# **MUTUAL OF OMAHA INSURANCE COMPANY**

MUTUAL OF OMAHA PLAZA, OMAHA, NE 68175

### SHARED CARE BENEFIT 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)

### SHARED CARE BENEFIT

If your *policy limit* has been reduced to zero, this rider allows you to draw from your *partner's policy limit* to pay for benefits that you qualify for under your policy. The shared care benefit is only available if:

- (a) your *partner's policy limit* has not been reduced to an amount below 12 times the *maximum monthly benefit*; and
- (b) both you and your *partner* are covered under identical, separate, and in force Mutual of Omaha Insurance Company long-term care policies, series LTC13. The policies are identical if they contain the same *policy limits*, *elimination periods*, *maximum monthly benefit* amounts, and optional benefits, including the shared care benefit.

For the purposes of this rider, your *partner* must have been your *partner* on the date you applied for your policy.

You will reduce the *policy limit* under your *partner's* policy to the extent that you draw against it to pay for your policy benefits. Your *partner* may receive benefits under his or her policy at the same time that you are drawing on your *partner's policy limit*.

The shared care benefit will end when you no longer meet your policy's ELIGIBILITY FOR THE PAYMENT OF BENEFITS section requirements, or your *partner's policy limit* has been reduced to an amount less than or equal to twelve times the *maximum monthly benefit*, whichever occurs first.

#### EFFECT OF YOUR PARTNER DRAWING ON YOUR POLICY LIMIT

The amount of shared care benefits we pay under your policy to your *partner* will reduce your *policy limit*. This means that when you file a claim, the *policy limit* available to you may be less than the *policy limit* shown on the policy schedule.

#### **DEATH OF A PARTNER**

If your *partner* dies while his or her policy and this benefit are in force, the remaining amount of your *partner's policy limit* will be added to your *policy limit*. You must notify us in writing and furnish satisfactory proof that your *partner* has died. You must also certify that you were *partners* at the time of his or her death. Your premium will not change solely as a result of such increase in your *policy limit*. However, premiums may still increase for all members of your *class* as described in the **Premiums Can Change** provision of your policy.

## **TERMINATION**

This rider will end on the earliest of the date:

- (a) we receive your written request to terminate this rider, if you have not received the shared care benefit;
- (b) you or your *partner* no longer meet the definition of a *partner*, if you have not received the shared care benefit;
- (c) the Shared Care Benefit Rider attached to your *partner's* policy ends;
- (d) you make a change to your policy or your *partner* makes a change to his or her policy that results in the policies no longer containing identical coverage;
- (e) benefits are continued under the EXTENSION OF BENEFITS section of your policy;
- (f) your policy or your *partner's* policy continues in force under the terms of any nonforfeiture benefit;
- (g) your policy ends; or
- (h) your *partner's* policy ends, unless your *partner* dies under the terms described in the **Death** of a **Partner** provision of this rider.

If you and your *partner* end your relationship as *partners*, you must notify us within 90 days of the date your relationship has ended.

Mutual of Omaha Insurance Company

**Corporate Secretary**