

# Mutual Income Solutions<sup>SM</sup> Quote, e-App and Dashboard Guide



For producer use only. Not for  
use with the general public.

**Mutual of Omaha**

Underwritten by  
Mutual of Omaha Insurance Company





## Using Our Quote and e-Application Tools

The quote and e-Application tools for Mutual Income Solutions make it easy to get business issued. Provide your client an accurate rate quote. Submit the e-Application. Check for a notification that your client's coverage has been issued. It's that simple. And fast!



## Here's Why You'll Love the e-App

- It's easy to use, which makes it easy to communicate the application process to your clients
- Saves time and ensures accuracy (all of the forms you need are included)
- Quick policy issue — usually in days
- When policies are issued fast, you also get paid fast
- Offers signature collection options, a big advantage if you're working remotely with a client
- Provides you the flexibility to offer your clients a convenient way to complete Part B of the application



## Check Out These Helpful e-App Features

- The quote tool helps your clients choose the plan and premium that fits their budget
- Look for visual clues that help track your progress — prompts will indicate if you missed something
- Hover over **?** for helpful definitions
- Your work is auto-saved — no worries about losing the information you input
- View all of your e-Apps in progress on your dashboard



## Convenient Ways to Complete e-Application

- Agent and client complete all of it together
- Client completes Part B medical information online at their own convenience
- Client completes medical information via a telephone interview

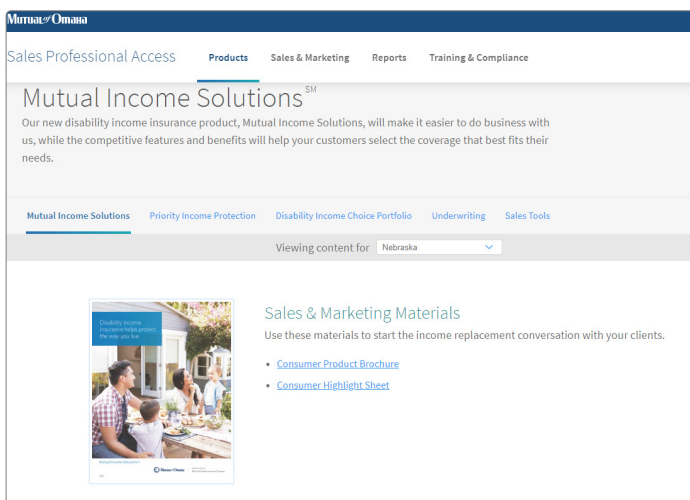
## Getting Started

The Mutual Income Solutions Quote and e-Application allow you to quote and complete disability income insurance applications online. Your starting point is the Producer Dashboard, which is a convenient hub to start a quote and to track the status of the applications you submit.


## Quotes

### Start a New Quote

1. Go to [mutualincomesolutions.com](https://mutualincomesolutions.com)



2. Scroll to find the link to **Live Dashboard**.



### e-Application & Quote Tools


Run a quote online any time of day and use Mutual Income Solutions e-Application to submit business quickly.

- [Sandbox](#)
- [Live Dashboard](#)

## Get a Quote


1. Click **Start New Quote** on the dashboard.
2. If you're looking for a previously saved Quote, click the **Go To Dashboard** link at the bottom of the Quote screen.

### Start a New Quote



**Disability Income**  
Accident and Sickness

Begin Quote



**Disability Income**  
Accident Only

Begin Quote

Looking for a previous quote?

[Go To Dashboard](#)

Entering Quote Information

- 1. Complete the Personal Information and Plan Information fields. Select Optional Riders and Discounts.
- 2. You may enter the information in any order, but if you skip a required field, a **Required** message will display directly below the field as a reminder.

Mutual of Omaha

Mutual Income Solutions <sup>SM</sup>

Accident and Sickness

Personal Information

First Name

John

Last Name

Smith

Gender at Birth

Male

Female

Does the client use tobacco? ⓘ

Yes

No

Date of Birth

What is your state of residence?

— Select One —

MM-DD-YYYY

Required

Required

Quote Results

Once you’ve entered all the required information, the Calculate button at the bottom of the form will be enabled.

- 1. Once you click **Calculate**, your Quote will be displayed.
- 2. You may choose **Edit Quote** to change Plan Information and recalculate as many times as you wish.
- 3. Once you are satisfied with the Quote, select **View PDF** to download a PDF copy of the Quote. **Disable pop-up blockers and be sure you are using Chrome.**

<div><div>Mutual of Omaha</div><div>Mutual Income Solutions <sup>SM</sup></div><div>Disability Income Premium Quote</div><div>Quote ID: jcf1zx</div></div>	
Client Information	Summary of Coverage
Proposed Insured    John Smith	Coverage Type    Accident and Sickness

If you have received a quote, enter the six digit quote ID into the quote ID box to access the quote.

Mutual of Omaha

Producer Dashboard

Start New Quote Logout

Quote ID  [Open Saved Quote](#)

Quote ID must be alphanumeric characters only.

First Name  Last Name  Application Status  [Clear](#) [Search](#)

First Name	Last Name	Product	App Status	UW Status	State	Start Date	Last Modified
John	Smith	DiaS19	QUOTED		NE	2020-08-10	2020-08-10 ...

- If you're not quite ready to complete an e-Application for the quoted coverage, click **Save** to save the Quote to your Dashboard.
- Click **Apply Now** to start the e-Application process directly from the Quote screen.

Mutual of Omaha

Mutual Income Solutions <sup>SM</sup>

Mutual Income Solutions DI Quote Results

Premium Cost Information

Monthly Premium	\$111.04
Annual Premium	\$1269.05

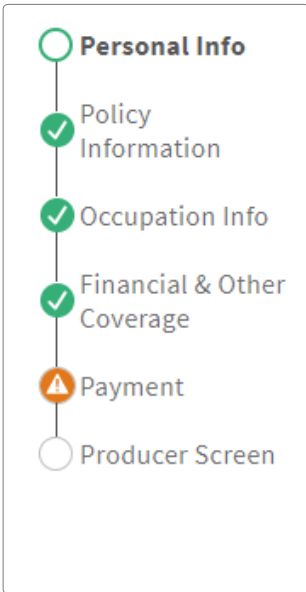
[Cancel](#) [Edit Quote](#) [View PDF](#) [Save](#) [Apply Now](#)

## Start a New Application

The e-Application has six sections. The **Navigation Bar** lists the sections in the upper left corner of the screen. Click on the section title to quickly navigate to the different sections. An indicator appears before each section name to let you know the status of that section:

- Gray circle (Producer Screen) — section has not been started
- Green circle (Personal Info, Payment) — section has been started but not completed
- Orange circle (Medical History AO) with warning triangle — critical information has been omitted
- Green check mark (Policy Information, Occupation Info, etc.) — section has been completed

## e-Application Sections



## Total Premium

Plan information from the Quote is automatically transferred to the e-Application. A box showing Total Premium is displayed on the right side of the e-Application screen. You can update coverages in the e-Application and click the refresh button at any time to display the new Total Premium.

### Total Premium

- Policy Premium Amount: \$105.25
- Premium Mode: Monthly
- Total Monthly Benefit Amount: \$6900

Click save & exit button to return to dashboard.



## Completing the e-Application Sections

You may complete the sections in any order. If you skip one or more required fields in a section, **Required** will be displayed under the incomplete fields as a reminder.

Mutual of Omaha

Mutual Income Solution SM

○ Personal Info

✓ Policy Information

✓ Occupation Info

✓ Financial & Other Coverage

✓ Payment

✓ Producer Screen

Personal Information

Proposed Insured's Information

First Name

Middle Name

Last Name

Gender at Birth

Date of Birth

Social Security Number

Cell Phone Number

Other Phone Number

Email Address

John

Smith

☐ Male

☒ Female

01-01-1980

MM-DD-YYYY

###-##-####

Required

402-351-1111

###-###-####

###-###-####

marye.holtz@mutualof

Click the **Save and Return to Dashboard** button at the bottom of any section to save your progress and return later to finish.

## Additional Questions and Forms

The answers to some questions on the e-Application will prompt additional questions to appear. For example, if you answer Yes to the following question in the Medical History Section, then one or more additional questions will be displayed.

Always present.

High blood pressure, high cholesterol, heart attack, coronary artery disease, chest pain, irregular heart rhythm, heart murmur, valvular heart disease, stroke, transient ischemic attack, aneurysm or any other disease or disorder of the heart, arteries or veins

☒ Yes

☐ No

Only appears when required.

Please indicate Diagnosis in the last 3 years for your condition(s).

☐

Hypertension (High Blood Pressure)

☐

High Cholesterol

☐

Heart Attack

☐

Coronary Artery Disease

☐

Chest Pain

☐

Irregular Heart Rhythm

☐

Heart Murmur

☐

Valvular Heart Disease

☐

Stroke

☐

Transient Ischemic Attack (TIA)

☐

Aneurysm

☐

Other

## Signature and Submit Process

### Convenient ways to complete an application

- Part A & B completed together with face to face signature
- Part A & B completed together via phone and send an e-app sent to client for signature
- Part A completed together and Part B sent to customer to complete at their own convenience. If the customer needs assistance they can call Mutual of Omaha customer assisted e-application team at 800-749-8652.

### Part A/Part B Application Split

Allows clients to complete Part B of the e-application on their own via a secure message portal link.

### Part B Method Selection

You will now see only Part A of the application, including the personal, policy, occupation, financial, payment, and producer information sections.

Mutual Income Solution <sup>SM</sup>

Logout

Personal Info

Policy Information

Occupation Info

Financial & Other Coverage

Payment

Producer Screen

Personal Information

Proposed Insured's information

First Name

Middle Name

Last Name

Automation

F

ADApplicationSubmission

Gender at Birth

Date of Birth

Social Security Number

Total Premium

• Policy Premium Amount: \$199.96

• Premium Mode: Annual

• Total Monthly Benefit Amount: \$3500

8

After completing these sections, select the **Next** button at the bottom of the screen.

The screenshot shows the 'Producer Screen' section of a form. On the left, there are two green checkmarks next to 'Payment' and 'Producer Screen'. The main area contains a 'Comments or Special Instructions' text box, a certification statement, and two radio button options: 'I conducted said interview in person.' with 'Yes' selected, and 'No'. At the bottom are 'Previous', 'Save & Exit', and 'Next' buttons. On the right, there is a 'Refresh' button and a 'Producer Hierarchy Info' box showing 'Direct Hierarchy: LIMELIGHT INS & FINANCIAL SVCS INC'.

You will be directed to a screen displaying the Part B Method Selection options. You may select to complete Part B at the time of submission with the customer or send Part B to the customer to complete at a later time.

The screenshot shows the 'Health Questionnaire' screen. It asks 'Would you like to complete the Health Questionnaire section now, or send to the client to complete on their own at a later time?'. There are two radio button options: 'Complete Now' (selected) and 'Send To Client'. At the bottom are 'Previous', 'Save & Exit', and 'Next' buttons. The top right corner has a 'Logout' link.

## Producer Led Part B

If you select **Complete Now**, the application will display the Part B Activities & Health and Medical History sections.

The screenshot shows the 'Activity and Health Habit Information' section. It asks 'In the last 5 years, have you participated in underwater diving, rock, ice or mountain climbing, aerial sports, martial arts or sports racing (motor or cycle) or do you intend to in the next 12 months?'. There are two radio button options: 'Yes' and 'No' (selected). Below this, it asks 'Do you plan to travel outside the United States or its territories in the next 12 months?'. On the right, there is a 'Total Premium' box showing 'Policy Premium Amount: \$199.96', 'Premium Mode: Annual', and 'Total Monthly Benefit Amount: \$3500'. At the bottom are 'Previous', 'Save & Exit', and 'Next' buttons. The top right corner has a 'Logout' link.

Once all required questions have been completed, select the **Next** button to move to the signature portion of the application.

The screenshot shows the 'Medical History AD' section. It asks 'Other than stated in previous answers, in the last 5 years, have you been diagnosed with, treated, hospitalized, consulted with or been advised by a medical professional to consult with a physician, chiropractor, psychiatrist, counselor, therapist or other medical professional, for a condition?'. There are two radio button options: 'Yes' and 'No' (selected). Below this, it asks 'Other than stated in previous answers, in the last 5 years, have you taken any prescribed or non-prescribed medication or supplement?'. There are two radio button options: 'Yes' and 'No' (selected). At the bottom, there is an 'Authorization to Disclose Information' section with a statement and two radio button options: 'Yes' and 'No' (selected). On the right, there is a 'Total Premium' box showing 'Policy Premium Amount: \$199.96', 'Premium Mode: Annual', and 'Total Monthly Benefit Amount: \$3500'. At the bottom are 'Previous', 'Save & Exit', and 'Next' buttons. The top right corner has a 'Logout' link.

If both Part A and Part B of the application are complete, the signature process will remain the same. You'll have the option to email the signature request to the customer or complete it at the time of submission with the customer.

- At any point during the completion of the Part B questions, you can select the 'Previous' button to return to the Part B Method Selection screen. From there, you can opt to return to the application or can opt to send Part B of the application to the customer to complete. All completed question data will be retained when moving between Part A and Part B of the application.
- If you opt to edit Part A of the application, or if the customer chooses to complete Part B at a later time midway through completing the application with you, all data will be retained.

If you have already completed part of Part B with the customer, then there's an update to the Part B completion method with the customer, the customer will be emailed a link and directed to a webpage where the Part B application will retain any of the answers completed by the producer. The customer will have the option to update these answers if necessary.

## Customer Led Part B Completion

### Completing the e-Application Sections

If the customer wants to complete Part B of the application at a later time, select 'Send To Client' from the Part B Method Selection screen and hit **Next**.

You'll be directed to a signature screen with only the producer signature info displayed.

Producer Signature

Producer Review

Please review the application and all other forms in their entirety for accuracy, understanding and agreement. This application contains multiple pages and forms.

[Review Application](#)

I acknowledge that I have read and understand all of the forms presented. I agree that the electronic signature I provide below shall be applied to the forms and will not be used for future transactions. I agree that my signature is subject to the agreement sections for each form.

☐ I agree

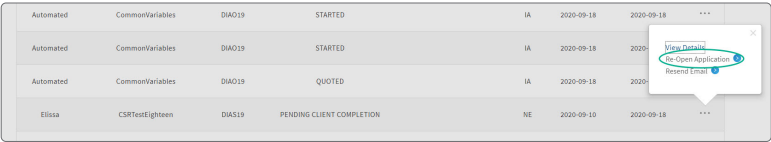
By clicking the 'Apply Producer Signatures and Submit Application' button below, you, the producer, are electronically signing all applicable forms and submitting the completed application to Mutual of Omaha. You will not be able to make changes after pressing the below button.

[Apply Producer Signatures and Submit Application](#)

This signature will be appended to the completed application after the customer completes and signs Part B of the application.

After completing the signature process and selecting 'Apply Producer Signature and Submit Application', a secure message is generated and sent to the customer's email address provided on the application.

You can return to the dashboard, where the policy will show an application Status of 'Pending Client Completion'. If you reopen the application, you'll need to re-sign the application for submission. The time and date stamp will be updated to reflect the most current signing information.



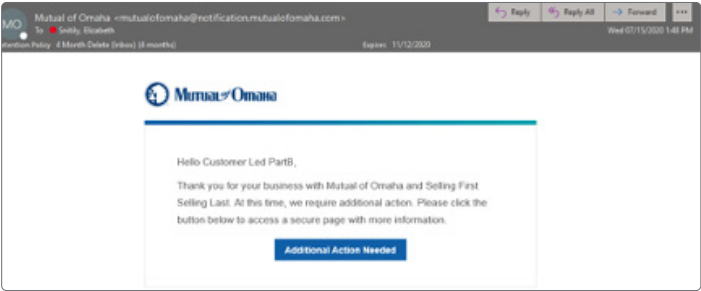
The screenshot shows a table with application status information. A tooltip is visible over the 'Re Open Application' link in the third row.

Automated	CommonVariables	DIAD19	STARTED	IA	2020-09-18	2020-09-18	...
Automated	CommonVariables	DIAD19	STARTED	IA	2020-09-18	2020-09-18	...
Automated	CommonVariables	DIAD19	QUOTED	IA	2020-09-18	2020-09-18	...
Elissa	CSRTwentyEight	DIAD19	PENDING CLIENT COMPLETION	NE	2020-09-10	2020-09-18	...

Tooltip text: [View Details](#), [Re Open Application](#), [Resend Email](#)

### Customer Part B

After Part A of the application has been completed and submitted, the customer will receive an email at the email address provided on Part A of the application, with prompts to complete Part B of the application.



The link in the message will take the customer to a secure site where existing customers can sign in using existing login information. New customers will be prompted to validate personal information provided on Part A of the application for security validation. If the existing logon is registered to a different email address than the one provided on the application, the customer will see a "you're not authorized to view the message" notice on the screen. If this occurs, please verify the email address with your client.

The customer will be able to complete Part B of the Application after signing in.

Secure Messaging Portal

Go to Dashboard

Contact & Help

Log Out

Welcome, Jane

Thank you, Jane Doe, for completing Part A of your application with your producer, Selling First Selling Last. Please click on the link below to complete Part B of your Disability Income application. If at any time you need assistance, please contact your producer directly or speak with one of our representatives at 1-800-749-8652.

Disability Income - Part B

Part B of your application will provide us with important information regarding your health and activities.

NOT STARTED

Note: You will be redirected to an external page to complete the Disability Income - Part B.

Click to Begin

If the customer needs assistance, selecting 'Contact & Help' will display the information of the producer associated with the account, as well as a link to the contact page for Mutual of Omaha.

Go to Dashboard

Contact & Help

Log Out

Your Producer:

Selling First Selling Last

Additional support

elling Last. Please click

After the customer selects 'Click to Begin', the Activity Information screen will appear.

To ensure all applications contain the required information, all In Good Order and required field rules that existing in the producer-led application will be valid for the consumer-completed version.

Electronic Application

Activity and Health Habit Information

In the last 5 years, have you participated in underwater diving, rock, ice or mountain climbing, aerial sports, martial arts or sports racing (motor or cycle) or do you intend to in the next 12 months?

☐ Yes

☒ No

Do you plan to travel outside the United States or its territories in the next 12 months?

☒ Yes

☐ No

Planned Travel Details

Country

Purpose/Reason

Length of Stay

Required

Required

Required

Add +

Additional Information/Comments:

The customer can save the application at any time or select 'Next' to move to the Medical History screen.

In the last 12 months, have you used any form of tobacco or any form of nicotine replacement/cessation product (such as nicotine gum, patch, spray, e-cigarette, vapor, etc.)?

☒ Yes

☐ No

Save

Next

Once all required fields have been completed, the customer will select Next and be directed to the Electronic Signature Consent page. Customers must view the Electronic Signature Consent disclosure to sign.

Electronic Application

[Back To Health Questions](#)

Electronic Signature

Electronic Consent

To begin the electronic signature process, please review the Electronic Signature Consent below:

Review Electronic Signature Consent

VIEWED

I have read the Electronic Signature Consent.

☒ Sign

☐ Decline

Next

After signing the electronic consent, the customer will move on to the electronic signature page. The customer must review the client application and any other required state-specific documentation. Once all documents are reviewed, the customer will validate the signing city and state, and select to sign the document.

Electronic Signature

Review Application

Please review the application and all other forms in their entirety for accuracy, understanding and agreement. This application contains multiple pages and forms. If changes or updates to any information are needed, or if there are questions, please inform your producer.

Review Client Application

VIEWED

I acknowledge that I have read and understand all of the forms presented. I agree that the electronic signature I provide below shall be applied to the forms and will not be used for future transactions.

By clicking the 'Sign' button below, you, the client, are electronically signing all applicable forms. This button must be pressed by the client, and not by a third party on behalf of the client.

Please enter the city and state where you are signing the document(s)

City

Omaha

State

Nebraska

☒ Sign

☐ Decline

Next

After selecting 'Next', the customer will be directed to the final submission screen.

Submit Response

By clicking "Submit", I acknowledge that my responses provided on the previous screen(s) will be submitted to Mutual of Omaha for review.

Submit

Once the customer selects 'Submit', the application will be sent to Mutual of Omaha. The application status on the dashboard will update to 'Submitted'.

Reopening Applications

If the customer decides to turn control of the application back over to you, select the 'Reopen Application' option from the dashboard.

First Name	Last Name	Product	App Status	UW Status	State	Start Date	Last
Adam	Johnson	DIA019	STARTED		GA	2020-09-23	2020-09-23
Rachelle	TestPRCATASWebBroker	DIA519	SUBMITTED	Offer Extended Pending Producer Acceptance	NE	2020-09-23	2020-09-23
Jane	Doe	DIA019	PENDING CLIENT COMPLETION		NE	2020-09-23	2020-09-23

Once you take back control of the application, the App Status will return to 'Started'. Complete Part A of the application and select 'Next' to access the Part B Method Selection screen. Once you select 'Complete Now', you'll be directed to Part B of the application, with any saved customer responses completed.

Mutual of Omaha

Mutual Income Solution™

Logout

Activities & Health

Medical History AD

Activity and Health Habit Information

In the last 5 years, have you participated in underwater diving, rock, ice or mountain climbing, aerial sports, martial arts or sports racing (motor or cycle) or do you intend to in the next 12 months?

☐ Yes

☒ No

Do you plan to travel outside the United States or its territories in the next 12 months?

☐ Yes

☒ No

In the last 2 years, have you used marijuana, tetrahydrocannabinol (THC), cocaine, amphetamines, narcotics or other controlled substances?

☐ Yes

☒ No

Do you consume 4 or more alcoholic beverages per day, 3 or more days per week?

☐ Yes

☒ No

In the last 5 years, have you been convicted of driving under the influence of alcohol or drugs, reckless

Total Premium

• Policy Premium Amount: \$199.96

• Premium Mode: Annual

• Total Monthly Benefit Amount: \$3500

Refresh

Producer Hierarchy Info

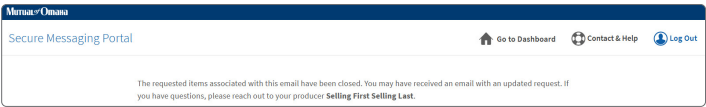
• Direct Hierarchy:

LIMELIGHT INS & FINANCIAL SVCS INC

14



If the customer attempts to access the SMP link after you reopen the application, the customer will receive a message directing them to contact you.



The application can be passed between you and the customer as many times as is necessary to complete the application.

## Signing an Application

### Reopened Signature Notes

If you reopen the application, you'll need to re-sign the application for submission. The time and date stamp will be updated to reflect the most current signing information.

Note: Any documentation that had been uploaded during previous signings will not be retained. Any additional documentation should be reuploaded any time a new signature is applied.

Once the e-Application is complete, Client and Producer Electronic Signature Consent forms will be displayed.

### Client Signature

To begin the e-signature process, please review the eSignature Consent below.

[Electronic Consent](#) 

☐ I have read the Electronic Signature Consent

# Actions for Your Clients

- 1. Click the **Electronic Consent** button to download the Electronic Signature Consent PDF for review (not required).
- 2. Select the box to acknowledge they have read the Electronic Consent (required). They won't see **Review Application** until they select the box.

Client Signature

To begin the e-signature process, please review the eSignature Consent below.

Electronic Consent

☒ I have read the Electronic Signature Consent

Application Review

Please review the application and all other forms in their entirety for accuracy, understanding and agreement. This application contains multiple pages and forms.

If changes or updates to any information are needed, or if there are questions, please inform your producer.

Review Application

I acknowledge that I have read and understand all of the forms presented. I agree that the electronic signature I provide below shall be applied to the forms and will not be used for future transactions. I agree that my signature is subject to the agreement sections for each form.

☐ I agree

- 3. Click **Review Application** to generate a PDF of the Application Packet for review (not required).
- 4. Complete the acknowledgements and City/State fields in the Client Signature section and click the **Apply Client Signatures** button to electronically sign the Application.

Review Application

I acknowledge that I have read and understand all of the forms presented. I agree that the electronic signature I provide below shall be applied to the forms and will not be used for future transactions. I agree that my signature is subject to the agreement sections for each form.

☒ I agree

Signature

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

Signed at City

Signed at State

- Select One -

By clicking the 'Apply Client Signatures' button below, you, the client, are electronically signing all applicable forms. This button must be pressed by the client, and not by a third party on behalf of the client.

Apply Client Signatures

16

5. Provide the City/State fields in the Client Signature section and click the **Apply Client Signatures** button to electronically sign the Application. Once the client selects that button, the **Producer Signature Section** will appear.

### Signature

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

Signed at City

Omaha

Signed at State

Nebraska

By clicking the 'Apply Client Signatures' button below, you, the client, are electronically signing all applicable forms. This button must be pressed by the client, and not by a third party on behalf of the client.

Apply Client Signatures

# Actions for the Producer

1. The Producer can review the application and complete the acknowledgement.

### Producer Signature

#### Producer Review

Please review the application and all other forms in their entirety for accuracy, understanding and agreement. This application contains multiple pages and forms.

Review Application

I acknowledge that I have read and understand all of the forms presented. I agree that the electronic signature I provide below shall be applied to the forms and will not be used for future transactions. I agree that my signature is subject to the agreement sections for each form.

☐ I agree

By clicking the 'Apply Producer Signatures and Submit Application' button below, you, the producer, are electronically signing all applicable forms and submitting the completed application to Mutual of Omaha. You will not be able to make changes after pressing the below button.

Apply Producer Signatures and Submit Application

2. The Producer can enter City/State fields in the Producer Signature section and the **Apply Producer Signatures and Submit Application** button will be enabled. Once they select this button, they will not be allowed to go back into the application.

Review Application

I acknowledge that I have read and understand all of the forms presented. I agree that the electronic signature I provide below shall be applied to the forms and will not be used for future transactions. I agree that my signature is subject to the agreement sections for each form.

☒ I agree

### Producer Signature

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

Signed at City

Signed at State

- Select One -

Upload Underwriting Documents

Document Type

- Select One -

Add File

206\_1046\_010\_001

By clicking the 'Apply Producer Signatures and Submit Application' button below, you, the producer, are electronically signing all applicable forms and submitting the completed application to Mutual of Omaha. You will not be able to make changes after pressing the below button.

Apply Producer Signatures and Submit Application

3. Select the **Apply Producer Signatures and Submit Application** button to electronically sign and submit the Application to the Home Office.

Producer Signature

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

Signed at City

Omaha

Signed at State

Nebraska

Upload Underwriting Documents

Document Type

- Select One -

Add File

jpg, png, doc, pdf

By clicking the "Apply Producer Signatures and Submit Application" button below, you, the producer, are electronically signing all applicable forms and submitting the completed application to Mutual of Omaha. You will not be able to make changes after pressing the below button.

Apply Producer Signatures and Submit Application

4. Click the **View Completed Client Application** button to download the Application Packet PDF for the Client.
5. Click the **Download/Print Completed Application** button to download the Application Packet PDF.
6. Click the **Return to Dashboard** button or Logout.

Congratulations! Your application has been submitted.

Return to Dashboard

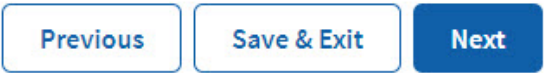
View Completed Client Application

View Completed Producer Application

Please instruct your client to save the Client Application forms to their files, or provide them a copy.

# Non-face to face signature

Once all information has been entered and the page navigation displays all green checkmarks, the Next button will be enabled to proceed to the Signature Screen.



Ask the customer how they'd like to sign the application. If you're not meeting the customer in person, a secure email will be sent to the customer. Answer "Yes" to the question.

Mutual of Omaha

Mutual Income Solution <sup>SM</sup>

[< Back to the Application](#)

**Congratulations! Your application is complete and in Good Order.**

Is client going to sign application by email? [?](#)

☐ Yes ☐ No

Next, complete the review, attach any documents and sign the application. The application will be sent to the customer for review and signature.

The screenshot shows a web form titled "Mutual Income Solution" and "Producer Review". It includes a "Review Application" button, a checkbox for "I agree", a "Producer Signature" section with fields for "Signed at City" and "Signed at State", and an "Upload Underwriting Documents" section with a "Document Type" dropdown and an "Add File" button. At the bottom, there is a button labeled "Apply Producer Signatures and Submit Application".

Mutual Income Solution

### Producer Review

Please review the application and all other forms in their entirety for accuracy, understanding and agreement. This application contains multiple pages and forms.

[Review Application](#)

I acknowledge that I have read and understand all of the forms presented. I agree that the electronic signature I provide below shall be applied to the forms and will not be used for future transactions. I agree that my signature is subject to the agreement sections for each form.

☒ I agree

### Producer Signature

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

Signed at City

Signed at State

- Select One -

Upload Underwriting Documents

Document Type

- Select One - [Add File](#)

(jpg, jpeg, png, pdf)

By clicking the 'Apply Producer Signatures and Submit Application' button below, you, the producer, are electronically signing all applicable forms and submitting the completed application to Mutual of Omaha. You will not be able to make changes after pressing the below button.

[Apply Producer Signatures and Submit Application](#)

Open the signed application and return to the dashboard.

The screenshot shows the Mutual of Omaha dashboard. At the top, there is a "Menu" button. Below the header, a large green message reads "Congratulations! Your application has been submitted." At the bottom, there are two buttons: "Return to Dashboard" and "View Completed Producer Application".

Mutual of Omaha

Mutual Income Solution <sup>SM</sup> [Menu](#)

**Congratulations! Your application has been submitted.**

[Return to Dashboard](#)

[View Completed Producer Application](#)

The dashboard will show the app status of, “Pending Client Signature”.

Mutual of Omaha

Producer Dashboard

Start New Quote

Logout

First Name

Last Name

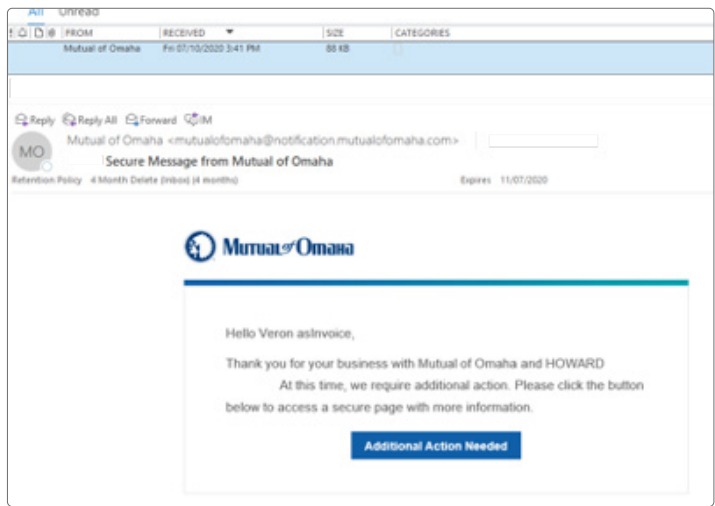
Application Status

Clear

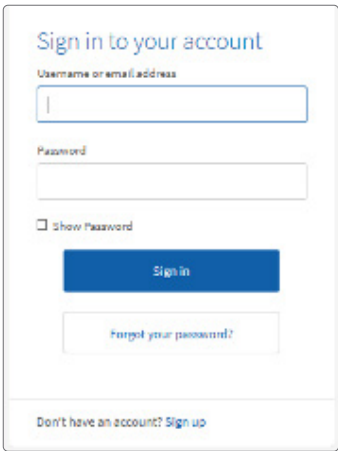
Search

First Name	Last Name	Product	App Status	UR Status	State	Start Date	Last Modified
vj	asignature	ENAS15	PENDING CLIENT SIGNATURE		NE	2020-07-07 08:09	
Maryje	Automation	ENAD09	STARTED		TX	2020-07-07 07:07	Go To E-App
Automation	ASApplicationSubmission	ENAS15	SUBMITTED	Case Manager Review	NE	2020-07-07 07:07	

The customer will receive a secure email from Mutual of Omaha. The subject of the email is, “Secure Message from Mutual of Omaha”. The customer is directed to click on the “Additional Action Needed” button to complete the application process.



The customer is asked to sign in with a current Mutual of Omaha Customer Access account or to create one, using the “Sign Up” link.



Sign in to your account

Username or email address

Password

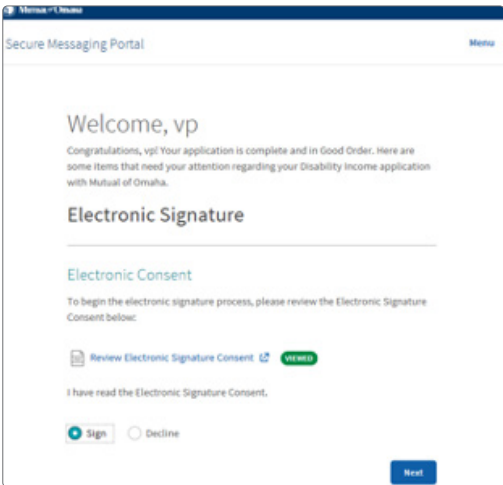
☐ Show Password

Sign in

[Forgot your password?](#)

Don't have an account? [Sign up](#)

The customer is first asked to consent to receive electronic documents and to sign electronically from Mutual of Omaha. The customer should select the “Review Electronic Signature Consent” link to read the disclosure document before selecting the Sign button.



Secure Messaging Portal



Welcome, vp

Congratulations, vp! Your application is complete and in Good Order. Here are some items that need your attention regarding your Disability Income application with Mutual of Omaha.

**Electronic Signature**

**Electronic Consent**

To begin the electronic signature process, please review the Electronic Signature Consent below:

 [Review Electronic Signature Consent](#)  VERIFIED

I have read the Electronic Signature Consent.

☒ Sign ☐ Decline

Next



After agreeing to sign documents electronically, the customer will be directed to review and sign the application. Signing the documents also means entering the city and state of where they are physically located.

## Welcome, vp

Congratulations, vp! Your application is complete and in Good Order. Here are some items that need your attention regarding your Disability Income application with Mutual of Omaha.

### Electronic Signature

#### Review Application

Please review the application and all other forms in their entirety for accuracy, understanding and agreement. This application contains multiple pages and forms. If changes or updates to any information are needed, or if there are questions, please inform your producer.



Review Client Application



VIEWED

I acknowledge that I have read and understand all of the forms presented. I agree that the electronic signature I provide below shall be applied to the forms and will not be used for future transactions.

By clicking the 'Sign' button below, you, the client, are electronically signing all applicable forms. This button must be pressed by the client, and not by a third party on behalf of the client.

Please enter the city and state where you are signing the document(s)

City

Omaha

State

Nebraska

☒ Sign

☐ Decline

Next

After completing the signature requirements and selecting the Next button, a Submit response page is displayed for the final acknowledgement



# You're All Done!

Your documents have been successfully submitted.



## Documents

Your documents are available to view or download for your records.

### Electronic Consent

 [Review Electronic Signature Consent](#) 


### Review Application

 [Review Client Application](#) 

After selecting the Submit button, the customer will see a screen to show the application was submitted successfully.

## Submit Response

---

 By clicking "Submit", I acknowledge that my responses provided on the previous screen(s) will be submitted to Mutual of Omaha for review.

[Submit](#)

If the customer feels something is wrong with the application to sign, there's an option to 'Decline' to sign. If Decline is selected, the customer will be asked to type a response about why they've declined the application.

The producer dashboard will reflect that the customer refused to sign the app. Contact your customer to make any modifications to the application. The signature process would have to be repeated for the application to be submitted to the home office.

Welcome, Veron

Congratulations, Veron! Your application is complete and in Good Order. Here are some items that need your attention regarding your Disability Income application with Mutual of Omaha.

Electronic Signature

Review Application

Please review the application and all other forms in their entirety for accuracy, understanding and agreement. This application contains multiple pages and forms. If changes or updates to any information are needed, or if there are questions, please inform your producer.

Review Client Application

Verano

I acknowledge that I have read and understand all of the forms presented. I agree that the electronic signature I provide below shall be applied to the forms and will not be used for future transactions.

By clicking the "Sign" button below, you, the client, are electronically signing all applicable forms. This button must be pressed by the client, and not by a third party on behalf of the client.

Please enter the city and state where you are signing the document(s)

City

Stanton

State

Iowa

Sign

Decline

Reason for Declining:

A reason for declining is required before submitting.

Next

25

A secure email is sent to the customer with a link to the Secure Messaging Portal. The customer is asked to sign in with the credentials set up during the application signature process (or if an account is already on file with Mutual of Omaha.) The Secure Messaging Portal displays a link to the Policy Delivery Package Documents. Selecting the link will open, in a new browser tab, the Policy documents that were signed by both the customer and the producer.

Once the customer opens the policy package, the “VIEWED” green button appears and the customer is asked to select the “Confirm” button to acknowledge delivery of the policy documents. A “Thank You” message appears on screen for the customer.

Welcome, Albus

Thank you for placing your trust in Mutual of Omaha for your Disability Income Insurance. Your application has been approved and your policy is ready for review.

Electronic Signature

Policy Acceptance Package

Please review the following documents:

Policy Schedule

NOT VIEWED

Statement Of Good Health

NOT VIEWED

Invoice

NOT VIEWED

Client App Pack

NOT VIEWED

I acknowledge that I have read and understand all the forms presented for my review. I understand that by checking the below "Sign" box my electronic signature will be affixed to all forms listed below and the policy will be placed in force. If I do not want to accept this policy, I may select "Decline". The information provided in the text box will be sent back to Mutual of Omaha for review.

- Statement Of Good Health

Please review the document(s) above before you can sign or decline.

☐ Sign

☐ Decline

The Policy Documents have multiple pages. The customer can review the documents on screen and / or print a copy.

policy\_schedule.pdf

https://secure-messaging-portal-us-east-1.amazonaws.com/115f7b7779f4b5d2d8f5b0a9b3e6d7f6/Attach/Security-Statement...

Mutual of Omaha Insurance Company

Disability Income Insurance

Policy Schedule

Policy Number: 00012561

Insured's Name:

Albus P. Dumbadine

Insured's Address:

Plus Address Plus Line 2 Plus City NE 68131

Issue Age:

40

Policy Information

Current Premium Mode:

Annual

Current Premium:

\$153.09

Rating Information

Occupation Class:

Plus Class

Gender Rating:

Male

Tobacco Rating:

Yes

Discount:

0.00%

26

# Review Policy Acceptance

When an offer is ready to review, a new link will be displayed on the dashboard. Open the link to review the multiple documents before agreeing to the quoted offer.

First Name

Last Name

Application Status

Producer

allos

Select a Producer

Clear

Search

View Details

Review Offer

First Name	Last Name	Product	App Status	UV Status	State	Start Date	Last Modified
Allos	Dumbokore	DIA02s	SUBMITTED	PENDING OFFER APPROVAL BY PRODUCER	NE	2020-09-17	2020-09-17

Close X

Review Offer

Applicant: Stephanie OPENSeven

clientAppTrack.pdf

View Document

invoice.pdf

View Document

policy\_schedule.pdf

View Document

statement\_of\_good\_health.pdf

View Document

Decline

Approve

Each document can be opened by selecting the ‘View Document’ link on the document row.

After reviewing the documents, select Decline or Approve by clicking the appropriate button.

If “Approve” is selected, Underwriting is notified that an offer was accepted. An email will be sent to the customer from Mutual of Omaha. The customer will be able to review the documents and sign. Once the documents are signed, the policy will be placed in effect and issued.

# Monitor Your Quotes and Applications

The Mutual Income Solutions Dashboard is a handy tool you can use to create Quotes and prepare e-Applications. You can find or view your Quotes and Applications and monitor the status of submitted Applications from the Dashboard.

1. Start a new Quote by clicking the **Start New Quote** button.
2. Start or continue an e-Application by clicking the **Go to E-App** link next to a Quote.
3. To find a Quote or Application, enter one or more search filter(s) at the top of the Dashboard. You can search by First Name, Last Name, Application Status or any combination of the three.

Mutual Income Solutions

Producer Dashboard

Start New Quote

First Name

Last Name

Application Status

Clear

Search

First Name	Last Name	Product	App Status	UIW Status	State	Start Date	Last Modified	
Underwriting	Ignore	DIAS19	STARTED		DE	2020-03-18	2020-03-19	<a href="#">Go To E-App</a>
George	Walkman	DIAS19	QUOTED		NE	2020-03-19	2020-03-19	<a href="#">Go To E-App</a> <a href="#">View Quote</a>
Veronica	astevens	DIAS19	SUBMITTED	UIW Initial Review	IA	2020-03-19	2020-03-19	

The Status will be one of the following (Note: This list may change as system updates are made)

- **QUOTED** — Quote has been calculated and saved
- **STARTED** — Some, but not all, sections of e-App have been completed
- **SUBMITTED** — e-Application has been signed by Client and Producer and has been submitted
- **PENDING** — Underwriting in process
- **ACCEPTED** — Application has been accepted for issue
- **ISSUED** — Policy issued





Underwritten by  
Mutual of Omaha Insurance Company

## Why Mutual of Omaha

We're invested in your success. We're committed to giving you the products your customers want plus the tools, resources and support you need.

[MutualofOmaha.com](https://MutualofOmaha.com)