

MUTUAL OF OMAHA INSURANCE COMPANY

MUTUAL OF OMAHA PLAZA, OMAHA, NE 68175

SURVIVORSHIP 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)

SURVIVORSHIP BENEFIT

If your *partner* dies after the qualification period expires, your premium will be waived so that no further premium payments will be due for your policy, effective on the next *policy renewal date*. You must notify us in writing and furnish satisfactory proof that your *partner* has died. You must satisfy the qualification period set forth in the policy schedule to qualify for benefits under this rider.

This survivorship benefit is only available if both you and your *partner* are covered under separate, in force Mutual of Omaha Insurance Company long-term care policies, series LTC13, each of you has this rider in force, and each of you continue to live for the length of the qualification period. The qualification period for the survivorship benefit begins on the *policy effective date* and continues for the number of years shown on the policy schedule.

If we increase the premium for your policy because you purchase additional coverage after the *policy effective date*, such as an increased level of inflation protection, you must pay the amount of the premium increase until the 10th anniversary of the effective date of the increase. Afterwards, we will waive the increased amount.

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

TERMINATION

This rider will end on the earliest of the date:

- (a) we receive your written request to terminate this rider;
- (b) we receive your *partner's* written request to terminate the Survivorship Benefit Rider attached to his or her policy;
- (c) you or your *partner* no longer meet the definition of a *partner*;
- (d) benefits are continued under the EXTENSION OF BENEFITS section of your policy;
- (e) your policy or your *partner's* policy continues in force under the terms of any nonforfeiture benefit; or
- (f) your policy or your *partner's* policy ends.

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