Yes/No)	No
Premium	\$209.36
Payment Mode	Trial Application
Primary Beneficiary(ies)	Mary Smith
- Alerts and Messages:**
 - John Smith's e-Signature link will expire on 05/29/2013
- e-Signer Status:**

Consumer	Role	PIN/TIN/SSN	e-Signature Status	Action
John Smith	Proposed Insured	1111	Pending Awaiting Signature	Resend
- Activity History:**

Date	Activity
6/20/2013 3:37 PM	e-Signature email notification sent to Regg WedFive

Email Status and Resend Email

Users may easily and conveniently view the e-Signature details for an individual case on the Case Details Screen. A record will appear for each individual that has been sent an e-Signature email. The user may view the name of the party required to e-Sign, their signing role, and the information they must authenticate with to access the e-Signature information online. Additionally, a resend button will display next to all individuals eligible to receive emails.

Back to My Cases

Actions for this case: **Case Actions**

Case Details

Document:

Alerts and Messages:
 This case was shared by you with Gandy, Russell.

e-Signer Status:

Consumer	Role	PIN/TIN/SSN	e-Signature Status	Action
John Smith	Proposed Insured	1111	Pending Awaiting Signature	Resend

Activity History:

5/20/2013 3:37 PM	e-Signature email notification sent to John Smith
5/20/2013 3:31 PM	Run Illustration
5/15/2013 3:43 PM	Run Illustration
5/15/2013 3:41 PM	Case started

Upon clicking the Resend button, a pop up window will display (shown below). The user may simply resend the email, and/or adjust the email address if needed. Note – updating the email address from this tool will not update the email address in the application.

Case Summary:

Case Description	May15-6
Insured	John Smith
Insured Email	jsmith@gmail.com
Insured Date of Birth	06/05/1955
Phone Number	(786)541-0554
Address	1501 E. Market Street, Chester PA 19873
Carrier	National Carrier
Product Name	OneTerm Plus
State	FL
Product Type	Term Life
Health Class	No
Replacement (Yes/No)	No
Premium	\$209.35
Payment Mode	Trial Application
Primary Beneficiary(ies)	Mary Smith

Back to My Cases

Actions for this case: **Case Actions**

Case Details

Document:

Alerts and Messages:
 This case was shared by you with Gandy, Russell.

Resend e-Signature Email

Check the box corresponding to the individual(s) you wish to resend emails to. You may adjust the email address as necessary, then click Resend Email.
Note: Updates to email addresses will only be saved if the notification is sent.

To:

<input type="checkbox"/>	Recipient	Email	Role	e-Signature Status	Expiration Date
<input checked="" type="checkbox"/>	John Smith	<input type="text" value="jsmith@gmail.com"/>	Proposed Insured	Pending Awaiting Signature	5/20/2013

From:
Custom Text

Resend Email **Cancel**

Health Class	No
Replacement (Yes/No)	No
Premium	\$209.35
Payment Mode	Trial Application
Primary Beneficiary(ies)	Mary Smith

Searching for Cases

To quickly locate an application, enter the applicant's name in the First, Middle or Last Name field and click the Search button.

Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
Testtwo, TLA Face Amount: \$100,000	Awaiting Agent e-Signature	MUTUAL of OMAHA	Term Life Express	11/29/2016		Case Actions
Living Promise	Awaiting Agent		Living Promise	11/23/2016		Case Actions

To make changes or continue an application, find the applicant in the list of applicants and click on the applicant's name.

Start New Case

The Case Information tab displays. The screen is divided into three areas:

- Proposed Insured
- Case Description
- Carrier Product

IMPORTANT INFORMATION: When you select the State in the drop down select the following:

- TLA,TLE,Living Promise and Children's Whole Life select the state where the **Owner** will sign the application.
- For Accidental Death select the **Owner's** resident state.

Note: For Childrens Whole Life the Proposed Insured Name, DOB and Gender fields will apply to the Owner and not the Proposed Insured on this screen.

Navigation tip: Use the tab key to advance field-to-field. Yellow fields are required fields and must be completed. Type the first letter of the variable name when the field is a drop-down list of values. When entering a State, the fields may display either the entire state name or the state's two-digit postal code.

Case Information Screen

The screenshot shows the 'Case Information' screen in the MyIGO of Ontario system. The header includes the MyIGO of Ontario logo, 'My Cases', 'Need Assistance?', and a 'Welcome' message. The main content area is titled 'Case Information' and contains several sections: 'Status' (Started) and 'Date Modified' (12/02/2016); 'Proposed Insured' with fields for 'First Name' (John) and 'Last Name' (Doe); 'Date of Birth' (MM / DD / YYYY), 'Age', and 'Gender' (Please select...); 'Case Description' with a text area and examples; 'Carrier and Product' with 'State' (Nebraska) and 'Product Type' (Accidental Death) dropdowns, a 'Find Available Products' button, and a table of results. The table has columns for 'Carrier', 'Product', and 'IGO e-App'. One result is shown: 'MyIGO of Ontario' as the carrier, 'Guaranteed Advantage' as the product, and a 'Select' button in the 'IGO e-App' column.

Carrier	Product	IGO e-App
MyIGO of Ontario	Guaranteed Advantage	Select

When all the required fields are complete, the Find Available Products button is enabled.

The products meeting the state and product type search criteria appear at the bottom of the screen. Click on the Select button adjacent to the desired product.

Producer Information – Producer Look Up

This screen move to the first screen for Living Promise so the Producer Look Up webservice call can be made.

The producer look up webservice call is only available on Living Promise but will be added to Childrens Whole Life (CWL) when it moves from classic to NGSD.

The producer look up call will be made for producers logging on through SPA or a BGA site.

There will be three calls made to Mutual of Omaha's:

1) Demographic call - the call is made to return the producer's demographic information to include name and mutual's producer ID. It will determine if their Anti-Money Laundering Certification (AML) is up to date.

2) Hierarchy call - The call is made to determine if the producer has a valid hierarchy(ies) with a valid attachment for the selected product.

3) Licensing and Appt call - The call is made to determine if the producer has a valid license in the state selected and if the state is a pre-appointment state. MT and PA are pre-appt states on iPipeline.

Specific messages will be displayed if the producer's AML has expired or if they are not licensed or appointed in the state. The producer will not be stopped from submitting the application UNLESS they are not licensed and appt in a pre-appt state. (MT and PA) Then they will be forced to exit the application.

There is no producer look up call made on the second producer at this time.

There will be three options available: Select User, Search, Submit as Guest

- **Select User** - If the webservice finds the producer and returns valid information the producer would select 'Select User' and continue.
- **Search** - If the webservice cannot find the producer or returns invalid information, the producer can select 'Search' and enter their name, DOB and last 4 digits of their SSN to do an additional search.
- **Submit as Guest** - If the webservice call cannot find the producer they will be able to continue by selecting 'Submit as Guest'. doesn't return Select User, Submit as Guest or Search.

If the producer information is not valid it will delay the issuing of the policy.

Primary Insured Information

The Primary Insured's information is entered on the Primary Insured screen(s). (Name, Address, Date of Birth, Social Security Number, Driver's License Number, Birth Country, Citizen, etc.)

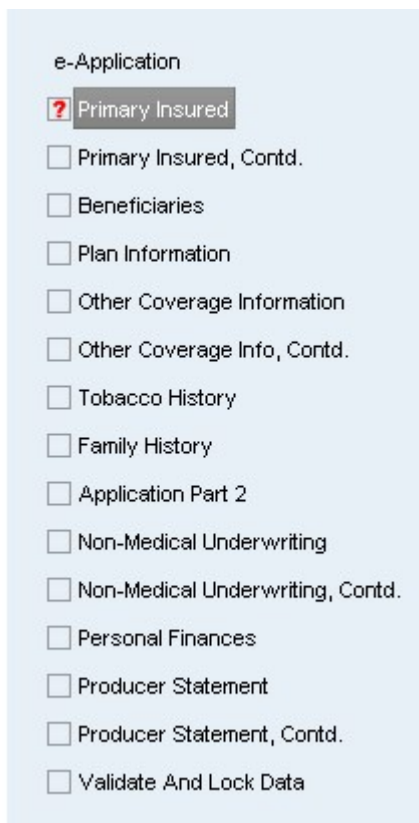
Social Security Number

The Proposed Insured's Social Security number is important. The last four digits of this number are used to access the application for the e-mail electronic signature. Without this number, the Proposed Insured will not be able to view or e-sign the electronic application.

E-Mail Address

A valid email address must be entered in the E-mail field if the signature process will be by e-mail.

Navigation Window



The left navigation window is used as a guide to take you from screen to screen. As each screen is completed successfully, the red question mark is replaced by a green check mark. The check mark indicates the screen is In Good Order (iGO). All screens must be in good order to electronically sign and submit the application.

The screens listed in the navigation window are the required screens for this case. If additional screens become required because of other information entered, more screens will display in the window.

You will be guided to the next screen in the order they appear, but if during the interview process you find out information that does not follow the pre-defined sequence, click on the screen name to go directly to that screen.

To be in good order, all required (yellow) fields must be completed and all screens must contain a green check mark.

Additional Questions

Depending on the answer to a question, more questions may appear. For example, if the answer to the question, "Does the insured have a driver's license?" is Yes, more information is required.


Save and Return Later

If at any time you need to leave the application and return at a later time to finish, click on the Save button in the upper right-hand area of the screen. Once information is saved, you can sign out and finish the application later.

View the Application

You may view the application at any time during the interview process. The forms required for the state where the primary insured reside appear with information that's been entered on the screens.

Click on the View Form button. A PDF form of the application appears.

UNITED OF OMAHA LIFE INSURANCE COMPANY			
A MUTUAL of OMAHA COMPANY		734548-121915855	
Mutual of Omaha Plaza, Omaha, NE 68175		Mutual of Omaha	
PART 1A, PAGE 1 OF 2 LIFE INSURANCE APPLICATION			
PROPOSED INSURED	Proposed Insured Legal Name <u>John Wayne</u>		
	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Height <u>6'</u> <u>3"</u>	Weight <u>200</u>
	Social Security No. <u>999-99-9999</u>		
	Date of Birth <u>01/01/1954</u> State of Birth _____ Annual Income _____		
	Driver's License No. _____ Driver's License State _____		
	Legal Residence Address <u>234, Omaha NE 68135</u>		
	Street	City	ST ZIP
	Best Time to Call _____ Phone No. <u>(999) 999-9999</u> E-mail <u>JW@moo.com</u>		
	Occupation/Duties _____ Employer _____		
	If PROPOSED INSURED IS AGE 0-17, COMPLETE JUVENILE SUPPLEMENTAL APPLICATION		
PLAN INFORMATION	Product Name <u>Term Life Answers</u> Amount of Insurance Applied for \$ _____		
	Risk/Rate Class Applied For:		
	<input type="checkbox"/> Standard or Best Available Risk Class		
	<input type="checkbox"/> Substandard Risk Class Proposed: Table _____		
	<input type="checkbox"/> UL Option 1 Level Death Benefit <input type="checkbox"/> UL Option 2 Specified Amount plus Accumulation Value		
	<input type="checkbox"/> Term Period _____ years <input type="checkbox"/> Return of Premium Term		
	Rider Name _____ Rider Amount _____		

	Payment Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Bank Draft <input type="checkbox"/> Other _____		
Modal Premium \$ _____ Collected Premium \$ _____			
OWNER	Complete Policyowner Information if Proposed Insured is not the Policyowner		
	Name of Policyowner _____ Date of Birth _____		
	Relationship to Proposed Insured _____ Social Security No./Tax ID _____		
	Citizenship Country _____ Phone No. _____		
	Policyowner Address _____		
	Street	City	ST ZIP
	Secondary Addressee – Optional. This person will receive copies of overdue premium and lapse notices.		
	Name _____		
	Mailing Address _____		
	Street	City	ST ZIP
If more space is needed, provide information in Comments section.			

Owner Information

If the owner is different from the Proposed Insured, the Owner screen will generate.

The owner may be an Individual, Employer Owned or Trust. Different fields appear depending on the type of owner. Enter the Owner's name and identifying information.

If the owner is a trust, the **Trust Certificate** screen will be displayed to enter the trust information including the name of the individual who will sign the application. The Trustee will sign the application and all required forms as owner.

If the owner is an employer, a link will display a blank EOLI form that can be completed and sent can be into Mutual separately from the application.

If the owner is employer owned an additional screen will not be displayed. The employer information will be entered including the name of the Officer who will sign the application and all required forms. Living Promise, CWL and 50AD do not allow the owner to be an employer.

Suitability Information

The Suitability Information screen will only display in the state of Oregon. The information on this screen will complete the suitability form.

Beneficiary Information

The Beneficiary screen is used to enter the Proposed Insured's beneficiaries and contingent beneficiaries and their relationship to the Proposed Insured. Ten primary/contingent beneficiaries may be entered. If the beneficiary is to be the insured's children shared equally, use the "Not an Individual" option and enter "Children of the Insured" in the Name field. The percentage share of all beneficiaries must equal 100% to be in good order. If the Other Insured rider is selected on TLA there will be a separate Beneficiary screen to enter the beneficiary for the Other Insured.

Plan Information

Based on previous information entered, only valid plans and rider options will display. The face amount and tobacco status will be selected on this screen for TLA and TLE. If additional riders are selected, more information may be needed. For TLA fully underwritten if the applicant is age 65 or older and the face amount is \$1 million or more a link will provide the blank Statement of Policy Owner Intent and Premium Funding and Acknowledgement forms. The producer can complete them and send them into Mutual separately from the application.

Disability Supplement (TLE only)

This screen is displayed if the Disability Waiver of Premium or Disability Income Rider is selected.

Dependent Children Rider (TLA and TLE only)

This screen is displayed if the Dependant Children Rider is selected.

Other Insured(s) Information (TLA only)

If additional insureds are added to the coverage, new screens/questions will appear in order to collect their information.

Other Coverage Information or Insurance History

If the Insured has other coverage or replacing other coverage the information will be entered on this screen.

Application Part 2 (TLA only)

A question is asked if the producer would like to use the United of Omaha Paramedical Exam in lieu of answering the Medical questions. If they answer 'yes' the Medical Underwriting screens will be displayed and all questions are required. If they answer 'no', the Medical Underwriting screens will not be displayed.

History (TLA SpeedeTicket/Drop ticket)

The tobacco therapy question is asked on this screen for the applicant.

Family History (TLA Part 2 only)

Based on product selected, additional information needed regarding the Proposed Insured and Other Insured if application Part 2 is selected.

Underwriting Information (Medical / Non Medical)

For TLA fully underwritten the medical questions are only asked if application Part 2 is selected. The screen name is Medical History Life One and Medical History Life Two if the plan has the Other Insured rider.

For TLA fully underwritten the non medical questions are always required to be asked and answered on the Proposed Insured History Life One and Proposed Insured History Life Two screen if the plan has the Other Insured rider.

For all products, answer the questions as they pertain to the Proposed Insured(s) and Other Insured if applicable.

Additional information regarding a 'Yes' answer may be required.

Additional information regarding the client's Physician, Condition or Medication may be entered in an additional fields that will be displayed. Remember to Save the entries.

For TLA fully underwritten a Physician and Medication (RX) look up is available to make entering the information accurate and faster.

If any of the Underwriting questions are answered 'Yes', the client may not be eligible for coverage. An additional screen will appear to alert the producer. The application can be continued or switched to a different product. The information regarding the Proposed Insured will not need to be re-entered. You will need to return to the My Cases screen, select the case and change the product on the Case Information screen. The information already entered will be saved and will not have to be re-entered.

For TLA fully underwritten additional information regarding hazardous sports or activities is requested based on product selected. Questions will appear in order to collect this information. The hazardous sports and activities screens have been removed effective 7/2017.

Depending upon how the hazardous question is answered, a link to the specific questionnaire will be available for the producer to complete and send into Mutual separately.

Finances (TLA Part 2 only)

Additional questions based on selected product and answers to previous questions. If 'Business' is the answer to the purpose of insurance question the Business Insurance Questionnaire screen will be displayed.

Business Insurance Questionnaire (TLA Part 2 only)

This screen will display if they select 'Business' to the purpose of insurance question on the Finance screen.

HIV Consent Life One (TLA only)

The HIV Consent screen and questions will display based upon the State HIV form and requirements. If there is an Other Insured rider there will be separate HIV Consent screen named HIV Consent Life Two.

Fit Test – Lifestyle and Fit Test – Medical (TLA only)

These screens will be displayed if the insured is age 18 – 75, the face amount is between \$250,000 and \$5,000,000 and answers 'no' to the tobacco replacement therapy question or the stopped date field is greater than 12 months. If there is an Other Insured rider the screen will ask the same question for Life One and Life Two.

Foreign National (TLA and TLE only)

If the Insured is not a citizen of the United States, additional information will be entered on this screen. For TLA fully underwritten the screen name is Foreign National Life One. If the plan has an Other Insured rider, there will a separate screen for Life Two to answer the Foreign National questions.

Foreign Travel Questionnaire (TLA and TLE only)

This screen will be display if they answer 'yes' to the travel outside of the United States on the Primary Insured screen for TLE and/or Other Insured screen for TLA. The question is asked on the Non-Medical Underwriting 1 screen for TLE and the Proposed Insured History screen for TLA. For TLA fully underwritten the screen name is Foreign Travel Questionnaire Life One. If the screen is triggered for the Other Insured it is named Foreign Travel Questionnaire Life Two.

Producer Information (TLA and TLA SpeedeTicket/drop ticket only)

The Producer's information populates based on the logon ID entered and may be edited.

If an Agency producer logs on, the Division Office Name will display. This cannot be changed. The producer will be required to enter the last four digits of their SSN.

If a Broker producer logs on through Sales Professional Access (SPA), a drop-down list will display to select the General Agent. The producer will be required to enter the last four digits of their SSN.

If a Broker producer logs on through a Marketers site, the Marketer information will not be available. Enter the name of the top level marketer in the General Agent Name field. The producer will be required to enter the last four digits of their SSN.

Commissions may be shared. The Primary Producer's percentage split must be entered. The Second Producer is not included in the electronic signature process.

Producer Statement Information (Guaranteed Advantage (50AD), CWL, TLE)

The Producer's information populates based on the logon ID entered and may be edited.

If an Agency producer logs on, the Division Office Name will display. This cannot be changed. The producer will be required to enter the last four digits of their SSN.

If a Broker producer logs on through Sales Professional Access (SPA), a drop-down list will display to select the General Agent. The producer will be required to enter the last four digits of their SSN.

If a Broker producer logs on through a Marketers site, the Marketer information will not be available. Enter the name of the top level marketer in the General Agent Name field. The producer will be required to enter the last four digits of their SSN.

Commissions may be shared. The Primary Producer's percentage split must be entered. The Second Producer is not included in the electronic signature process.

Enter any additional comments you deem appropriate. These comments appear on the overflow page with the application.

NOTE: The Producer is responsible for obtaining the oral fluid test where the face amount is over \$250,000 on all Term Life Express applications.

If this application is to be electronically signed, the required forms will be presented to the insured in the signature process.

Some of the information on the Producer Statement screen is used to capture information used for the Producer's Report. The Producer's Report is only included in the producer's copy of the application.

The Producer Statement screen for TLA fully underwritten and Living Promise has been moved to the new eSignature screens so the applicant does not have to be present for the producer to complete the screen and submit the application.

Premium Summary Information

This screen provides a summary of the plan selected and the details required in order to determine the premium amount. If a change is needed, use the navigation tree to select the appropriate screen.

The Primary Insured and Plan Information screens must be in good order before the Premium Summary screen will be available. If riders are selected there may be additional screens required to be in good order before the Premium Summary screen will be available. For Living Promise UW1 and UW2 screens must be in good order. If there is a change to any one of these screens the Premium Summary screen must be revalidated to insure the correct information has been entered.

For TLA the producer must enter the premium amount. For TLE, Living Promise, CWL and 50AD the premium is calculated and prepopulated.

Credit Card Information (not available for CWL and TLA speedeTicket/drop ticket)

If the applicant answers 'Yes' to paying the initial premium by credit card, the applicant must select the Cardholder. The only signature method available will be email (not present) for the Cardholder. The Cardholder will enter the credit card information in their email.

The Cardholder can only enter a **Visa or Mastercard**.

For Guaranteed Advantage (50AD) product, if the producer signs onto SPA and has been **preapproved** to capture the signature by voice, the producer will be able to enter the credit card information on the Premium Summary screen on iGO. Voice signature is only available on Guaranteed Advantage (50AD) product and the producer must go through an approval process to be set up.

Paying the premium by Credit Card is only available for the initial premium. The renewal premium can be Direct Bill or Bank Service Plan for TLA, TLE, Living Promise and only Bank Service Plan for Guaranteed Advantage (50AD). Initial Credit Card is not available for Children's Whole Life or TLA speedeTicket/drop ticket).

Cardholder's Signature Method - Email -

The Premium Amount and Cardholder's Name and Address is prepopulated with what was selected or entered on the Premium Summary screen. If the prepopulated address is not the same as the billing statement address, the Cardholder should delete the address and enter in the correct billing statement address. If the Cardholder's Address does not match the address on the Credit Card statement this could cause a delay in issuing the policy.

When the Credit Card transaction is submitted a 'Your Credit Card information was successfully entered' message will be displayed.

If Credit Card is selected Print and Wet Signature is not available. For TLA and Living Promise the Cardholder must sign by Email but the other parties can sign by Face to Face or Email signature method. For TLE and Guaranteed Advantage (50AD) all parties will have to sign by Email because the combination signature option is not available yet.

For TLA, TLE, Living Promise, the amount charged to the Credit Card will be the full modal premium amount based upon the renewal premium mode and will be charged when the policy is ready to be placed by Underwriting. Submitting of the Credit Card transaction does not put a hold on the Credit Card account.

For Guaranteed Advantage (50AD) the amount charged to the Credit Card will be the monthly premium amount and the transaction is taken immediately from the Cardholder's account.

Temporary Insurance Agreement (TIA / Conditional Receipt (CR)

Based on product selected, and previous answers, the insured may be eligible for temporary or conditional insurance coverage.

TLA TIA - If the Insured is under age 71, amount of insurance applied for does not exceed \$1,000,000, and credit card or bank service plan is selected as the initial premium payment mode the Temporary Insurance Agreement (TIA) questions will be displayed. If yes, a button will be displayed to view an unmapped TIA form. If any TIA question is answered 'Yes', they will not be eligible for Temporary Insurance. The same rules apply in the state of Kansas except the face amount cannot exceed \$250,000.

TLE, Living Promise CR - If credit card or bank service plan is selected as the initial premium payment mode and the eligibility screen is not triggered, a PDF of the Conditional Receipt is available for viewing on the Premium Summary screen. There are no questions on the Conditional Receipt form. In the state of Kansas the CR form has been replaced with the KS TIA form. The same rules for TLA TIA apply to TLE, Living Promise CR except the face amount cannot exceed \$100,000.

Bank Service Plan Information

This screen is generated when the premium mode selected on the Premium Summary screen is Monthly Bank Service Plan.

All possible payor name's will be displayed in the drop down field. Insured, Owner, Other Insured (TLA only) and Other. The Name on Account, Account Holder SSN/TIN will be prepopulated with the information captured for that person earlier in the application.

If "Other" is selected in the payor drop down, the application cannot be electronically signed and submitted. The only signature method will be Select Print and Wet Sign. If Credit Card was selected as the Initial Premium Payment method then 'Other' will not be displayed in the payor drop down.

The Amount Quoted field will be prepopulated with the amount on the Premium Summary screen.

The initial entry of the account and routing numbers are hidden from view while you enter the numbers again to guard against an entry error. If the numbers do not match, both numbers must be re-entered.

Debit and credit cards cannot be accepted. If the initial payment is not by credit card the applicant will have the option to select when the initial payment can be withdrawn. If they select a specific date the date cannot be in the past or more than 30 days in the future from when the application is locked.

Validate and Lock Data

When all screens have the green check mark, the application is in good order and can be locked. Locking the application ensures that information cannot be changed from this point forward. The application can be unlocked if information needs to be updated.

If the application is not in good order, one or more of the screens in the navigation window will contain a red question mark. Click on the "Return to Incomplete Sections of the Application" button or use the navigation tree to complete the screen.

Unlocking the application will void any signatures that were captured.

Signature Method Information for TLE, CWL and Guaranteed Advantage (50AD) only. TLA fully underwritten and Living Promise has converted to the new Signature screens. Please reference the TLA fully underwritten and Living Promise Signature screens User Guide.

Based on previously entered information, the available signature methods are displayed.

- Face to Face
- E-Mail
- Wet Signature – Print the application and send into Mutual of Omaha
- V-Signature – only available on Guaranteed Advantage (50AD) if the producer is set up at Mutual through a pre approval process. If V-Signature is an option then Face to Face will not be displayed.

Mutual of Omaha

My Cases Need Assistance? Welcome EDWARD HINERMAN

Doe, John
United of Omaha

Living Promise

Case Notes Save View Forms Case Actions

Case Information Application

✓ Validate And Lock Data
? Signature Method

Signature Method

Please choose a signature method:

- ☐ e-Signature in a Face to Face meeting: Electronically review, e-Sign in same location, and e-Submit via the web.
- ☐ e-Signature using E-Mail: Electronically review, e-Sign using E-Mail, and e-Submit via the web.
- ☐ Wet Signature: Print, review, wet sign, and mail.

e-Signature Criteria

Face to Face Signatures:

1. The Client(s) and Agent are in the same location.
2. The Client(s) must possess a valid photo identification document.
3. All signers must agree to use the e-Signature Face to Face process.
4. The Agent will be required to print the forms and application and then at the time of application give them to the insured(s) and, if applicable the owner.

E-Mail Signatures:

1. Agent must collect the E-Mail address for each signer.
2. All signers must have access to the internet and have their own E-Mail address.
3. All signers must agree to use the e-Signature process.
4. All signatures must be obtained within 7 business days.

< Back Next >

Wet Signature Criteria includes:

- Review all forms and application for accuracy and completeness.
- Print Additional Forms and Application.
- Review forms and application with Client(s).
- Obtain signatures from all required parties (owner, payor, insured(s), agent).
- Submit the signed application and accompanying paperwork to your office through your normal submission method.

Following the step-by-step instructions on the Print and Wet Sign screen. The wet signature process includes downloading the completed application as well as all forms that need to be presented to the proposed insureds/owner.

Mutual of Omaha logo and navigation links: My Cases, Need Assistance? +, Welcome [User Name]

User: Does, John, Mutual of Omaha | Guaranteed Advantage

Buttons: Case Notes, Save, View Forms, Case Actions

Tabs: Case Information, Application

Left Sidebar:

- ✓ Validate And Lock Data
- ✓ Signature Method
- ✓ **Print and Wet Sign**

Print and Wet Sign

In order to complete your application, please:

1. Click on the View Application button below to review the forms.
2. Once you are satisfied that all forms are complete and ready for signature, please click on the Print button in the upper left-hand corner of the screen.
3. Review all paper forms for accuracy and completeness.
4. Obtain signatures from all required parties (owner, payor, insured(s), agent).
5. Submit the signed application and accompanying paperwork to your office through your normal submission method.

⚠ Please be patient as forms download.

View Application

Print additional forms that are not included in the application package. They are either for your client or should be returned to Mutual of Omaha.

Additional Forms

Please remember that no cash/check should be submitted with electronic applications.

This completes the Wet Sign process. You may now logout by clicking on the Client tab at the top of the page, then click the Logout link in the upper right margin.

✓ Thank you for using our Electronic Application!

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Voice Signature is only available on Guaranteed Advantage (50AD)

- The Insured must be present on the phone call
- The producer must be set up with voice option through a preapproval process at Mutual of Omaha
- Face to Face signature will not be displayed

Mutual of Omaha

My Cases Need Assistance? Welcome

Doe, John
Mutual of Omaha

Guaranteed Advantage

Case Notes Save View Forms Case Actions

Case Information Application

✓ Validate And Lock Data

? Signature Method

Signature Method

Please choose a signature method:

- ☐ e-Signature using E-Mail: Electronically review, e-Sign using E-Mail, and e-Submit via the web.
- ☐ Wet Signature: Print, review, wet sign, and mail.
- ☐ v-Signature: Review over phone and e-Submit via the web.

e-Signature Criteria

E-Mail Signatures:

1. Agent must collect the E-Mail address for each signer.
2. All signers must have access to the Internet and have their own E-Mail address.
3. All signers must agree to use the e-Signature process.
4. All signatures must be obtained within 7 business days.

V Signatures:

1. Agent must record the call.
2. Agent must read agreement, Fraud and payment wording.
3. Agent must read voice signature wording.

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The producer is not required to have a voice recording identification number.

Mutual of Omaha

My Cases Need Assistance? Welcome

Doe, John
Mutual of Omaha

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Case Information Application

✓ Validate And Lock Data
✓ Signature Method
? vSignature

v-Signature

I have a voice recording identification number

☐ Yes ☒ No

Please enter the city and state where you are signing the application.

Signed City Signed State

omaha NE

Accept v-Signature

☐ Yes ☐ No

After the 'Accept v-Signature' is selected by the producer, the 'View Signed Application' button is displayed. You can submit the application to Mutual of Omaha without viewing the signed application. You will get a Thank You message confirming the application has been submitted.

Mutual of Omaha

My Cases Need Assistance? Welcome

Doe, John
Mutual of Omaha

Guaranteed Advantage

Case Notes Save View Forms Case Actions

Case Information Application

✓ Validate And Lock Data
✓ Signature Method
✓ vSignature

v-Signature

I have a voice recording identification number

☐ Yes ☒ No

Please enter the city and state where you are signing the application.

Signed City Signed State

omaha NE

Accept v-Signature

☒ Yes ☐ No

Please print a copy of these documents for your future reference.

View Signed Application

You MUST click the button below to submit your application.

Submit to Mutual of Omaha

E-signature in a Face to Face meeting Criteria includes:

- The Client(s) and Agent are in the same location.
- The Client(s) must possess a valid photo identification document.
- All signers must agree to use the e-Signature Face to Face process.
- The Agent will be required to print the forms and application and then at the time of application give them to the insured(s) and, if applicable the owner.
- A proof of identification question will be asked for each signer

After the Terms of Use forms, Additional Forms and the Application have been reviewed by each signer, check the box(s) stating they the documents have been read. Entering the city where the application is being signed will enable the 'Apply e-Signatures' button. After viewing the signed application, the 'Submit to United of Omaha' button is enabled. A Thank You message is displayed once submitted.

e-Sig Face to Face Agreement

All required signers must answer 'yes' in order to continue and enter in required fields in order to continue.

MyCase of Omaha

My CasesNeed Assistance?Welcome

Doe, John
United of Omaha

Living Promise

Case NotesSaveView FormsCase Actions

Case Information

Application

✓ Validate And Lock Data

✓ Signature Method

? e-Sig Face to Face Agree...

e-Sig Face to Face Agreement

Agent Instructions: Please read aloud to client.

During this process...

Step 1. You will agree to review all documents and disclosures online. If you would like a printed copy, please request one from your agent.

Step 2. You will agree to read the Terms and Conditions and Electronic Signature Consent.

Step 3. You will agree to read the Additional Forms and Application.

Step 4. You will acknowledge that you are the Primary Insured, Owner or Other Insured of the Insurance contract.

Step 5. You will agree to answer the proof of identification question.

Primary Insured/Owner

I, John Doe, Primary Insured/Owner, acknowledge that I have agreed to steps 1 - 5 read aloud by my Agent

☐ Yes☐ No

Owner

Other Insured

Agent

I, EDWARD R HINERMAN, Agent, have read aloud steps 1-5 to all that are required to sign this application.

☐ Yes☐ No

I, EDWARD R HINERMAN, Agent, have reviewed and verified the identification of each signer.

☐ Yes☐ No

< Back

Next >

Review Forms and Application

The Terms of Use and Conditions of Use must be read. The Additional Forms and Review Application button must be selected before the checkboxes will be enabled to be selected. The application will not have any e-signatures because they have not been applied yet.

If state law requires that a signed replacement form or other disclosure form must be given to the applicant, the producer must print the form signed by the e-signature and provide it to the applicant at the point of sale (POS). If the forms cannot be printed at that time, the forms can be emailed to the applicant.

The screenshot shows a web application interface for Mutual of Omaha. At the top, there is a blue header with the Mutual of Omaha logo, navigation links like 'My Cases', 'Need Assistance?', and a 'Welcome' message. Below the header, a user profile for 'Doe, John' is shown, along with a 'Living Promise' status. A toolbar contains buttons for 'Case Notes', 'Save', 'View Forms', and 'Case Actions'. The main content area is titled 'Review Forms and Application' and is divided into two tabs: 'Case Information' and 'Application'. The 'Application' tab is active. On the left side of the 'Application' tab, there is a sidebar with a list of steps: 'Validate And Lock Data', 'Signature Method', 'e-Sig Face to Face Agree...', and 'Review Forms and Applic...'. The 'Review Forms and Applic...' step is highlighted. The main content area displays the 'TERMS OF USE' and 'CONDITIONS OF USE' for the application. It includes a disclaimer and a section for 'Print Disclosure and Consent'. Below this, there are two buttons: 'Additional Forms' and 'Review Application'. A note states: 'After reading the Application documents, each party should check the box indicating they have been read.' There are two checkboxes for this purpose: one for 'I, John Doe, Primary Insured/Owner, have read and agree to the Terms of Conditions and Electronic Signature Consent form and have reviewed the Additional Forms and Application.' and another for 'I, EDWARD R. HINERMAN, Agent, have read and agree to the Terms of Conditions and Electronic Signature Consent form and have reviewed the Additional Forms and Application.' At the bottom, there are 'Back' and 'Next' navigation buttons.

Mutual of Omaha

My Cases Need Assistance? + Welcome [User Name]

Doe, John
United of Omaha

Living Promise

Case Notes Save View Forms Case Actions

Case Information Application

✓ Validate And Lock Data
✓ Signature Method
✓ e-Sig Face to Face Agree...
? Review Forms and Applic...

Review Forms and Application

TERMS OF USE
CONDITIONS OF USE
By using this Web site in relation to an application for insurance with Mutual of Omaha (together with its affiliates, "United of Omaha"), you agree with the following Terms and Conditions Of Use ("Terms") without limitation or qualification. Please read these Conditions carefully before using this Web site. If you do not agree with these Terms, you are not granted permission to use this Web site and must exit this site immediately. United of Omaha may revise these Terms at any time by updating this posting. You are bound by any such revisions and should therefore periodically visit this page to review the then current Terms.

DISCLAIMER
TO THE FULLEST EXTENT PERMISSIBLE, THE MATERIALS ON THIS WEB SITE ARE PROVIDED "AS IS" AND WITHOUT WARRANTY OF ANY KIND, EITHER EXPRESSED OR IMPLIED, AND UNITED OF OMAHA, AND ITS REPRESENTATIVES

[Print Disclosure and Consent](#)

Please review the application and all supplemental forms in their entirety for accuracy, understanding and agreement. You should read the related disclosures and consents as well as pages requiring an e-signature. Please print or download a copy of these documents for your future reference.

[Additional Forms](#)

[Review Application](#)

After reading the Application documents, each party should check the box indicating they have been read.

☐ I, John Doe, Primary Insured/Owner, have read and agree to the Terms of Conditions and Electronic Signature Consent form and have reviewed the Additional Forms and Application.

☐ I, EDWARD R. HINERMAN, Agent, have read and agree to the Terms of Conditions and Electronic Signature Consent form and have reviewed the Additional Forms and Application.

[Back](#) [Next](#)

e-Sig Face to Face Consent

Each required signer must check the box giving consent. Then the 'Signed City' field will be available to enter the city the application is being signed in.

MyView of Omaha

My CasesNeed Assistance?Welcome

Doe, John
United of Omaha

Living Promise

Case NotesSaveView FormsCase Actions

Case Information

Application

✓ Validate And Lock Data

✓ Signature Method

✓ e-Sig Face to Face Agree...

✓ Review Forms and Applic...

? e-Sig Face to Face Cons...

e-Sig Face to Face Consent

A. I have read the statements and answers given in this application and affirm that they are true and complete to the best of my knowledge and belief. I understand that the Company may seek to rescind or cancel the insurance coverage if there is any material misrepresentation.

John Doe, Primary Insured/Owner

B. This application includes its appendices and supplemental questionnaires, and it along with the Part II application (if applicable) will be the basis for any coverage issued on this application. Any coverage issued on this application will not take effect if issued with the same date as this application, until a policy is issued and delivered, and amendments are signed and the first premium is paid, while the person(s) proposed for insured is (are) alive and in the same condition of health as described in the application and the Part II application (if applicable) and any amendments to these applications. Except where permitted by statute or regulation, no agent or medical examiner has the authority to waive the answer to any questions in the application, to determine insurability, to make or alter a contract or waive any of the Company's rights or requirements. No change in the amount, classification, age at any issue, plan of insurance or benefits on this application shall be effective unless agreed to in writing by the Proposed Insured and Owner.

John Doe, Primary Insured/Owner

C. I agree to apply my e-Signature to all areas of the application and supplemental forms that are applicable to me.

John Doe, Primary Insured/Owner

D. By signing below, I acknowledge my receipt and acceptance of the terms of the current United of Omaha Agent Agreement, including but not limited to any compensation schedules. I agree to be bound by the terms and conditions of that agreement. I agree to apply my e-Signature to all areas of the application and supplemental forms that are applicable to me.

EDWARD R HINERMAN, Agent

Please enter the city and state where you are signing the application.

Signed City

Signed State

NE

Back

UNITED OF OMAHA		My Cases		Need Assistance? ▾		Welcome EDWARD HINERMAN ▾	
Doe, John United of Omaha		Living Promise		Case Notes	Save	View Forms	Case Actions ▾
Case Information				Application			
<ul style="list-style-type: none"> ✓ Validate And Lock Data ✓ Signature Method ✓ e-Sig Face to Face Agree... ✓ Review Forms and Applic... ? e-Sig Face to Face Cons... 		<h2>e-Sig Face to Face Consent</h2> <p>A. I have read the statements and answers given in this application and affirm that they are true and complete to the best of my knowledge and belief. I understand that the Company may seek to rescind or cancel the insurance coverage if there is any material misrepresentation.</p> <div style="border: 1px solid #ccc; background-color: #f0f0f0; padding: 5px; margin-bottom: 10px;"> John Doe, Primary Insured/Owner </div> <p>B. This application includes its appendices and supplemental questionnaires, and it along with the Part II application (if applicable) will be the basis for any coverage issued on this application. Any coverage issued on this application will not take effect if issued with the same date as this application, until a policy is issued and delivered, and amendments are signed and the first premium is paid, while the person(s) proposed for insured is (are) alive and in the same condition of health as described in the application and the Part II application (if applicable) and any amendments to these applications. Except where permitted by statute or regulation, no agent or medical examiner has the authority to waive the answer to any questions in the application, to determine insurability, to make or alter a contract or waive any of the Company's rights or requirements. No change in the amount, classification, age at any issue, plan of insurance or benefits on this application shall be effective unless agreed to in writing by the Proposed Insured and Owner.</p> <div style="border: 1px solid #ccc; background-color: #f0f0f0; padding: 5px; margin-bottom: 10px;"> John Doe, Primary Insured/Owner </div> <p>C. I agree to apply my e-Signature to all areas of the application and supplemental forms that are applicable to me.</p> <div style="border: 1px solid #ccc; background-color: #f0f0f0; padding: 5px; margin-bottom: 10px;"> John Doe, Primary Insured/Owner </div> <p>D. By signing below, I acknowledge my receipt and acceptance of the terms of the current United of Omaha Agent Agreement, including but not limited to any compensation schedules. I agree to be bound by the terms and conditions of that agreement. I agree to apply my e-Signature to all areas of the application and supplemental forms that are applicable to me.</p> <div style="border: 1px solid #ccc; background-color: #f0f0f0; padding: 5px; margin-bottom: 10px;"> EDWARD R HINERMAN, Agent </div> <p>Please enter the city and state where you are signing the application.</p> <p>Signed City</p> <div style="border: 1px solid #ccc; padding: 2px; width: 150px;">Omaha</div> <p>Signed State</p> <div style="border: 1px solid #ccc; padding: 2px; width: 50px;">NE</div> <div style="background-color: #007bff; color: white; text-align: center; padding: 5px; margin-top: 10px;">Apply e-Signatures</div> <div style="margin-top: 20px;"> ← Back </div>					

Select the 'View Signed Application' button to view the signed application.
The application cannot be submitted until the signed application has been viewed.

My CasesNeed Assistance?Welcome

Doa, John
United of Omaha

Living Promise

Case NotesSaveView FormsCase Actions

Case InformationApplication

✓ Validate And Lock Data

✓ Signature Method

✓ e-Sig Face to Face Agree...

✓ Review Forms and Applic...

✓ e-Sig Face to Face Cons...

e-Sig Face to Face Consent

A. I have read the statements and answers given in this application and affirm that they are true and complete to the best of my knowledge and belief. I understand that the Company may seek to rescind or cancel the insurance coverage if there is any material misrepresentation.

John Doe, Primary Insured/Owner

B. This application includes its appendices and supplemental questionnaires, and it along with the Part II application (if applicable) will be the basis for any coverage issued on this application. Any coverage issued on this application will not take effect if issued with the same date as this application, until a policy is issued and delivered, and amendments are signed and the first premium is paid, while the person(s) proposed for insured is (are) alive and in the same condition of health as described in the application and the Part II application (if applicable) and any amendments to these applications. Except where permitted by statute or regulation, no agent or medical examiner has the authority to waive the answer to any questions in the application, to determine insurability, to make or alter a contract or waive any of the Company's rights or requirements. No change in the amount, classification, age at any issue, plan of insurance or benefits on this application shall be effective unless agreed to in writing by the Proposed Insured and Owner.

John Doe, Primary Insured/Owner

C. I agree to apply my e-Signature to all areas of the application and supplemental forms that are applicable to me.

John Doe, Primary Insured/Owner

D. By signing below, I acknowledge my receipt and acceptance of the terms of the current United of Omaha Agent Agreement, including but not limited to any compensation schedules. I agree to be bound by the terms and conditions of that agreement. I agree to apply my e-Signature to all areas of the application and supplemental forms that are applicable to me.

EDWARD R. HINERMAN, Agent

Please enter the city and state where you are signing the application.

Signed City

Omaha

Signed State

NE

Please print a copy of these documents for your future reference.

View Signed Application

You MUST click the button below to submit your application.

Submit to United of Omaha

Back

Once the application is viewed, select the 'Submit to United of Omaha' button. If it is a Guaranteed Advantage (50AD) application, it will display 'Submit to Mutual of Omaha'.

My CasesNeed Assistance? +Welcome

Doe, John
United of Omaha

Living Promise

Case NotesSaveView FormsCase Actions

Case InformationApplication

✓ Validate And Lock Data

✓ Signature Method

✓ e-Sig Face to Face Agree...

✓ Review Forms and Applic...

✓ e-Sig Face to Face Cons...

e-Sig Face to Face Consent

A. I have read the statements and answers given in this application and affirm that they are true and complete to the best of my knowledge and belief. I understand that the Company may seek to rescind or cancel the insurance coverage if there is any material misrepresentation.

John Doe, Primary Insured/Owner

B. This application includes its appendices and supplemental questionnaires, and it along with the Part II application (if applicable) will be the basis for any coverage issued on this application. Any coverage issued on this application will not take effect if issued with the same date as this application, until a policy is issued and delivered, and amendments are signed and the first premium is paid, while the person(s) proposed for insured is (are) alive and in the same condition of health as described in the application and the Part II application (if applicable) and any amendments to these applications. Except where permitted by statute or regulation, no agent or medical examiner has the authority to waive the answer to any questions in the application, to determine insurability, to make or alter a contract or waive any of the Company's rights or requirements. No change in the amount, classification, age at any issue, plan of insurance or benefits on this application shall be effective unless agreed to in writing by the Proposed Insured and Owner.

John Doe, Primary Insured/Owner

C. I agree to apply my e-Signature to all areas of the application and supplemental forms that are applicable to me.

John Doe, Primary Insured/Owner

D. By signing below, I acknowledge my receipt and acceptance of the terms of the current United of Omaha Agent Agreement, including but not limited to any compensation schedules. I agree to be bound by the terms and conditions of that agreement. I agree to apply my e-Signature to all areas of the application and supplemental forms that are applicable to me.

EDWARD R. HINERMAN, Agent

Please enter the city and state where you are signing the application.

Signed City

Omaha

Signed State

NE

Please print a copy of these documents for your future reference.

View Signed Application

You MUST click the button below to submit your application.

Submit to United of Omaha

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Your application has been successfully submitted when you get the Thank You message.

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✓ Validate And Lock Data

✓ Signature Method

✓ e-Sig Face to Face Agree...

✓ Review Forms and Applic...

✓ e-Sig Face to Face Cons...

e-Sig Face to Face Consent

A. I have read the statements and answers given in this application and affirm that they are true and complete to the best of my knowledge and belief. I understand that the Company may seek to rescind or cancel the insurance coverage if there is any material misrepresentation.

☒

☐

B. This application includes its appendices and supplemental questionnaires, and it along with the Part II application (if applicable) will be the basis for any coverage issued on this application. Any coverage issued on this application will not take effect if issued with the same date as this application, until a policy is issued and delivered, and amendments are signed and the first premium is paid, while the person(s) proposed for insured is (are) alive and in the same condition of health as described in the application and the Part III application (if applicable) and any amendments to these applications. Except where permitted by statute or regulation, no agent or medical examiner has the authority to waive the answer to any questions in the application, to determine insurability, to make or alter a contract or waive any of the Company's rights or requirements. No change in the amount, classification, age at any issue, plan of insurance or benefits on this application shall be effective unless agreed to in writing by the Proposed Insured and Owner.

☒

☐

C. I agree to apply my e-Signature to all areas of the application and supplemental forms that are applicable to me.

☒

☐

D. By signing below, I acknowledge my receipt and acceptance of the terms of the current United of Omaha Agent Agreement, including but not limited to any compensation schedules. I agree to be bound by the terms and conditions of that agreement. I agree to apply my e-Signature to all areas of the application and supplemental forms that are applicable to me.

☒

Please enter the city and state where you are signing the application.

Signed City

Omaha

Signed State

View Signed Application

✓ Thank you for submitting your application to Mutual of Omaha

< Back

E-Signature using E-mail Criteria includes:

- Agent must collect the e-mail address for each signor.
- All signers must have access to the Internet
- All signers must agree to use the e-signature process
- All signatures must be obtained within 7 business days.

The Agent Pin is the last four digits of the producer's social security number. This may be changed to any 4 digits, but must be remembered in order to successfully sign in and submit the application. The producer's email address appears as indicated on the Producer's Statement screen.

Validate the Insured's and Agent's email addresses that will be used for this signature method. A personalized message can be added. Click 'Send Message'. If the application included a separate Owner, a separate email would be sent to them using the same process as described.

A message is displayed indicating that all required signature emails have been sent.

Cardholder's E-mail

Only the Credit Cardholder will have the ability to enter their credit card information in their clickwrap email. Cardholder must be Insured/Owner/Other Insured.

Welcome - Consent

Welcome, Test Sunshine!

You selected to pay the initial premium by credit card.
Please select the 'Enter Credit Card Information' button.

Enter Credit Card Information

Please click the "Enter Credit Card" link

To begin the signature process, please read the **Terms and Conditions and Electronic Signature Consent** and indicate below whether you agree to their terms.

You should print and retain a copy of these documents for future reference.

Terms and Conditions and Electronic Signature Consent

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Print

Please review your application and all other forms in their entirety for accuracy and to make sure you completely understand and agree with what they say.

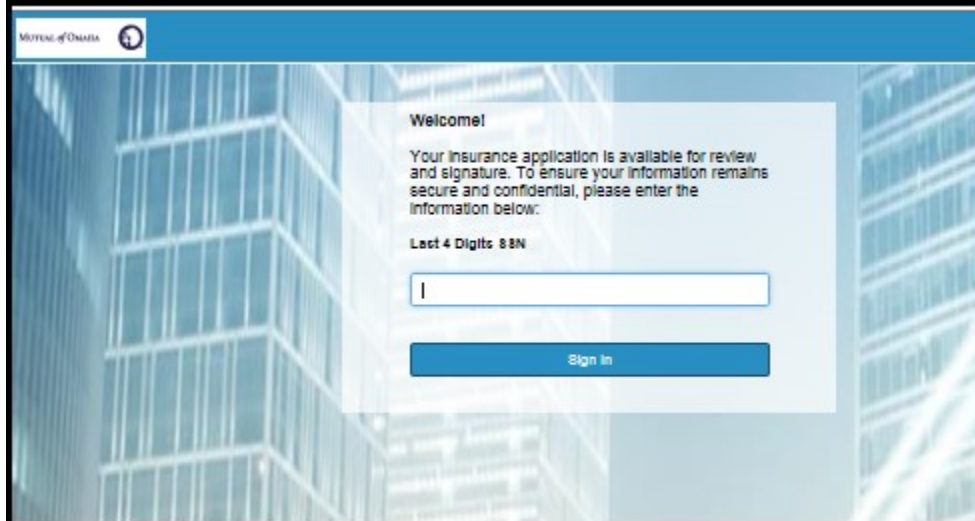
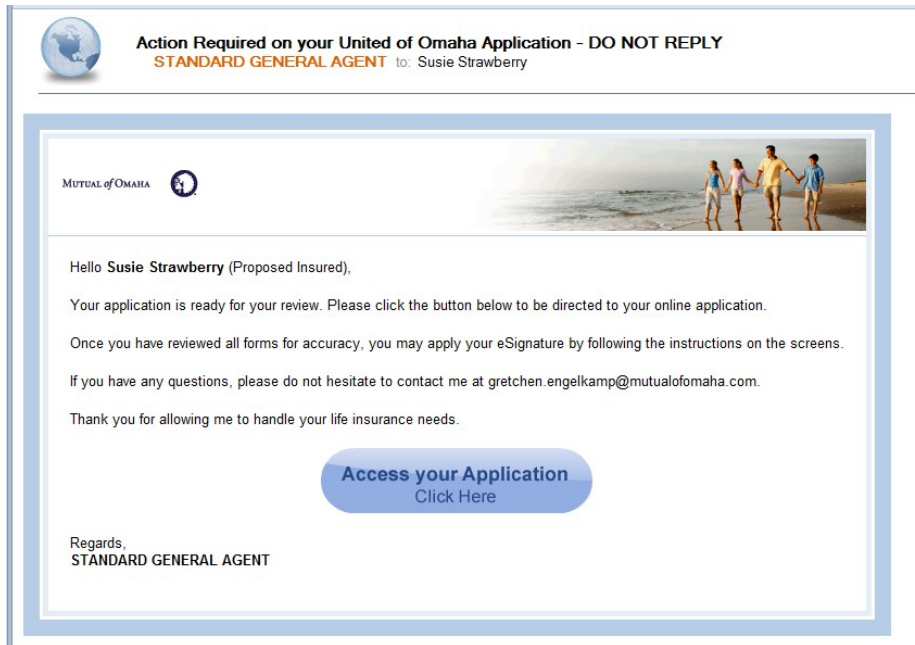
If you need to change or update any information or if you have questions, please contact your representative or reviewing your application and reading each of the pages that are to be e-Signed, please check the box indicating you have read it and then select either "I Agree" or "I Decline".

Additional Forms

Page 37 of 47

Insured/Owner/Other Insured's E-mail

The Proposed Insured, Owner or Other Insured receives the following email:



Example of clickwrap email if 'No' to credit card question or is not the cardholder. If the option of initial credit card, the cardholder would enter their credit card information.

The Insured/Owner:

- Must first read the Terms and Conditions of the e-sign process.
- Read the Additional Forms by clicking on the Additional Forms button.
- Review the Application by clicking on the Review the Application button.
- The 'I have reviewed and read' checkbox is enabled for the Insured/Owner when all the buttons have been selected. The Insured/Owner must click the 'I Agree' button to proceed.

Mutual of Omaha

Welcome - Consent

Welcome, John Doe!

To begin the signature process, please read the Terms and Conditions and Electronic Signature Consent and indicate below whether you agree to their terms.

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[Additional Forms](#)

[Review Your Application](#)

☐ I have reviewed the application and other forms and read each of the pages that are to be e-signed. I have read the Terms of Use and Electronic Signature Consent provided above. I have indicated below whether I Agree or Decline the terms of these documents.

[I Decline](#) [I Agree](#)

After the additional forms and the application have been viewed, a checkbox will be displayed for the Insured/Owner/Other Insured to check and select 'I Agree' in order to continue.

Mutual of Omaha

Welcome - Consent

Welcome, John Doe!

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Additional Forms

Review Your Application

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I Decline

I Agree

Page 40 of 47

Apply e-Signature

The Insured/Owner/Other Insured must check the checkboxes, enter the city signed at and select the 'Apply e-Signature' button.

MUTUAL of OMAHA 


Apply e-Signature

☐ I, John Doe,

- certify that to the best of my knowledge and belief the answers on the application and in the statement are true and correct; and;
- I am signing the Replacement Notice, if any; and
- I understand that omissions or misstatements in this application could cause an otherwise valid claim to be denied under any contract issued for this application.

☐ I, John Doe confirm that I am signing this application in the state of NE. Please enter the city where you are signing the application.

Signed at State: Signed at City:

MUTUAL of OMAHA 

Apply e-Signature

☒ I, John Doe,

- certify that to the best of my knowledge and belief the answers on the application and in the statement are true and correct; and;
- I am signing the Replacement Notice, if any; and
- I understand that omissions or misstatements in this application could cause an otherwise valid claim to be denied under any contract issued for this application.

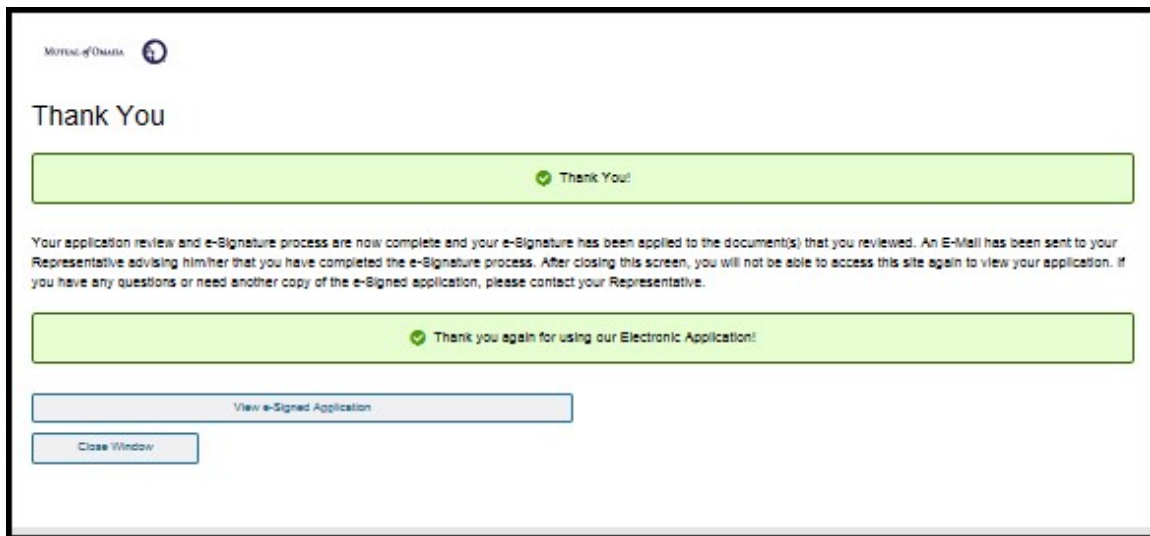
☒ I, John Doe confirm that I am signing this application in the state of NE. Please enter the city where you are signing the application.

Signed at State: Signed at City:

Thank You

The Insured/Owner/Other Insured can select the 'View e-Signed Application' button to view, copy or print their signed application. After the Insured/Owner/Other Insured has received, opened and applied their e-signature the producer will receive their email to complete the signature process and submit the application. Only the signatures of the signers that have completed their e-mail e-signature will show their signatures on the application.

All the e-signatures must be applied before the producer will receive their email.



The screenshot shows a web application interface with a black border. At the top left, it says 'MyPNC of Omaha' with a small circular icon. Below this, the heading 'Thank You' is displayed. A large green rectangular box contains a green checkmark icon followed by the text 'Thank You!'. Below this box, a paragraph of text states: 'Your application review and e-Signature process are now complete and your e-Signature has been applied to the document(s) that you reviewed. An E-Mail has been sent to your Representative advising him/her that you have completed the e-Signature process. After closing this screen, you will not be able to access this site again to view your application. If you have any questions or need another copy of the e-Signed application, please contact your Representative.' Below the text is another green rectangular box with a green checkmark icon and the text 'Thank you again for using our Electronic Application!'. At the bottom, there are two buttons: 'View e-Signed Application' and 'Close Window'.

Producer Notification


You will be notified by email when the proposed insured:

- Begins the signature process
- Attempts unsuccessfully to log into the application
- Is locked out of the application by trying to access it three times unsuccessfully
- Declines the signature process
- Has not attempted to sign the application within 7 business days
- Completes the signature process



If a problem occurs during the e-signature process, contact I-Pipeline's support team at 800-641-6557. Mutual of Omaha Agency Sales Support can be reached at (877) 617-5589 and Broker Support at (800) 693-6083.

E-Signature Notification to Producer

The Producer receives the following email once all insureds/owners signatures are completed in order to e-sign the application and submit the case:



Action Required: United of Omaha Application Notification - DO NOT REPLY
iGosupport@ipipeline.com on behalf of United of Omaha to: STANDARD GENERAL AGENT



Hello STANDARD GENERAL AGENT,

Your eSignature is needed on **Susie Strawberry's** insurance application. Please click the button below to access this information online.

Once you have reviewed all forms for accuracy, you may apply your eSignature, and submit the application.

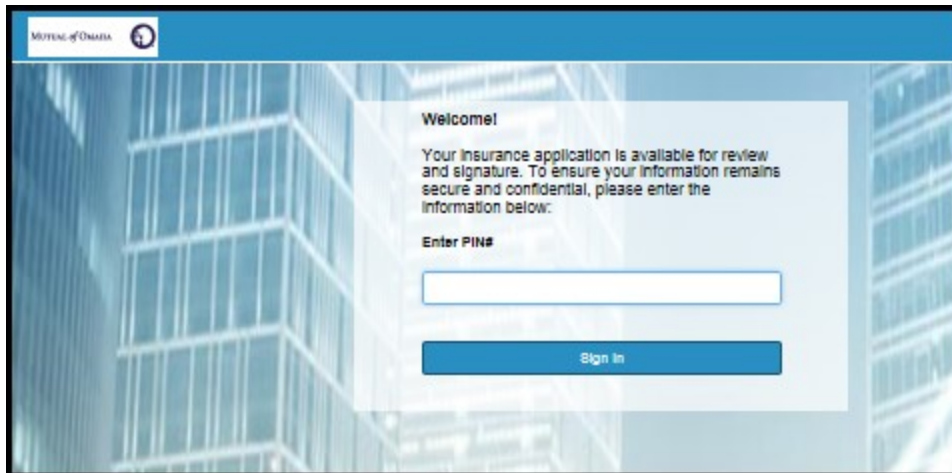
[Access your Application](#)
Click Here

Regards,

United of Omaha

Take steps to ensure you are receiving all communication regarding your client's application.

Please add igosupport@ipipeline.com to your trusted senders list, and be sure to check your spam and junk folders frequently.



Producer's Welcome – Consent

- Read the Terms and Conditions and e-Signature Consent terms.
- Review the Application. This will enable the check box.
- Click on the check box. This will enable the I Agree button.
- Click on the I Agree button.

The screenshot shows the Mutual of Omaha website interface for the 'Welcome - Consent' page. At the top left is the Mutual of Omaha logo. The main content area has a white background with the following text:

Welcome - Consent

Welcome, EDWARD R HINERMAN!

To begin the signature process, please read the Terms and Conditions and Electronic Signature Consent and indicate below whether you agree to their terms.

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Terms and Conditions and Electronic Signature Consent

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[Review Your Application](#)

☐ I have reviewed the application and other forms and read each of the pages that are to be e-signed. I have read the Terms of Use and Electronic Signature Consent provided above. I have indicated below whether I "Agree" or "Decline" the terms of these documents.

Mutual of Omaha 

Welcome - Consent

Welcome, EDWARD R HINERMAN!

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[I Decline](#) [I Agree](#)

Producer's Apply e-Signature

You must click on the checkbox to enable the 'Apply e-Signature' button.

Mutual of Omaha 

Apply e-Signature

☐ I, EDWARD R HINERMAN,

- certify that to the best of my knowledge and belief the answers on the application and in the statement are true and correct; and;
- I am signing the Replacement Notice, if any; and
- I am the agent who solicited the application and hereby sign it.

Step 1 of 2

[Decline e-Signature Process](#)

[Apply e-Signature](#)

UNITED of OMAHA

Apply e-Signature

I, EDWARD R. HINERMAN

- certify that to the best of my knowledge and belief the answers on the application and in the statement are true and correct; and;
- I am signing the Replacement Notice, if any; and
- I am the agent who solicited the application and hereby sign it.

Step 1 of 2

Decline e-Signature Process

Apply e-Signature

By clicking on 'Apply e-Signature' you have signed the application and forms. This will expand the screen to view the printed application with all required signatures. You cannot submit the application without viewing the Signed Application. You cannot submit the application without clicking on the 'Submit to United of Omaha' button.

UNITED of OMAHA

Apply e-Signature

I, EDWARD R. HINERMAN

- certify that to the best of my knowledge and belief the answers on the application and in the statement are true and correct; and;
- I am signing the Replacement Notice, if any; and
- I am the agent who solicited the application and hereby sign it.

Step 1 of 2

Decline e-Signature Process

Apply e-Signature

Print Signed Application

Warning: Your Application needs to be Submitted.

Step 2 of 2

Submit to United of Omaha

Producer's Thank You

You will get a Thank you message which confirms the application has been submitted. The application will be submitted to:

- United of Omaha for processing if the application was completed on SPA, or
- the BGA, if completed on the BGA's website.
- If a BGA is set up with Go/No-Go the application will be submitted to the marketer's case manager for them to review and submit to Mutual of Omaha.

