

Mutual Income SolutionsSM Quote, e-App and Dashboard Guide



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use with the general public.

Underwritten by
Mutual of Omaha Insurance Company



Using Our Quote and e-App Tools

The quote and e-App tools for Mutual Income Solutions make it easy to get business issued. Provide your client an accurate rate quote. Submit the e-App. 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-App

- 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

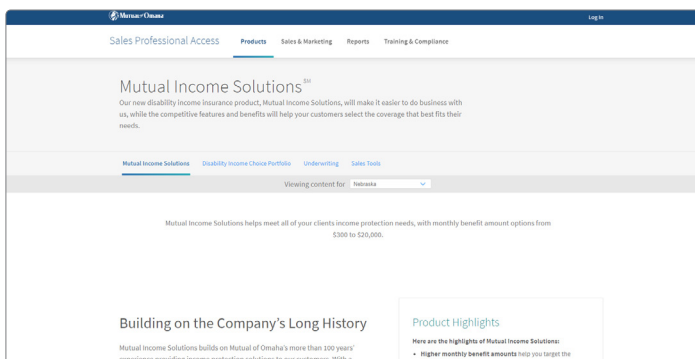
Getting Started

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


Finding the Live Dashboard

Start a New Quote

1. Go to mutualincomesolutions.com



2. Scroll near the bottom of the page 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.


[Start e-App](#)

- [Sandbox](#)
- [Live Dashboard](#)
- [Quote/e-App Guide](#)

Quotes


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. If you plan on running multiple plan designs, name each quote for reference.
- 2. Complete the Personal Information and Plan Information fields. Select Optional Riders and Discounts.
- 3. 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.

Note: Use the 'tab' key to help identify a field that you may have missed.

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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.**

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Disability Income Premium Quote

[Quote ID: uz15lp]

Client Information	Summary of Coverage
Proposed Insured [Sample Client]	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.

Producer Dashboard

Start New Quote

Logout

Open Saved Quote

Open

Enter a Quote ID (case sensitive) to open the quote.

Name Type

Last Name

Name to Search

Clear

Search

Download Search Results

Filter

Quote Name

First Name

Last Name

Product

App Status

UW Status

Producer

State

Start Date

Last Modified

View Case Details

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

Wacama Channel

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Mutual Income Solutions DI Quote Results

Premium Cost Information

Monthly Premium	\$9.58
Quarterly Premium	\$28.47
Semi-Annual Premium	\$56.39
Annual Premium	\$109.50

Cancel

Edit Quote

View PDF

Save

Save & Copy to New Quote

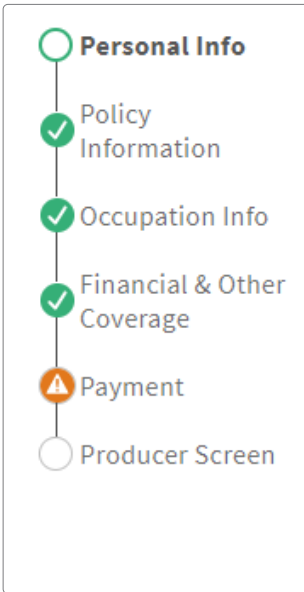
Apply Now

Start a New Application

The e-App 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-App Sections



Total Premium

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

Total Premium

- Policy Premium Amount: \$9.58
- Premium Mode: Monthly
- Total Monthly Benefit Amount: \$2900

[View Quote Illustration](#)

Click save & exit button to return to dashboard.

Completing the e-App 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.

Note: Use the 'tab' key to help identify any fields that you may have missed.

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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

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

Payment

Producer Screen

Comments or Special Instructions:

I/we certify that during an interview with the Proposed Insured(s), I/we asked each question exactly as written and recorded the answers provided by the Proposed Insured(s) completely and accurately.

Yes

No

I conducted said interview in person.

Yes

No

Previous

Save & Exit

Next

Total Monthly Benefit Amount: \$3500

Refresh

Producer Hierarchy Info

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.

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Logout

Health Questionnaire

Would you like to complete the Health Questionnaire section now, or send to the client to complete on their own at a later time?

Complete Now

Send To Client

Previous

Save & Exit

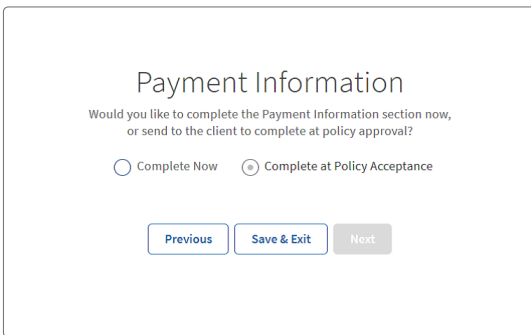
Next

Convenient ways to complete Part B of an application

- Part B completed with the producer and applicant together and face to face signature
- Part B completed with the producer and applicant together via phone or virtual meeting. Once completed, the e-app is sent to the applicant for signature via the Secure Message Portal (SMP).
- Part B sent to the applicant for completion via the SMP.
- Part B may be completed using the Mutual of Omaha Tele-App team at 800-74998652. Upon completion, the completed e-app is sent to the applicant for signature via the SMP.

Payment Information Flow Selection

Now that Part A has been completed. You have the option to select when the Payment Information section is completed.



The screenshot shows a web form titled "Payment Information". Below the title, it asks: "Would you like to complete the Payment Information section now, or send to the client to complete at policy approval?". There are two radio button options: "Complete Now" (which is selected) and "Complete at Policy Acceptance". At the bottom, there are three buttons: "Previous" (blue), "Save & Exit" (blue), and "Next" (greyed out).

Select the 'Complete Now' option to complete the Payment Information section with the applicant at the time of application submission.

Select the 'Complete at Policy Acceptance' option to have the applicant enter the payment information on their own during policy acceptance.

Payment Information

Payment Information

The first withdrawal date or charge date may be different from the monthly date selected below for recurring premiums. Depending on the amount of time elapsed between the policy date and the date the policy is accepted, the amount of the withdrawal or charge may exceed one modal premium and may occur on a date other than the policy date.

Payment Mode and Amount Options			
Monthly	Quarterly	Semi-Annual	Annual
\$23.14	\$68.75	\$136.17	\$264.41

Verify Payment Method

☒ Automatic Bank Deductions

Verify Recurring Payment Mode (If payment mode is changed your final policy schedule will reflect this change.)

☐ Monthly
 ☐ Quarterly
 ☐ Semi-Annual
 ☒ Annual

Specify the date Recurring Premiums will be withdrawn (1st through the 28th of the month)

Provide Account Information

The Proposed Insured/Insured will not receive premium billing notices for this premium payment. We cannot establish electronic payments from foreign banks.

Account Type (select one)

☐ Checking
 ☐ Savings

Name of payor* as shown on bank account

*NOTE: If payor is other than insured, this form cannot be completed electronically. Please contact your producer.

When the applicant completes the Payment Information section at the time of policy acceptance, the applicant will be able to Sign the BSP, accept the policy and sign the Statement of Good Health. The applicant will then receive another email with the updated policy packet (including the invoice) minutes after signing.

Please note: These changes do not support third-party payors. We are still requiring any electronically submitted eApps to be paid by the insured.

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.

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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

AOApplicationSubmission

Gender at Birth

Date of Birth

Social Security Number

Total Premium

- Policy Premium Amount: \$199.96
- Premium Mode: Annual
- Total Monthly Benefit Amount: \$3500

Producer Led Part B

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

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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?

Total Premium

• Policy Premium Amount: \$189.96

• Premium Mode: Annual

• Total Monthly Benefit Amount: \$3500

Additional Questions and Forms

The answers to some questions on the e-App 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

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

The screenshot shows a digital application form with a sidebar on the left containing 'Activities & Health' and 'Medical History AD'. The main content area has three sections: 1) A question about medical diagnosis in the last 5 years, with 'No' selected. 2) A question about taking prescribed or non-prescribed medication in the last 5 years, with 'No' selected. 3) An 'Authorization to Disclose Information' section with a consent statement and 'No' selected. On the right, there are two summary boxes: 'Total Premium' showing policy amount (\$199.96), premium mode (Annual), and total monthly benefit amount (\$3600), with a 'Refresh' button; and 'Producer Hierarchy Info' showing the direct hierarchy as 'LIMELIGHT INS & FINANCIAL SVCS INC'. At the bottom are 'Previous', 'Save & Exit', and 'Next' buttons.

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-App 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.

Automated	CommonVariables	DIAO19	STARTED	IA	2020-09-18	2020-09-18	...
Automated	CommonVariables	DIAO19	STARTED	IA	2020-09-18	2020-09-18	...
Automated	CommonVariables	DIAO19	QUOTED	IA	2020-09-18	2020-09-18	...
Elissa	CSRTenEighteen	DIA19	PENDING CLIENT COMPLETION	NE	2020-09-10	2020-09-18	...

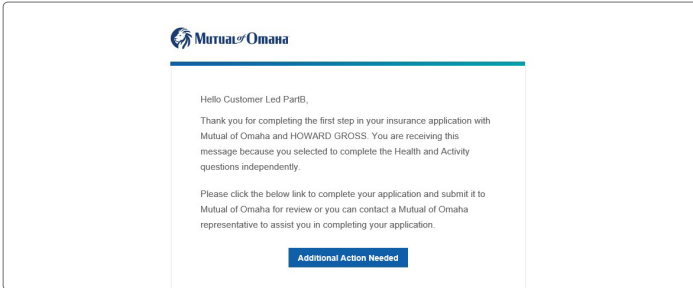
View Details

Re-open Application

Resend Email

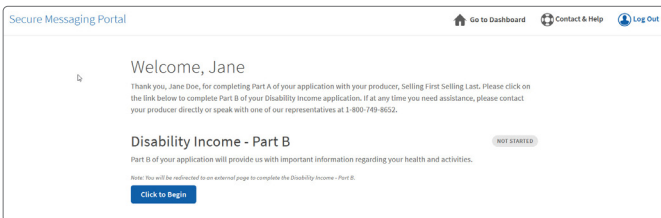
Customer Part B

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 are 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.



If the customer needs assistance with Part B completion, they can contact the Tele-App team:

1-800-749-8652

Hours: 8 a.m. to 8 p.m. CT Monday - Thursday

8 a.m. to 5 p.m. CT Friday

10 a.m. to 2 p.m. CT Saturday

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

Required

Purpose/Reason

Required

Length of Stay

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, ecigarette, 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

12

00:00

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

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 Modified
Adam	Johnston	DIAG19	STARTED		GA	2020-09-23	2020-09-23
Rachelle	TestPRCATAWebBroker	DIAG19	SUBMITTED	Offer Extended Pending Producer Acceptance	NE	2020-09-23	2020-09-23
Jane	Doe	DIAG19	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.

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Log out

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: \$1299.96

• Premium Mode: Annual

• Total Monthly Benefit Amount: \$3800

Refresh

Producer Hierarchy Info

• Direct Hierarchy:

LIMELIGHT INS & FINANCIAL SVCS INC

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.

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Secure Messaging Portal

Go to Dashboard

Contact & Help

Log Out

The requested items associated with this email have been closed. You may have received an email with an updated request. If you have questions, please reach out to your producer **Selling First Selling Last**.

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-App 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

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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, 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.

Previous

Save & Exit

Next

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.

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[< 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.

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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

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.

Mutual Income Solution SM

Logout

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

Open Saved Quote

Open

Enter a Quote ID (case sensitive) to open the quote.

Name Type

Last Name

Name to Search

Clear

Search

Download Search Results

Filter

Quote Name	First Name	Last Name	Product	App Status	UW Status	Producer	State	Start Date	Last Modified	View Case Details
	SampleTestFirst	SampleTestLast	DIA519	PENDING CLIENT SIGNATURE		Howard Robert Gross	NE	2021-09-01	2021-09-03	...
	SampleTestFirst	SampleTestLast	DIA519	PENDING CLIENT SIGNATURE		Howard Robert Gross	NE	2021-09-07	2021-09-07	...

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.

Subject: Secure Message from Mutual of Omaha

From: Mutual of Omaha <mutualofomaha@notification.mutualofomaha.com>

To: <Client>

Date: <Date>

Mutual of Omaha

Hello Applicant,

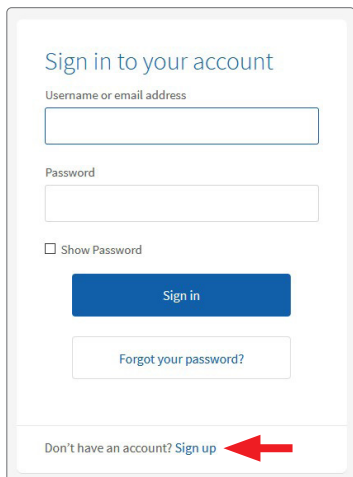
Thank you for your business with Mutual of Omaha. A secure message has been sent to our Secure Messaging Portal for your review and response.

For your security, you will need to log in using the email address ben.annoussou@mutualofomaha.com to view the secure message. If you don't have an account with this email address, you will be able to create one. For information on what to do if your established account's email address is different or for other questions, please visit our [Frequently Asked Questions](#) page.

Please click the button below to begin.

Additional Action Needed

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

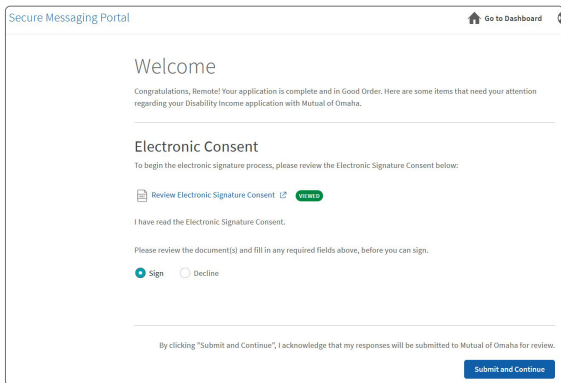
[Sign in](#)

[Forgot your password?](#)

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

A red arrow points to the "Sign up" link.

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


[Go to Dashboard](#)

Welcome

Congratulations, Remote! 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 Consent

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

[Review Electronic Signature Consent](#)  [View PDF](#)

I have read the Electronic Signature Consent.

Please review the document(s) and fill in any required fields above, before you can sign.

☒ Sign ☐ Decline

By clicking "Submit and Continue", I acknowledge that my responses will be submitted to Mutual of Omaha for review.

[Submit and Continue](#)



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

Congratulations, Remote! 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.

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

Please review the document(s) and fill in any required fields above, before you can sign.

☒ Sign ☐ Decline

By clicking "Submit and Continue", I acknowledge that my responses will be submitted to Mutual of Omaha for review.

Submit and Continue

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 Live 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.

Review Policy Acceptance

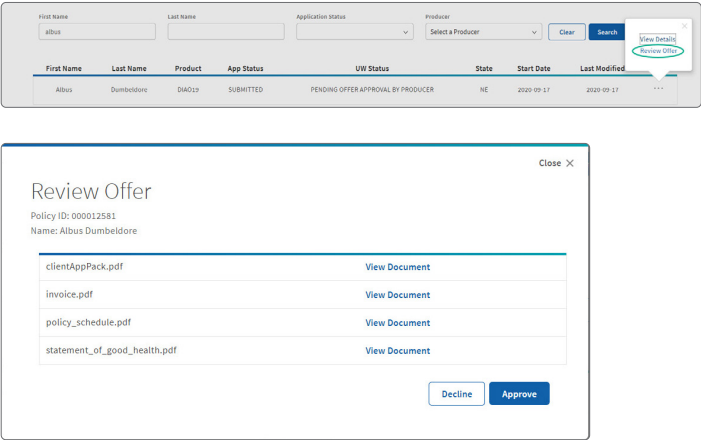
When an offer is ready for you to review, a new link will be displayed on the dashboard.

To access and review the offer:

- 1) Visit MutualIncomeSolutions.com
- 2) Scroll toward the bottom of the page
- 3) Click the Live Dashboard link

Note: The offer is located in the same dashboard you accessed to submit the application.

Open the link to review the multiple documents before agreeing to the quoted offer.



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.

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 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.

☒ Sign ☐ Decline

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

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

Web of Omaha Insurance | policy/schedule

https://www.mutualofomaha.com/policy/schedule | Omaha Insurance Company | Omaha Security Insurance

You're here | Using browser

Address bar

Mutual of Omaha Insurance Company
Disability Income Insurance

Policy Schedule

Policy Number: 00001501

Insured's Name: Abby F. Cumberland

Insured's Address: 215 City NE 68131

Issue Age: 40

Policy Information		Rating Information	
Current Premium Mode:	Annual	Plan Class:	GA
Current Premium:	\$53.00	Gender Rating:	Standard
		Solvency Plan:	Male
		Solvency Plan:	Yes
		Discount:	0.00%

If **Decline** is selected, a box will appear so that the reason or changes required can be clarified.

Note: If 'Decline' is selected, it does not impact the underwriting decision made. This simply allows for a change or correction to be made prior to the final policy output being sent.

Monitor Your Quotes and Applications

The Mutual Income Solutions Dashboard is a handy tool you can use to create Quotes and prepare e-App. 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-App 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	DIA519	STARTED		DE	2020-03-18	2020-03-19	Go To E-App
George	Walkman	DIA019	QUOTED		NE	2020-03-19	2020-03-19	Go To E-App View Quote
Veronica	asEvents	DIA519	SUBMITTED	UIW Initial Review	IA	2020-03-19	2020-03-19	

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

Active:

- Quoted – Quote has been calculated and saved
- Started – Some, but not all, sections of e-App have been completed
- Submitted – e-App has been signed by Client and Producer
- Pending Client Completion –Waiting on Client completion of Part B
- Pending Client Signature – Waiting on client signature
- Client Decline Signature – Client declined signature
- Pending Offer Package Approval – Offer extended by underwriting, waiting on Producer acceptance.
- Offer Declined by Producer – Offer extended by underwriting, producer declined offer

- Pending Final Offer Approval by Producer – Final Offer extended by underwriting, waiting for producer review and approval
- Pending Offer Approval by Customer – Offer extended by underwriting, approved by producer, pending approval/acceptance by customer
- Pending Application Approval by Underwriter – Offer Extended approved by producer, pending underwriting handling for UW finalization.
- Policy Issued – Policy Issued
- Submit Denied for Non Appointed Producer – Application submitted, denied due to non-appointment of producer

Not Active:

- Withdrawn – Policy Withdrawn
- Incomplete – Policy is now Incomplete
- Declined – Policy Declines

Contact Information

Producer/Agent Support

Hours:

- 7:00 a.m. to 5:30 p.m. CST, Monday - Friday

Phone:

- Advisors - 800-228-7669
- Brokers - 800-847-9785

Customer Assisted/Tele-App eApp

(Applicants only, Medical Part B completion)

Hours:

- 8 a.m. to 8 p.m. CT, Monday - Thursday
- 8 a.m. to 5 p.m. CT, Friday
- 10 a.m. to 2 p.m. CT, Saturday

Phone: 1-800-749-8652

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