



DEMPSEY COMPANIES



BRAMCO
FINANCIAL RESOURCES

Solid Products. Strong Support. Maximum Value.



Insurance House

Shuford Financial Partners

Term Life Express



Mutual of Omaha

Consulting General Agency The Dempsey Companies and Shuford Partners



**Kay Dempsey,
CEO, Dempsey Companies**

*Chartered Life Underwriter, Chartered Financial Consultant,
Certified Long-Term Care Consultant*



**Robert Shuford
Principal, Shuford Financial Partners**

Why Mutual of Omaha



- **Strong, Stable and Secure Carrier**
 - A.M. Best Company, Inc. – A+ (Superior)
 - Standard & Poor's – A+ (Strong)
- **Brand recognition**
 - A carrier name that you and your customers recognize and trust

Life Insurance for Your Customers



- Income Replacement
 - Married couple (or soon to be) for survivor income
 - Single, married or divorced with minor children, college children or special needs children of any age

- Debt payoff
 - Outstanding loans – mortgage, car, credit cards, etc.
 - Final expenses – funeral or final medical bills

- Grandparents
 - Provide for children who need it & can't afford it for grandchildren

Benefits - Term Life Express (TLE)



- **No Blood, No Urine, No Medical Exam**
- 10, 15, 20 & 30 Year Term Periods
- Age range from 18 to 65
- Face Amounts
 - \$25,000 - \$300,000 ages 18-50
 - \$25,000 - \$250,000 ages 51-65

Additional Benefits- Term Life Express (TLE)



- **Living Benefits (Accelerated Death Benefit) No Cost!**
 - This rider provides a lump-sum if your client is diagnosed with a life expectancy of 24 months or less.
 - The lump-sum benefit is equal to 92 percent of the death benefit. Once the 92 percent benefit is paid out, the policy will be terminated.

* All Riders are not approved in all states. Please check state availability

Additional Benefits- Term Life Express (TLE)



- **Residential Damage Waiver of Premium** **No Cost!**

- If the primary residence sustains \$25,000 or more of damage, this provision allows the monthly base premiums and riders to be waived for one six-month period.

* All Riders are not approved in all states. Please check state availability

Additional Benefits - Term Life Express (TLE)



- **Unemployment Waiver of Premium** **No Cost!**
 - If the Insured becomes unemployed the premium is waived for the base policy and all riders for a 6 month benefit period.
 - The base policy must be in force for 24 months before the unemployment begins.
 - The waiting period is 4 straight weeks of unemployment where the insured is receiving state unemployment benefits.

All Riders are not approved in all states. Please check state availability

Additional Benefits - Term Life Express (TLE)



- **Common Carrier Death Benefit Provision** **No Cost!**
 - Provides an additional death benefit equal to 100 percent of the original face amount.
 - As long as the insured dies in an accident while a fare paying passenger on a common carrier (e.g., airplane, train, bus, etc.)

Additional Benefits – Term Life Express (TLE)



Disability Waiver of Premium – Extra Cost

- If the insured becomes disabled and is unable to work, the premium for the base policy and all riders is waived through the level term period.
- The waiting period for benefits is 90 days.
- This benefit continues as long as the insured is disabled.
- If the insured does not become disabled prior to the level term period or age 60, the benefit is no longer available.

Sample Case with Disability Waiver of Premium Rider



Male Client, Age 40, Standard Non-Smoker

- Face Amount: \$100,000
- Product: 20 Year Term Life Express
- Rider: Disability Waiver of Premium Rider
 - Base Premium: \$34.89 – Monthly
 - Cost of Rider: \$2.44 – Monthly
 - Total Premium: \$37.33 – Monthly

Accidental Death Benefit – Extra Cost

- Available ages are 18-55
- The rider terminates and the premiums stop at the earlier of the end of the level term period or the anniversary date of the policy following the insured's age 65.
 - Minimum amount: \$10,000
 - Maximum amount:
 - \$100,000 for ages 18-25
 - \$250,000 or the face amount if less for ages 26-55

Sample Case with Accidental Death Benefit



Male Client, Age 40, Standard Non-Smoker

- Face Amount: \$100,000
- Product: 20 Year Term Life Express
- Rider: Accidental Death Benefit at \$100,000
 - Base Premium: \$34.89 - Monthly
 - Cost of Rider: \$9.79 – Monthly
 - Total Premium: \$44.68 – Monthly

Additional Benefits – Term Life Express (TLE)



Dependent Children's Rider – Extra Cost

- Face amounts are \$5,000 and \$10,000
- The rider terminates and the rider premium stops at the earlier of the anniversary date following the insured's age 65, when the youngest child is age 23 or when the base policy terminates.
- This rider can be added for all unmarried dependent children (age 15 days through 20 years) that are members of the insureds household.

Additional Benefits – Term Life Express (TLE)



Dependent Children's Rider – Continued **Extra Cost**

- Dependent children born or adopted after issue are included automatically when they reach the age of 15 days.
- When the coverage on a child expires, the child may, without evidence of insurability, convert to a form of permanent life insurance, with a face amount up to five times the dependent child term insurance benefit.

Sample Case with Dependent Children's Rider



Male Client, Age 40, Standard Non-Smoker

- Face Amount: \$100,000
- Product: 20 Year Term Life Express
- Rider: Dependent Children's Rider
 - Base Premium: \$34.89 – Monthly
 - Cost of Rider (\$5,000): \$3.20 – Monthly
 - Total Premium: \$38.09 – Monthly
 - Base Premium: \$34.89 – Monthly
 - Cost of Rider (\$10,000): \$6.41 – Monthly
 - Total Premium: \$41.30 – Monthly

Unisex Height and Weight Chart



Height	TLE, GUL Express, Living Promise Minimum Weight	TLE, GUL Express, Maximum Weight	DI Rider Maximum Weight
4 feet			
8"	74	197	170
9"	77	202	176
10"	79	208	182
11"	82	214	187
5 feet	85	220	193
1"	88	226	199
2"	91	232	205
3"	94	238	213
4"	97	245	221
5"	100	251	226
6"	103	258	232
7"	106	265	239
8"	109	274	246
9"	112	282	254
10"	115	289	262
11"	119	298	269
6 feet	122	305	275
1"	126	313	282
2"	129	321	289
3"	133	329	296
4"	136	338	301
5"	140	347	307
6"	143	358	313
7"	147	367	320
8"	151	376	327
9"	154	385	335
10"	158	395	343

*Accept/Reject

Underwriting (Questions 1 – 2)



UNDERWRITING	
If the Proposed Insured answers “Yes” to questions 1 through 7 in this section, that person is not eligible for coverage under this application.	Proposed Insured
1. Has the Proposed Insured ever been diagnosed by a member of the medical profession or been tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the Proposed Insured ever (i) been diagnosed with, or (ii) received care or treatment for, or (iii) been advised by a member of the medical profession to seek treatment for, or (iv) consulted with a health care provider regarding:	
(a) Coronary Artery Disease, Heart Attack, Coronary Artery Bypass Surgery, Angioplasty, Stent Placement, Valvular Heart Disease with Repair or Replacement, Cardiomyopathy, Congestive Heart Failure, Congenital Heart Disease, Stroke, Transient Ischemic Attack (TIA)/mini-stroke, abnormal heart rhythm, or Cerebral, Aortic or Thoracic Aneurysm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Chronic Lung Disease (except mild Asthma), including Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Emphysema, Sarcoidosis or Cystic Fibrosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Bipolar Depression, Schizophrenia, Alzheimer’s Disease, Dementia, Parkinson’s Disease, Sickle Cell Anemia, Lou Gehrig’s Disease (ALS), Muscular Dystrophy, Demyelinating Disease including Multiple Sclerosis, Huntington’s Disease, Hydrocephalus, Quadriplegia, Paraplegia, Down’s Syndrome, Autism, mental incapacity, or any other disease of the central nervous system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Chronic Kidney Disease, end-stage Renal Disease with dialysis, or Liver Disease including Cirrhosis, Hepatitis B or Hepatitis C?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Cancer, Leukemia, Melanoma or any other internal cancer (except basal cell or squamous cell skin cancer)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Systemic Lupus or Scleroderma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(g) an organ transplant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

***Any Yes answer is a rejection**

Underwriting (Questions 3 – 7)



<p>3. Has the Proposed Insured currently or within the past 12 months:</p> <p>(a) required the assistance of another person or a device of any kind for bathing, dressing, eating, toileting, getting in and out of a chair or bed, or the management of bowel or bladder problems? ..</p> <p>(b) received, or been advised by a member of the medical profession to have, any of the following types of care: nursing home, assisted living facility, adult day care facility, home health care services or is the Proposed Insured currently confined to any hospital or other medical facility?</p> <p>(c) used any of the following: walker, wheelchair, electric scooter, oxygen, or catheter?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. In the past 12 months, has the Proposed Insured:</p> <p>(a) been advised by a member of the medical profession to have a surgical operation, diagnostic testing other than for routine screening purposes or for those related to HIV/AIDS , treatment, or other procedure which has not been done?</p> <p>(b) consulted a physician for chronic cough, unexplained weight loss greater than 10 pounds (other than due to diet or exercise), fatigue or unexplained gastrointestinal bleeding?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. In the next 2 years, will the Proposed Insured engage in any motor sports racing, boat racing, parachuting/skydiving, hang gliding, base jumping, rock or mountain climbing?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. In the past 10 years, has the Proposed Insured:</p> <p>(a) used alcohol to a degree that required treatment or been advised to limit or discontinue its use by a member of the medical profession?</p> <p>(b) used or been convicted of possession of unlawful drugs or used prescription drugs other than as prescribed in any form?</p> <p>(c) been convicted of or currently awaiting trial for a felony?</p> <p>(d) been hospitalized for high blood pressure or any mental or nervous disorder?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. In the past 5 years, has the Proposed Insured been convicted of driving under the influence of drugs or alcohol, been convicted of reckless driving or been convicted of four or more moving violations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Underwriting - Term Life Express (TLE)



There is no blood, urine or medical exam required.

\$25,000 - \$300,000 Issue ages 18-50

- **Motor Vehicle Report (mandatory ages 18-35)**
- **Motor Vehicle Report (as needed ages 36-50)**
- **M.I.B (Medical Information Bureau)**
- **Pharmaceutical Report**
- **Random Phone Interview (mandatory on \$250,001+)**

\$25,000 - \$250,000 Issue ages 51-65

- **Motor Vehicle Report (as needed)**
- **M.I.B report (Medical Information Bureau)**
- **Pharmaceutical Report**
- **Random Phone Interview (Mandatory ages 61-65)**

Premium Payment



Mutual of Omaha

- Initial payment through Electronic Application can only be paid with a credit card.
- Ongoing premiums can be paid by bank draft (monthly only) or direct bill with check, money order or cashier's check. (quarterly, semi-annual or annual)
- The check should be made payable to Mutual of Omaha.

Case Submission and Issue Status



- Dempsey will notify the agent/IH by email when the application has been received at Mutual of Omaha and also when the policy is issued.
- 24-48 hours to issue the policy.

- Electronic Policy is emailed to the agent in PDF format.
- Specification pages emailed to IH in PDF format.

Agent Commissions



- Commissions are paid weekly, with cutoff on Tuesday at 3pm.
- Direct deposit is made to agent's bank on Friday before 8am; \$100.00 minimum commission.
- Commissions paid as earned, not annualized.

Onboarding Orientation Call with Agent

- Robert Shuford 404-467-6160
- Lisa Johnson 800-822-8758 ext 2682

Licensing & Appointment Process



Retail agent with existing life license gets appointed with Mutual of Omaha.

- Complete Contracting Information: Link is on IH website
- Click on New User
 - Input SSN & Last Name or Resident License State & License # Click Next
 - Confirm your identity with your DOB – click next
 - Enter email address, optional cell phone – click next
 - Review and Confirmation – after reviewing the information -click next
 - Activation is complete and you will get an email from SuranceBay.com with a link to set up your password. Click on the link in the email and it will take to the website to create a password. Once that is complete you will be able to login and complete the producer set-up which will be a series of questions.

- All appointment information is processed by Dempsey not by Mutual of Omaha.

- Dempsey obtains the agent code and provides it to Insurance House.
- Code goes on every application.

Online Quoting Tool



The agent can access the Mutual of Omaha quoting tool on their desktop computer at <https://www3.mutualofomaha.com/WebQuote/index.jsp?role=b>



Mobile Quotes Now

Products

Living Promise Whole Life Insurance

Children's Whole Life

Guaranteed ADvantage

Term Life Express

- Application accessible by link on the IH Express Software <https://ih-express.com/IHExpressPPA>