

DISABILITY  
INCOME  
INSURANCE



# QUOTE, E-APP AND DASHBOARD GUIDE

Mutual Income Solutions<sup>SM</sup>



**Mutual of Omaha**  
Protect Your Kingdom

Underwritten by  
Mutual of Omaha Insurance Company

For producer use only. Not for use with the general public.  
625904



## 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.

For the best user experience, please make sure you are using Chrome as your browser and disable pop-up blockers.

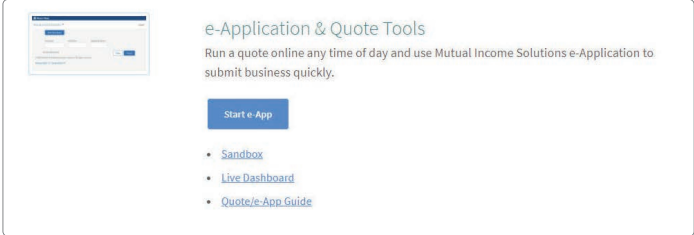
## Finding the Live Dashboard

### Start a New Quote

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

The screenshot shows the Mutual Income Solutions website. At the top, there is a navigation bar with 'Sales Professional Access' and 'Log In'. Below this is a main header with 'Mutual Income Solutions' and a sub-header 'Our new disability income insurance product, Mutual Income Solutions, will make it easier to do business with us, while the competitive features and benefits will help your customers select the coverage that best fits their needs.' There are several tabs: 'Mutual Income Solutions', 'Disability Income Choice Portfolio', 'Underwriting', and 'Sales Tools'. A dropdown menu shows 'Viewing content for: Indiana'. The main content area features a section titled 'Building on the Company's Long History' and a 'Product Highlights' box.

2. Scroll near the bottom of the page to find the link to **Live Dashboard**.



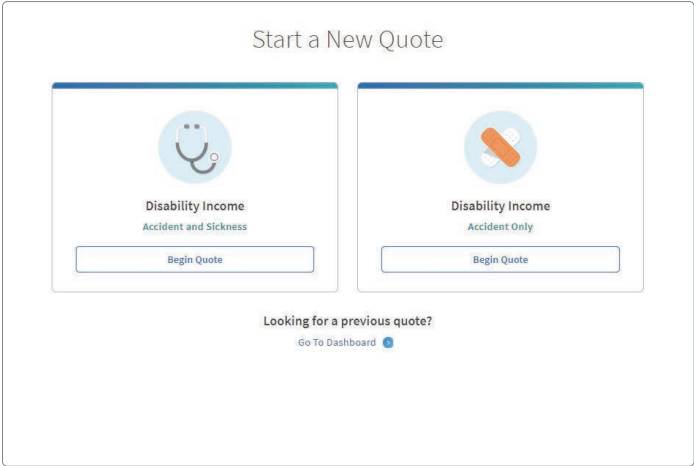
**e-Application & Quote Tools**  
Run a quote online any time of day and use Mutual Income Solutions e-Application to submit business quickly.

[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.

Mutual of Omaha  
Mutual Income Solutions SM

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: MM-DD-YYYY  
What is your state of residence? -- Select One --  
**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.

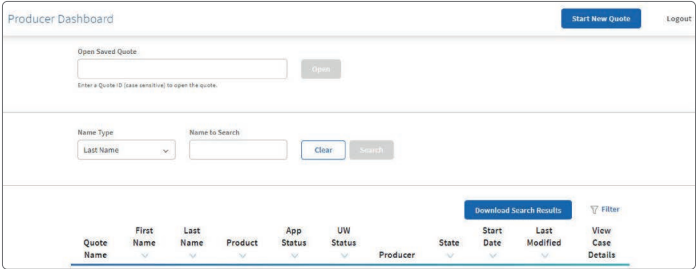
Mutual of Omaha | Underwritten by Mutual of Omaha Insurance Company

Mutual Income Solutions SM

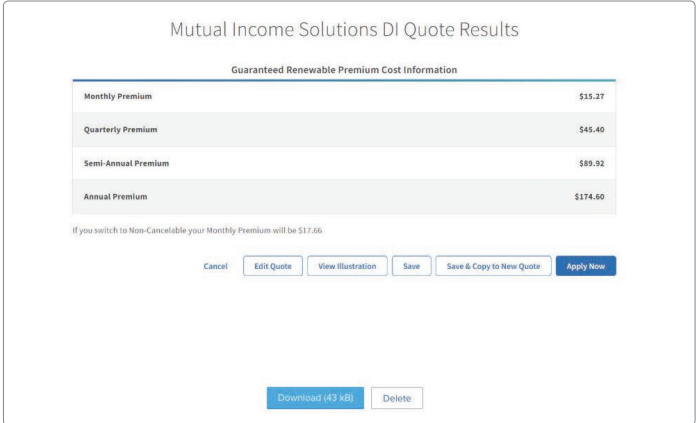
Disability Income Premium Quote [Quote ID: uz15lp]

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.



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.

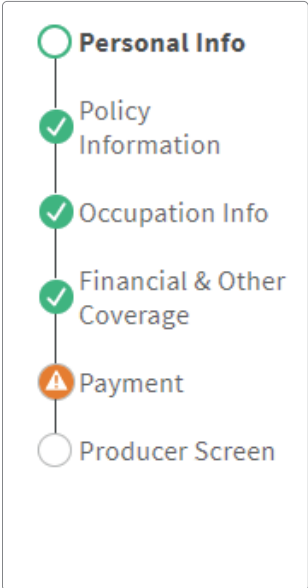


## Start a New Application

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: \$15.27
- Premium Mode: Monthly
- Total Monthly Benefit Amount: \$1000

[View 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.

**Personal Information**

**Proposed Insured's Information**

Prefix: [ ] First Name: John Middle Name: [ ]

Last Name: Smith Suffix: [ ]

Gender at Birth:  Male  Female

Date of Birth: 01-01-1980  
MM-DD-YYYY

Social Security Number: [ ]  
Required

Cell Phone Number: 402-111-1111  
Other Phone Number: [ ]  
Email Address: johnsmith@mutualofc

Download (45 kB) Delete

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

Payment

Comments or Special Instructions: [ ]

Total Monthly Benefit Amount: \$3500  
Refresh

Producer Hierarchy Info  
Direct Hierarchy: LIMELIGHT INS & FINANCIAL SVCS INC

Previous Save & Edit Next

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.

Mutual Income Solution SM 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 & Edit Next

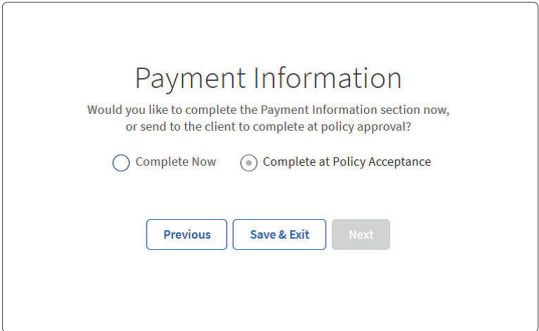


# Convenient ways to complete Part B of an application

- 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 800-749-8652. 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 is the question: "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 unselected) and "Complete at Policy Acceptance" (which is selected). At the bottom of the form are three buttons: "Previous" (disabled), "Save & Exit" (active), and "Next" (disabled).

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.

Mutual Income

### 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 model 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.

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
<input type="text" value="Automation"/>	<input type="text" value="F"/>	<input type="text" value="ADApplicationSubmission"/>
<small>Gender at Birth</small>	<small>Date of Birth</small>	<small>Social Security Number</small>

Total Premium

- Policy Premium Amount: \$199.96
- Premium Mode: Annual
- Total Monthly Benefit Amount: \$350

## Producer Led Part B

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

Mutual Income Solution<sup>SM</sup> 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: \$199.96
- Premium Mode: Annual
- Total Monthly Benefit Amount: \$3600

## 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 web-based application form with the following sections:

- ACTIVITIES & HEALTH** (indicated by a green dot)
- Medical History AD** (indicated by a green dot)
- Question: "Other than stated in previous answers, in the last 5 years, have you been diagnosed with, treated, hospitalized, concussed with or been advised by a medical professional to consult with a physician, chiropractor, psychiatrist, counselor, therapist or other medical professional, for a condition?"
  - Yes
  - No
- Question: "Other than stated in previous answers, in the last 5 years, have you taken any prescribed or non-prescribed medication or supplement?"
  - Yes
  - No
- Authorization to Disclose Information**

I authorize Mutual of Omaha Insurance Company and their affiliated companies (Mutual), or authorized third party vendor, to disclose personal and medical information about me to my insurance agent and/or agency.

  - Yes
  - No
- Total Premium**
  - Policy Premium Amount: \$139.96
  - Premium Mode: Annual
  - Total Monthly Benefit Amount: \$3500
  - [Refresh](#)
- Producer Hierarchy Info**
  - Direct Hierarchy: LIMELIGHT INS & FINANCIAL SVCS INC
- Navigation buttons: [Previous](#), [Save & Exit](#), [Next](#)

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.

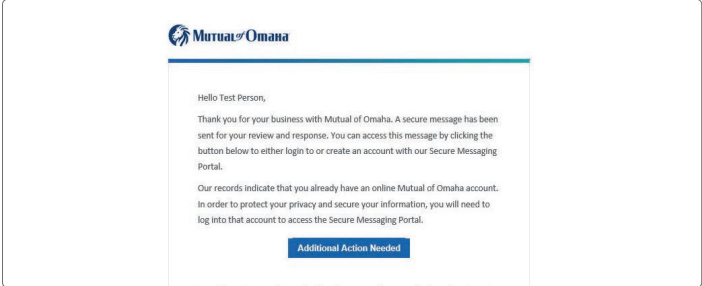
After completing the signature process and selecting 'Apply Producer Signature and Submit Application', a secure message is generated and sent to the customer's email address provided on the application.

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	DBAO19	STARTED	IA	2020-09-18	2020-09-18	***
Automated	CommonVariables	DBAO19	STARTED	IA	2020-09-18	2020-09-18	***
Automated	CommonVariables	DBAO19	QUOTED	IA	2020-09-18	2020-09-18	***
Elisa	CSRTTestEighteen	DIAS19	PENDING CLIENT COMPLETION	NE	2020-09-10	2020-09-18	***

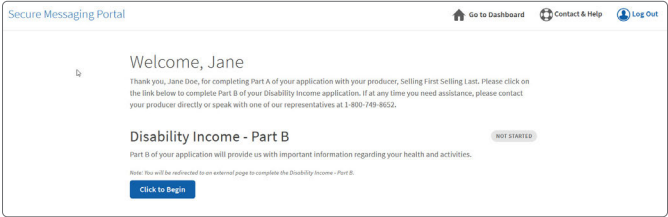
## Customer Part B

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. This helps to ensure all applications contain the required information, are In Good Order and required field rules that exist 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
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](#) [Review](#)

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](#) REVIEWED

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

State

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	DA019	STARTED		GA	2020-09-23	2020-09-23
Bashile	TerPACATAWawRinker	DHS19	SUBMITTED	Offer Extended Pending Producer Acceptance	NE	2020-09-23	2020-09-23
Jake	Doe	DA019	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.

The screenshot shows the 'Mutual Income Solution' application interface. The main heading is 'Activity and Health Habit Information'. It contains several questions with radio button options for 'Yes' and 'No'. The 'No' options are selected. The questions are: '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?', 'Do you plan to travel outside the United States or its territories in the next 12 months?', 'In the last 2 years, have you used marijuana, tetrahydrocannabinol (THC), cocaine, amphetamines, narcotics or other controlled substances?', 'Do you consume 4 or more alcoholic beverages per day, 5 or more days per week?', and 'In the last 5 years, have you been convicted of driving under the influence of alcohol or drugs, reckless...'. On the right side, there are two summary boxes: 'Total Premium' showing Policy Premium Amount: \$139.96, Premium Mode: Annual, and Total Monthly Benefit Amount: \$3500; and 'Producer Hierarchy Info' showing Direct Hierarchy: LIMELIGHT BUS & FINANCIAL SVCS INC. A 'Logout' link is in the top right corner.

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 screenshot shows the 'Secure Messaging Portal' interface. At the top, there are navigation links: 'Go to Dashboard', 'Contact & Help', and 'Log Out'. The main content area contains a message: '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.

The screenshot shows the 'Client Signature' section of a form. At the top, it says 'To begin the e-signature process, please review the eSignature Consent below.' There are two buttons: 'Electronic Consent' and 'I have read the Electronic Signature Consent'. The second button is selected with a green checkmark. Below this is the 'Application Review' section, which includes a paragraph of text and a 'Review Application' button. At the bottom, there is a checkbox labeled 'I agree' which is currently unchecked.

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.

The screenshot shows the 'Signature' section of the form. It starts with a 'Review Application' button. Below it is a paragraph of text and a checked 'I agree' checkbox. The 'Signature' section has a heading and a prompt: 'Please enter the city and state where you are signing the application.' There are two input fields: 'Signed at City' (a text box) and 'Signed at State' (a dropdown menu with '- Select One -' selected). At the bottom, there is a paragraph of text and an 'Apply Client Signatures' button.

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

Signed at State

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

#### Upload Underwriting Documents

Document Type

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](#)

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

Signed at State

Upload Underwriting Documents

Document Type

jsf:img.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.

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.

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.

A screenshot of a web application interface. At the top is a dark blue header with the Mutual of Omaha logo. Below the header, the text 'Mutual Income Solution SM' is centered. A link '< Back to the Application' is on the left. The main content area features the bold text 'Congratulations! Your application is complete and in Good Order.' followed by the question 'Is client going to sign application by email?' with a help icon. Two radio buttons are shown: 'Yes' (selected) and 'No'.

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

Mutual Income Solution <sup>SM</sup>

## 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

#### Upload Underwriting Documents

Document Type

.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.

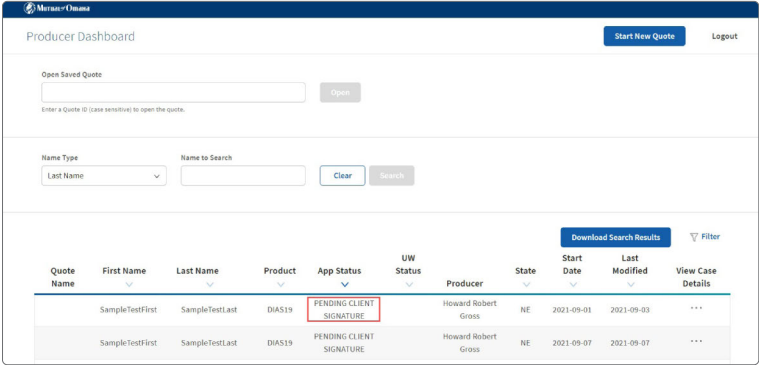
Open the signed application and return to the dashboard.

Mutual Income Solution <sup>SM</sup> Logout

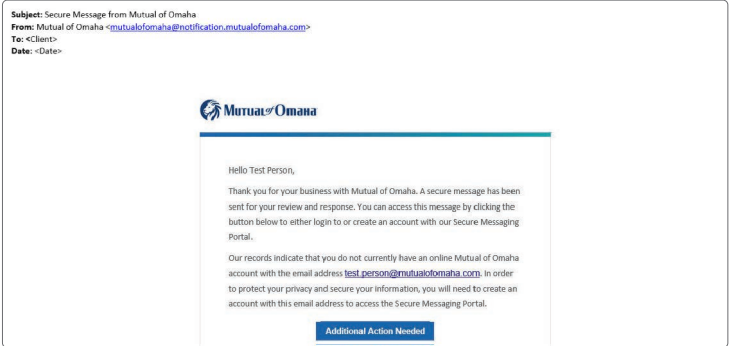
---

Congratulations! Your application has been submitted.

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

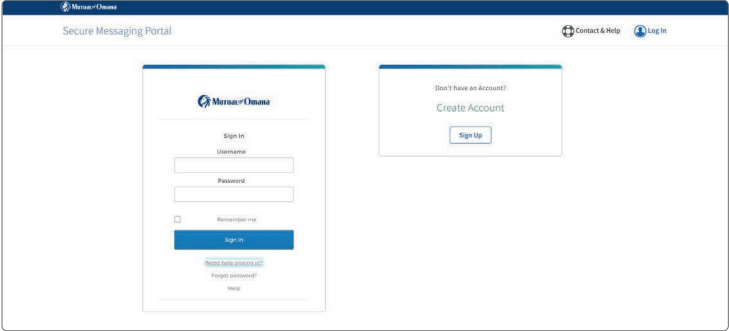


The customer will receive a secure email from Mutual of Omaha. The subject of the email is, "Secure Message from Mutual of Omaha". The customer is directed to click on the "Additional Action Needed" button to complete the application process.

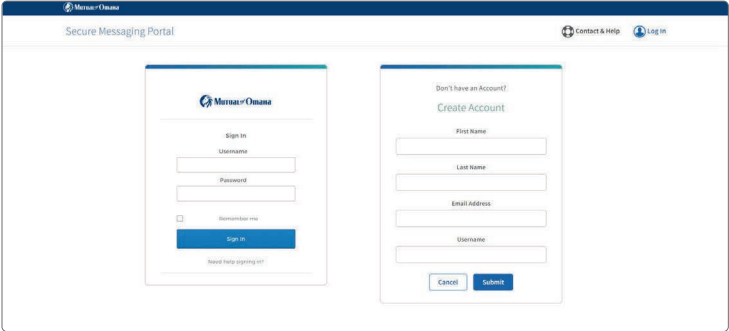




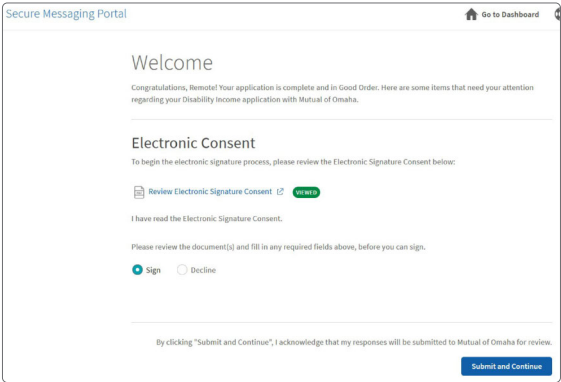
The customer is asked to sign in with a current Mutual of Omaha Customer Access account or to create one, using the "Sign Up" link.



Below is a view of the fields needed to create an account.



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.



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	State
<input type="text" value="Omaha"/>	<input style="border-bottom: 1px solid #ccc;" type="text" value="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

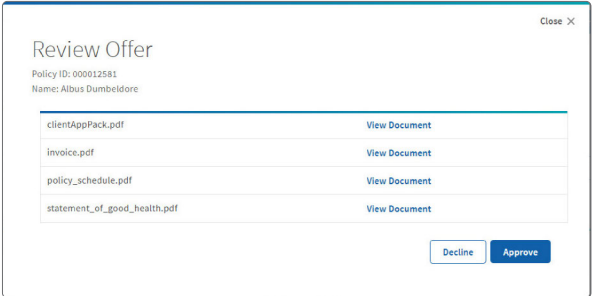
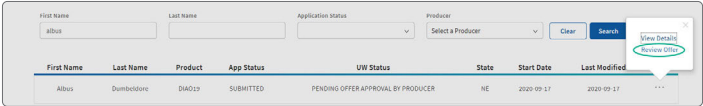
When an offer is ready for you to review, a new link will be displayed on the dashboard.

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 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

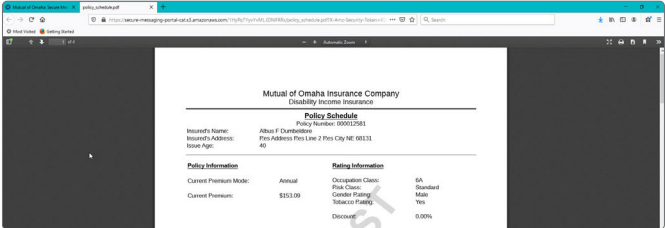
I acknowledge that I have read and understand all the forms presented for my review. I understand that by checking the below "Sign" box my electronic signature will be affixed to all forms listed below and the policy will be placed in force. If I do not want to accept this policy, I may select "Decline".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



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.



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 is withdrawn
- Incomplete — Policy is now Incomplete
- Declined — Policy is declined

## 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

Over 50 years of Mutual of Omaha's Wild Kingdom taught us that the animal kingdom and the human kingdom have something in common ... an instinct to protect what matters most. Through insurance and financial products, we help people protect their lives, protect their families, protect their kingdoms.



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

### 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.