

# MUTUAL OF OMAHA INSURANCE COMPANY

MUTUAL OF OMAHA PLAZA, OMAHA, NE 68175

## WAIVER OF ELIMINATION PERIOD FOR HOME HEALTH CARE BENEFITS RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of the policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy, this rider will control.

Rider Date (same as the *policy effective date*)

Rider Premium (amount is shown on the policy schedule)

## NOTICE

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This rider is only available at the time you applied for your policy. If this rider is included as part of your coverage, you cannot later choose to cancel it or to remove it from your policy.

## WAIVER OF ELIMINATION PERIOD FOR HOME HEALTH CARE BENEFITS

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If you meet your policy's ELIGIBILITY FOR THE PAYMENT OF BENEFITS section requirements and you incur expenses for *covered services* for *home health care* or *adult day care*, we will waive the requirement that you satisfy the *elimination period* before we will pay *home health care* or *adult day care* benefits. Days on which we waive the *elimination period* for *home health care* or *adult day care* benefits will be used to satisfy the *elimination period* for other benefits available under your policy, including but not limited to *nursing home* benefits or *assisted living facility* benefits.

## TERMINATION

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This rider will end on the date your policy ends.

Mutual of Omaha Insurance Company

Corporate Secretary