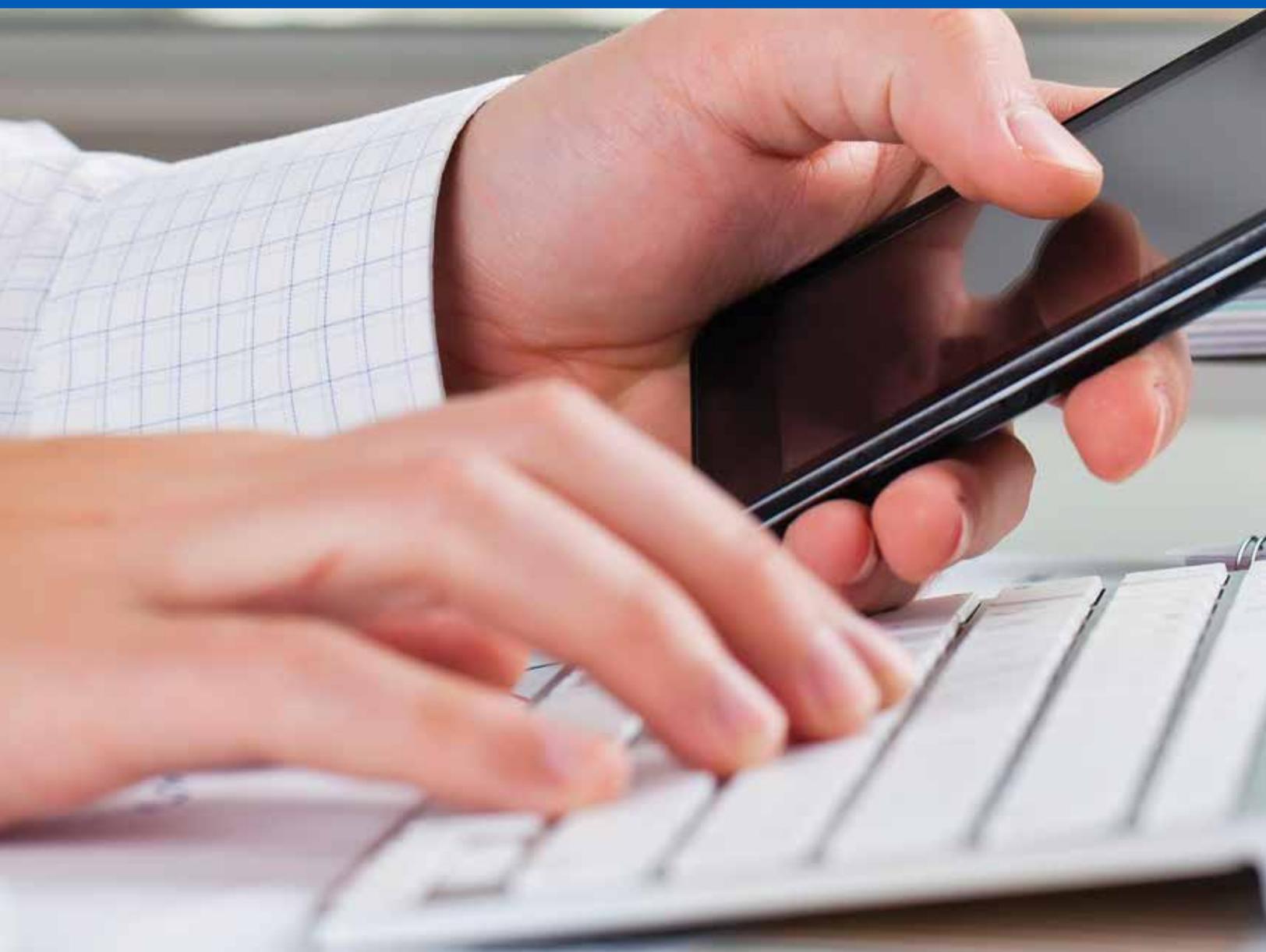


# › MutualCare® Solutions LTC e-App Quick Start Guide





## > Quick Start Guide

The MutualCare® Solutions LTC e-app allows you to complete and submit your long-term care applications online. Whether you regularly submit long-term care business with us or you're an occasional producer, you'll like this process. Chances are you won't go back to paper.

### **e-App Advantages**

The e-app ensures your application is completed in its entirety before you submit it, which saves time and:

- Allows you to complete the application in good order
- Ensures you're using the right forms
- Offers the ability to view and/or print state filed forms at any time
- Reduces application scrubbing time
- Allows you to choose your method of signature collection – e-signature email, e-signature face-to-face or wet signature
- Provides a paperless “green” experience

### **e-App Features**

When you begin using the e-app, you'll discover there's a lot to like. Here are a few of the highlights:

- Visual cues indicate your progress and prompt you for missing information
- Answers to questions reveal only the additional questions your client needs to answer
- Simple e-signature process
- Auto-save functionality so none of your information is lost
- A dashboard shows all your applications in progress

## > Before You Get Started

### Register for Sales Professional Access

You'll need to be registered to use Sales Professional Access, our secure producer website. To register:

- Go to [mutualofomaha.com](http://mutualofomaha.com) and click **Access Your Account**
- Select **Sales Professionals** and click **Register**. Then follow the instructions to create your account.
- You'll need your seven-digit Mutual of Omaha production number to register

### Make Sure Your Email Address is on File

You'll need to have a valid email address on file with Mutual of Omaha. To add or update your email address:

- Log in to Sales Professional Access
- Go to the **Support** tab
- Click the **My Profile** link

### Play in the Sandbox

The e-app sandbox allows you to try out and enter test cases in order to get the feel for the e-app and its functionality. Keep in mind:

- Actual cases should not be submitted using the sandbox link
- Use fictitious names as your test cases
- Enter your email address as the applicant to see communications
- Sandbox entries do not transfer to the production environment. In addition, the production link should not be used to set up sandbox test cases

### Access the e-App Online

You'll find a link to the e-app and the e-app Sandbox on Sales Professional Access on the sales tool tab for brokerage or the marketing tab for agency.

#### Long-Term Care

Submit MutualCare Solutions LTCi applications electronically.

[LTC e-app](#)

[LTC e-app\\_Sandbox](#)

## > Using the e-App

### Start an Application

- Select **Start Application** to begin a new application
- Select **View Applications** to view applications for existing cases or to complete an application already started



If you select **Start Application**:

- Click the drop down to select your **Client's Residential State**
- Click the drop down to select your **Commission Code**
- Click **Start Application**

A screenshot of the 'Start Application' form. The title 'Start Application' is at the top. Below it are three dropdown menus: 'Product:' with 'Long Term Care' selected, 'Client Residential State:' with 'AK' selected, and 'Commission Code:' with an empty selection. At the bottom of the form is a button labeled 'Start Application'.

## Personal Worksheet

- Select **Single Application** or **Dual Application** (fields for Applicant B will appear)
- Enter the information and click the **Next** button

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### Personal Worksheet

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**Long-Term Care Insurance Personal Worksheet**

Single Application
  Dual Application

**Premium Information**  
 Policy Form Number(s) ICC13-LTC13  
 Type of Policy: Guaranteed Renewable

The premium for the coverage you are considering will be

Applicant A		Applicant B	
\$ 200	per month, or	\$ 300	per month, or
\$ 2,400	per year.	\$ 3,600	per year.

**The Company's Right to Increase Premiums**  
 The company has a right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state. Once your policy is paid up, the company cannot raise your rates.

**Disclosure Statement**

<p>Applicant A (must check one)</p> <p><input checked="" type="radio"/> The answers to the questions on this Personal Worksheet describe my financial situation.</p> <p><input type="radio"/> I choose not to complete this information.</p>	<p>Applicant B (must check one)</p> <p><input checked="" type="radio"/> The answers to the questions on this Personal Worksheet describe my financial situation.</p> <p><input type="radio"/> I choose not to complete this information.</p>
--	--

**Questions Related to Your Income**  
 1. How will you pay each year's premium?  
 (Must choose at least one)

Applicant A	Applicant B
<input checked="" type="radio"/> From my Income	<input type="radio"/> From my Income
<input type="radio"/> From my Savings/Investments	<input type="radio"/> From my Savings/Investments
<input type="radio"/> My Family will Pay	<input type="radio"/> My Family will Pay

Any incomplete fields will be highlighted. Enter the missing information or click the **Next** button to continue; you'll be able to go back later to add missing information. **Note:** If the required fields are not completed, the application will save with the information that has been entered but it will not be considered complete in order to submit.

You can click **Skip the rest of the forms** to go to the next incomplete section.

Or you can click the **Table of Contents** button to go to certain sections.

**Table of Contents**

[Personal Worksheet](#)  
[Section A - General Information](#)  
[Section B - Allowances](#)  
[Section C - Replacement Coverage](#)  
[Section D - Health Insurability Questions](#)  
[Section E - F - Primary Physician Information and Medication](#)  
[Section G - Additional Health Questions](#)  
[Section H - Medical Health History](#)  
[Section I - J - Mutual Care Secure/Custom](#)  
[Section K - Premium Information](#)  
[Section L - Protection Against Unintentional Lapse](#)  
[Section M - Agreements and Acknowledgments](#)  
[Appendix - HIPAA](#)  
[Producer Statement](#)

## General Information

The screens follow the same flow as the paper application.

### Section A - General Information

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**Individual Long-Term Care Insurance Application**

New Business     Reinstatement  
 Sponsored / Association Group     Common Employer     Producer  
 Single Application     Dual Application

Each Applicant acknowledges and agrees that if there is more than one Applicant on this application, all information provided may be reviewed or shared with the other Applicant. A completed and signed application will become part of each applicant's policy.

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**Section A - GENERAL INFORMATION**

<p><b>Applicant A</b></p> <p><b>1. Name:</b>                  Last Name <input type="text"/>                  First Name <input type="text"/> M.I. <input type="text"/></p> <p><b>2. Legal Residence Address:</b>                  Number, Street, Apartment Number <input type="text"/>                  City, State, ZIP Code <input type="text"/></p> <p><b>3. Contact Information:</b>                  Daytime Phone Number                  ( <input type="text"/> ) <input type="text"/> - <input type="text"/>                  Evening Phone Number                  ( <input type="text"/> ) <input type="text"/> - <input type="text"/>                  Best Time to Call Within a 2-Hour Window                  (i.e., if 5p.m. is indicated, contact window is from 5:00-7:00 p.m.)  <input type="text"/> : <input type="text"/> a.m.  <input type="text"/> : <input type="text"/> p.m.                  Email <input type="text"/></p> <p><b>4. Social Security Number:</b> <input type="text"/></p> <p><b>5. Birth Date, Age and Sex:</b>                  Birth Date:                  (mm) (dd) (yyyy)                  Jan. 01 <input type="text"/>  <input type="radio"/> Male <input type="radio"/> Female</p> <p><b>6. Occupation and Duties:</b>                  Occupation <input type="text"/>                  Occupational Duties <input type="text"/></p> <p><b>7. Citizenship Status:</b>  <input type="radio"/> U.S. Citizen  <input type="radio"/> Permanent Resident (Form I-551) Cardholder who has resided in the U.S. at least 3 consecutive years.  <input type="radio"/> Neither</p>	<p><b>Applicant B</b></p> <p><b>1. Name:</b>                  Last Name <input type="text"/>                  First Name <input type="text"/> M.I. <input type="text"/></p> <p><b>2. Legal Residence Address:</b>                  Number, Street, Apartment Number <input type="text"/>                  City, State, ZIP Code <input type="text"/></p> <p><b>3. Contact Information:</b>                  Daytime Phone Number                  ( <input type="text"/> ) <input type="text"/> - <input type="text"/>                  Evening Phone Number                  ( <input type="text"/> ) <input type="text"/> - <input type="text"/>                  Best Time to Call Within a 2-Hour Window                  (i.e., if 5p.m. is indicated, contact window is from 5:00-7:00 p.m.)  <input type="text"/> : <input type="text"/> a.m.  <input type="text"/> : <input type="text"/> p.m.                  Email <input type="text"/></p> <p><b>4. Social Security Number:</b> <input type="text"/></p> <p><b>5. Birth Date, Age and Sex:</b>                  Birth Date:                  (mm) (dd) (yyyy)                  Select Select <input type="text"/>  <input type="radio"/> Male <input type="radio"/> Female</p> <p><b>6. Occupation and Duties:</b>                  Occupation <input type="text"/>                  Occupational Duties <input type="text"/></p> <p><b>7. Citizenship Status:</b>  <input type="radio"/> U.S. Citizen  <input type="radio"/> Permanent Resident (Form I-551) Cardholder who has resided in the U.S. at least 3 consecutive years.  <input type="radio"/> Neither</p>
---	---

## Additional Questions or Forms

The answers to certain questions will prompt additional questions or forms to appear. For example, if you answer “yes,” to the following question in Section E...

**5. Medication:**  
Are you taking or have you taken any prescription medication(s) within the past 12 months, or are you currently taking any over-the-counter medication(s) on a weekly basis or more frequently?

Applicant A  Yes  No

Applicant B  Yes  No

...Then more information would be required. If you answered “no,” this screen would not appear.

If "Yes," to question 5, please list below all the medication name(s) using pharmacy label, dosage, how often you take, how long have you taken, prescribed by, why you take, when and why for any dosage increase or decrease.

**Section F - MEDICATION INFORMATION**  
Please list all over-the-counter or prescription medications you have taken in the past 12 months in the table below.

Applicant A	Applicant B
Medication Name (copy off pharmacy label) <input type="text"/>	Medication Name (copy off pharmacy label) <input type="text"/>
Dosage <input type="text"/> How often do you take? <input type="text"/>	Dosage <input type="text"/> How often do you take? <input type="text"/>
How long have you taken? <input type="text"/>	How long have you taken? <input type="text"/>
Why do you take this medication? (Diagnosis/condition) <input type="text"/>	Why do you take this medication? (Diagnosis/condition) <input type="text"/>
Explain when and why if your dosage was increased or decreased in the past 12 months on any medications you listed above. <input type="text"/>	Explain when and why if your dosage was increased or decreased in the past 12 months on any medications you listed above. <input type="text"/>
Prescribed by Primary Physician? (If no, provide below.) <input type="radio"/> Yes <input type="radio"/> No	Prescribed by Primary Physician? (If no, provide below.) <input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Check here if you need to add another medication	<input type="checkbox"/> Check here if you need to add another medication

Here’s another example: If the following question in Section M is checked, an Authorization for Release of Information to My Insurance screen would appear.

Does the Applicant request to fill out an "Authorization For Release of Information to My Insurance Agent and/or Agency"?

Other things that may prompt additional questions or forms include:

- Replacement coverage
- Additional health questions
- Conditional coverage

## Application Information

Once information has been entered on the last form, the Application Information screen will appear. Note that if the status is listed as incomplete, the application is missing required information.

**Application Information**

**Product:** Long Term Care  
**Residential State:** NE  
**Commission Code:** MX  
**Created:** 04/17/2015 10:53 AM  
**Type:** Dual Application  
**Applicant A:** John Doe  
**Applicant B:** Jane Doe  
**Status:** Incomplete  
**Attachment:**  no file selected  
**Actions:**

- Click **Edit** to return to the application
- Click **Next** to go through each section or click **Skip the rest of the forms** to go quickly to the incomplete portion

- Keep clicking **Next** or **Skip the rest of the forms** to see highlighted sections where information is missing

## Signature Process

Once all the information has been entered and the status is complete, you’re ready to start the signature process (or submit to back office, if applicable).

Click **Request Signatures**

**Application Information**

**Product:** Long Term Care  
**Residential State:** NE  
**Commission Code:** MX  
**Created:** 04/17/2015 10:53 AM  
**Type:** Dual Application  
**Applicant A:** John Doe  
**Applicant B:** Jane Doe  
**Status:** Complete - Ready to Sign  
**Attachment:**  no file selected  
**Actions:**

From this screen, you have the option to click the **Sign** button or the **Email** button for each applicant.

Name	Role	Status	Status Date	Action
John Doe	Applicant A	New	05/01/2015	<input type="button" value="Sign"/> <input type="button" value="Email"/>
Jane Doe	Applicant B	New	05/01/2015	<input type="button" value="Sign"/> <input type="button" value="Email"/>
Test Agent	Agent	New	05/01/2015	<input type="button" value="Sign"/> <input type="button" value="Email"/>

If you click **Email**:

- You’ll be prompted to enter the applicant’s email address. This will automatically generate an email from you with a link to the signature process
- When the link is opened in the email, the applicant will be required to answer some authentication questions before beginning the email signature process

- The applicant must click on the **Important Documents** and **Electronic Signature Consent Documents** links plus the **I Agree** boxes. **Note:** As the producer, you do not need to view any documents prior to signing
- When finished, click **Sign Application**. This will open a PDF of the application and forms

**Important Documents**

Before you can sign the application, you must review some important documents and the electronic signature consent document. Click the links below to view the documents, which will open in a separate browser tab or window. You may wish to save or print the documents.

[Important Documents](#)  
[Electronic Signature Consent Document](#)

Once you have reviewed the documents, you will be able to check the boxes below and then sign the application.

I agree to consent to the use of electronic signatures

I agree to sign my application for insurance

[Sign Application](#)

- Click **Next** to go through each page or click **Next Signature** to quickly navigate to each signature

← Back Page 3 of 22 Next → Next Signature » + - X

Disclosure Statement	
<p>Applicant A (must check one)</p> <p><input checked="" type="checkbox"/> The answers to the questions on this Personal Worksheet describe my financial situation.</p> <p>OR</p> <p><input type="checkbox"/> I choose not to complete this information. You may be contacted by a company representative to confirm your decision.</p>	<p>Applicant B (must check one)</p> <p><input checked="" type="checkbox"/> The answers to the questions on this Personal Worksheet describe my financial situation.</p> <p>OR</p> <p><input type="checkbox"/> I choose not to complete this information. You may be contacted by a company representative to confirm your decision.</p>
<p>Applicant A</p> <p><input checked="" type="checkbox"/> <b>THIS BOX MUST BE CHECKED</b></p> <p>I acknowledge that the carrier and/or its producer (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. I understand that the rates for this policy may increase in the future.</p> <p><input checked="" type="checkbox"/> Sign</p> <p>Signature of Applicant A Date</p>	<p>Applicant B</p> <p><input checked="" type="checkbox"/> <b>THIS BOX MUST BE CHECKED</b></p> <p>I acknowledge that the carrier and/or its producer (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. I understand that the rates for this policy may increase in the future.</p> <p><input checked="" type="checkbox"/> Sign</p> <p>Signature of Applicant B Date</p>

- Click **Sign**, then **Next Signature**
- After the last signature, click **Finished**

← Back Page 22 of 22 Next → **Finished** » + -

- The status now indicates the application is “signed”

**Note:** If you click **Edit** at this point, a message will appear letting you know that clicking **Yes to edit now** cancels the signatures, which means you would need to start over with the signature process

**Application Information**

**Product:** Long Term Care  
**Residential State:** NE  
**Commission Code:** MX  
**Created:** 04/17/2015 10:53 AM  
**Type:** Dual Application  
**Applicant A:** John Doe  
**Applicant B:** Jane Doe  
**Status:** Signed - Ready to Submit  
**Attachment:**  no file selected  
**Actions:**

Name	Role	Status	Status Date	Action
John Doe	Applicant A	Signed	05/01/2015	
Jane Doe	Applicant B	Signed	05/01/2015	
Test Agent	Agent	Signed	05/01/2015	

**Note:** You also have the option to obtain a wet signature by mailing or delivering the application to the applicant to sign and submit.

### Submit the Application

After both you and the applicant(s) have e-signed the forms, you’re ready to submit the application.

- Click **Submit**
- A confirmation email will be sent to you. **Note:** If your back office is involved, they will either email comments to you or send an email letting you know they submitted the application
- After the application has been submitted, the normal underwriting process occurs

### Monitor Your Applications

Click **View Applications** to view your dashboard and monitor the status of your existing cases.

[View Applications](#)

You can filter your view by clicking the dropdown for **Dates** and **Status**.

**Application Filters**

**Dates:**

**Status:**

✓ Any Status

Incomplete

Complete

Signing

Signed

Submitted

Created	Applicant A	Applicant B	Status	View
04/23/2015 12:30 PM	David Brown		Submitted	<input type="button" value="View"/>
04/17/2015 10:53 AM	John Doe	Jane Doe	Signed	<input type="button" value="View"/>
04/17/2015 10:29 AM	Sam Miller	Chris Miller	Signing	<input type="button" value="View"/>
04/17/2015 10:12 AM	Ann Jones		Complete	<input type="button" value="View"/>
04/14/2015 3:26 PM	Mary Smith	Tom Smith	Incomplete	<input type="button" value="View"/>

The **Status** will be one of the following:

- **Incomplete** – Required information is missing. Click **View**, then **Edit** to finish. **Note:** Within the screens, you can click **Next** or **Skip the rest of the forms**, which will highlight the incomplete portion
- **Complete** – All required information is completed and the application is ready for signatures to be requested

**Application Information**

**Product:** Long Term Care  
**Residential State:** NE  
**Commission Code:** MX  
**Created:** 04/17/2015 10:12 AM  
**Type:** Single Application  
**Applicant A:** Ann Jones  
**Status:** Complete - Ready to Sign  
**Attachments:**  no file selected  
**Actions:**

- **Signing** – The signature process has been started, but is not yet complete. This could mean the **Request Signatures** button was pushed but the **Sign** button was not. Or it could mean all parties have not signed. Click **View** to see the status by person

Name	Role	Status	Status Date	Action
Sam Miller	Applicant A	Signed	04/24/2015	
Chris Miller	Applicant B	Emailed	04/24/2015	<input type="button" value="Sign"/> <input type="button" value="Email"/>
Test Agent	Agent	New	04/24/2015	<input type="button" value="Sign"/> <input type="button" value="Email"/>

- **New** – The signature process needs to be started for that person either by clicking **Sign** or **Email**
- **Email** – If you click **Email**, you will be asked for an email address. An email will be sent to this address to begin the signature process
- **Signed** – The signature process has been completed
- **In Review** – This is applicable only if a back office is involved
- **Submitted** – The case has been submitted and the underwriting process is taking place



## > Frequently Asked Questions

### Background & Benefits

#### Q. WHAT IS THE E-APP?

A. It's an electronic application for long-term care that's designed to improve valid application efficiencies. You complete the e-app in person or on the phone. It's not approved for applicants to complete themselves.

#### Q. WHAT ARE THE BENEFITS OF THE E-APP?

- A. Using the e-app will:
- Allow you to complete an application "in good order"
  - Ensure you're using the right forms
  - Offer the ability to view and/or print state filed forms at any time
  - Reduce application scrubbing time
  - Allow you to choose your method of signature collection – e-signature email, e-signature face-to-face or wet signature
  - Provides a paperless, "green" experience

### Getting Started

#### Q. HOW DO I ACCESS THE E-APP?

A. You can find the e-app on Sales Professional Access on the sales tool tab for brokerage or the marketing tab for agency.

#### Q. WHAT IS THE LTC E-APP SANDBOX?

A. The sandbox allows you to get familiar with the e-app functions in a non-production environment. The sandbox will not allow you to submit an application to Mutual of Omaha for review.

#### Q. IS INTERNET SERVICE REQUIRED TO USE THE E-APP?

A. Yes. The e-app is a web-based system. You need an Internet connection to log in to Sales Professional Access and complete the application. This provides you with a safe, secure platform for your client's personal information.

### Payment

#### Q. HOW DO I SUBMIT PREMIUM PAYMENTS?

A. The only method we currently support is the initial payment of premium via check. You can image the check in a PDF format and attach it with the e-application. Recurring premium payments will follow current administrative practices.

#### Q. DO YOU SUPPORT CREDIT CARD PAYMENTS?

A. Not at this time.

### Completing the App

#### Q. CAN I CHOOSE THE ORDER IN WHICH TO COMPLETE THE APPLICATION?

A. Yes. You may navigate to another section of the app at any time by clicking on the **Table of Contents** tab and selecting the section you wish to work on. However, you cannot submit the app unless all sections are complete.

#### Q. WILL THE E-APP EDIT ANY MISTAKES I ENTER?

A. No. The e-app does not edit for validity of information such as entering the incorrect date of birth or incorrect email address. The e-app does check for completeness of the application and will alert you if a section is not completed before you proceed.



### Q. CAN I SAVE MY INFORMATION?

A. Yes. The e-app is designed to automatically save the information you have entered. If you have not completed the app, the status will appear as “incomplete.” You can access the app at a later time through your dashboard. Click the **View** button to reopen the app and resume working.

### Q. HOW CAN I QUICKLY GET TO THE SECTIONS OF THE E-APP THAT ARE INCOMPLETE?

A. You can click on the **Skip to the rest of the forms** button at the top of the screen and it will take you to the section that is not complete.

## e-Signatures

### Q. WHAT IS E-SIGNATURE?

A. An e-signature allows both you and the applicant to review, sign and electronically submit an application via the Internet. To take advantage of the e-signature email option, an email address must be collected from the applicant and the applicant must have access to the Internet. **Note:** The producer’s email address is not acceptable or allowed for any signature other than the producer’s e-signature.

### Q. WHAT IS A WET SIGNATURE?

A. The wet signature option allows you to complete the application online, print the completed application and have your client physically sign it. This is the same process that is used to submit applications outside of the e-app process. **Note:** If the wet signature process is used, both the applicant and producer must use the same signature process.

### Q. AFTER THE APP IS SIGNED, CAN I CHANGE ANY INFORMATION ON THE E-APP?

A. Yes. However, once you have applicant signatures and you want to edit the application, you will be required to obtain new signatures. A warning message will display.

### Q. CAN I PRINT A COPY OF THE APP?

A. Yes. You can print the e-app by clicking the **View** tab to view the app as a PDF file and print accordingly.

### Q. HOW LONG WILL INCOMPLETE APPS APPEAR ON MY DASHBOARD?

A. Incomplete apps will remain in the system for 30 days.

## Communications

### Q. HOW WILL I KNOW THE E-APP HAS BEEN SENT TO MUTUAL OF OMAHA?

A. An email will be sent to the producer’s email address that we have on file.

### Q. WHAT IS A DASHBOARD?

A. The dashboard will provide you a complete list of your applications and their current status. You can access your dashboard by clicking on the **View Applications** button once you sign into the e-app platform.

### Q. WHO SHOULD I CONTACT FOR QUESTIONS ABOUT THE E-APP?

A. For functionality or technical issues, contact the Field Assistance Center at (800) 847-9785. For usability questions, contact [sales.support@mutualofomaha.com](mailto:sales.support@mutualofomaha.com).



## > Quick References

### Dashboard Highlights

From your dashboard, you may sort the information by column heads or search on a name, date, etc. The dashboard indicates application status:

Status	Explanation
Incomplete	The application is missing some required information. Click <b>Edit</b> to go back into the application. Click <b>Skip the rest of the forms</b> to quickly go to the incomplete portion.
Complete	All information has been entered and the app is ready to start the signature process.
Signing	The application has been completed and sent to the applicant for signature. Monitor so you can follow up with the applicant to complete the signature process.
Signed	The signature process has been started, but is not yet complete. This could mean the <b>Request Signatures</b> button was pushed but the <b>Sign</b> button was not. Or it could mean all parties have not signed. Click <b>View</b> to see the status by person.
Submitted	The application has been signed and submitted. You will receive a confirmation email.

Created	Applicant	Applicant B	Status	View
04/20/2015 12:16 PM			Incomplete	View
04/17/2015 7:48 AM			Incomplete	View
04/14/2015 10:44 AM			Incomplete	View
03/09/2015 3:35 PM	Smith Jane		Complete	View
03/09/2015 2:11 PM			Incomplete	View
03/08/2015 11:53 AM			Incomplete	View
03/04/2015 4:09 PM			Incomplete	View
03/04/2015 12:34 PM			Incomplete	View
03/03/2015 2:09 PM	single testing		Incomplete	View
02/11/2015 9:44 AM	demo test		Complete	View

## e-App Buttons

- **Start Application** – Click this button to begin a new application
- **Back/Next** – Allows you to move backward or forward one page at a time
- **Skip the rest of the forms** – Allows you to skip all forms and view any incomplete pages
- **Table of Contents** – Allows you to quickly access the various sections of the application
- **View** – Allows you to view the actual application

## > Resources

You'll find more information on Sales Professional Access, such as:

- LTC e-App link
- LTC e-App Sandbox link
- Quick Start Guide
- Frequently Asked Questions
- Training Brainshark

## > Questions

Contact [sales.support@mutualofomaha.com](mailto:sales.support@mutualofomaha.com).





Product underwritten by:  
MUTUAL of OMAHA INSURANCE COMPANY  
3300 Mutual of Omaha Plaza  
Omaha, NE 68175  
mutualofomaha.com

MUTUAL of OMAHA'S  
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