Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Individual Medicare Supplement Insurance-UM4-21325	SERFF Tr Num: MUTM-125582039	State: ArkansasLH
TOI: MS05I Individual Medicare Supplement - Standard Plans	SERFF Status: Closed	State Tr Num: 38525
Sub-TOI: MS05I.006 Plan F (Basic)	Co Tr Num: ANNA CRAMER	State Status: Approved-Closed
Filing Type: Form/Rate	Co Status:	Reviewer(s): Stephanie Fowler
	Authors: Kurt Vangreen, Anna Cramer, tracy emrich	Disposition Date: 05/13/2008
	Date Submitted: 03/27/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: UMS Expansion UM1, UM4, UM5 3-08	Status of Filing in Domicile: Not Filed
Project Number: UM4-21325	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: These froms have not been filed in Nebraska, our state of domicile.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 05/13/2008	
State Status Changed: 05/13/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Please see the attached cover letter under the supporting documentation tab.

Company and Contact

Filing Contact Information

Anna Cramer, Product & Advertising Compliance Analyst
4 - Regulatory Affairs Division
Omaha, NE 68175

anna.cramer@mutualofomaha.com
(402) 351-2474 [Phone]
(402) 351-5298[FAX]

Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0322111	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	$50.00	03/27/2008	19022579
United of Omaha Life Insurance Company	$20.00	05/13/2008	20285261

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	05/13/2008	05/13/2008
Approved	Stephanie Fowler	04/25/2008	04/25/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Medicare Supplement Outline of Coverage Rate Page (DTC)	Form	tracy emrich	05/13/2008	05/13/2008
Fee Schedule Cert for URPARD	Supporting Document	tracy emrich	05/13/2008	05/13/2008

Disposition

Disposition Date: 05/13/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*MUTM-125582039*	*State:*	*Arkansas*
Filing Company:	*United of Omaha Life Insurance Company*	*State Tracking Number:*	*38525*
Company Tracking Number:	*ANNA CRAMER*		
TOI:	*MS05I Individual Medicare Supplement - Standard Plans*	*Sub-TOI:*	*MS05I.006 Plan F (Basic)*
Product Name:	*Individual Medicare Supplement Insurance-UM4-21325*		
Project Name/Number:	*UMS Expansion UM1, UM4, UM5 3-08/UM4-21325*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved	No
Supporting Document	Application	Approved	No
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	No
Supporting Document	Credit Card Cert	Approved	No
Supporting Document	Fee Schedule Cert	Approved	No
Supporting Document	Memo of Variability-Application	Approved	No
Supporting Document	Memo of Variability- Outline	Approved	No
Supporting Document	Cover Letter	Approved	No
Supporting Document	Fee Schedule Cert for URPARD	Approved	No
Form	Medicare Supplement Insurance Policy (Plan F)	Approved	No
Form	Medicare Supplement Outline of Coverage Cover Page	Approved	No
Form	Medicare Supplement Outline of Coverage Rate Page (Agency & DTC)	Approved	No
Form *(revised)*	Medicare Supplement Outline of Coverage Rate Page (DTC)	Approved	No
Form	Medicare Supplement Outline of Coverage Rate Page (DTC)	Approved	No
Form	Medicare Supplement Outline of Coverage Disclosure Page	Approved	No
Form	Medicare Supplement Outline of Coverage Benefit Charts	Approved	No
Form	Application for Medicare Supplement Coverage	Approved	No
Form	Replacement Notice	Approved	No
Form	Documentation of Solicitation	Approved	No
Rate	Rate Filing Packet	Approved	No

Disposition

Disposition Date: 04/25/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*MUTM-125582039*	*State:*	*Arkansas*
Filing Company:	*United of Omaha Life Insurance Company*	*State Tracking Number:*	*38525*
Company Tracking Number:	*ANNA CRAMER*		
TOI:	*MS05I Individual Medicare Supplement - Standard Plans*	*Sub-TOI:*	*MS05I.006 Plan F (Basic)*
Product Name:	*Individual Medicare Supplement Insurance-UM4-21325*		
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Supporting Document	Cover Letter	Approved	No
Supporting Document	Fee Schedule Cert for URPARD	Approved	No
Form	Medicare Supplement Insurance Policy (Plan F)	Approved	No
Form	Medicare Supplement Outline of Coverage Cover Page	Approved	No
Form	Medicare Supplement Outline of Coverage Rate Page (Agency & DTC)	Approved	No
Form *(revised)*	Medicare Supplement Outline of Coverage Rate Page (DTC)	Approved	No
Form	Medicare Supplement Outline of Coverage Rate Page (DTC)	Approved	No
Form	Medicare Supplement Outline of Coverage Disclosure Page	Approved	No
Form	Medicare Supplement Outline of Coverage Benefit Charts	Approved	No
Form	Application for Medicare Supplement Coverage	Approved	No
Form	Replacement Notice	Approved	No
Form	Documentation of Solicitation	Approved	No
Rate	Rate Filing Packet	Approved	No

Amendment Letter

Amendment Date:

Submitted Date: 05/13/2008

Comments:

Dear Reviewer:

Thank you for agreeing to reopen this filing. Attached please find URPARD, the revised version of the rate page module for our direct-to-consumer Outline of Coverage. The only change that has been made to the rate page is to replace incorrect policy form numbers with the correct numbers UM1, UM4 and UM5. We apologize for any inconvenience this may have caused. Please let me know if I may be of any assistance to you as you review this filing.

Anna Cramer

Anna L. Cramer
Product & Advertising Compliance Analyst
Mutual of Omaha
(402) 351-2474
anna.cramer@mutualofomaha.com

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
URPARD	Outline of Coverage	Medicare Supplement Outline of Coverage Rate Page (DTC)	Revised		URPARD	URPARD		URPARD (rate page-DTC).pdf

Supporting Document Schedule Item Changes:

User Added -Name: Fee Schedule Cert for URPARD

Comment:

AR Fee Schedule Cert for 5-13.pdf

Form Schedule

Lead Form Number: UM4-21325

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved	Form UM4-21325	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Medicare Supplement Insurance Policy (Plan F)	Initial		45	UM4-21325 Plan F.pdf POL SCHED--PLAN F--UM4.pdf
Approved	UCPNA	Outline of Coverage	Medicare Supplement Outline of Coverage Cover Page	Initial			UCPNA (cover page).pdf
Approved	URPAR	Outline of Coverage	Medicare Supplement Outline of Coverage Rate Page (Agency & DTC)	Initial			URPAR (rate pages-agency).pdf
Approved	URPARD	Outline of Coverage	Medicare Supplement Outline of Coverage Rate Page (DTC)	Revised	Replaced Form #: URPARD Previous Filing #: URPARD		URPARD (rate page-DTC).pdf
Approved	UDPNS2	Outline of Coverage	Medicare Supplement Outline of Coverage Disclosure Page	Initial			UDPNS2 (disclosure page).pdf
Approved	UBCPNA	Outline of Coverage	Medicare Supplement Outline of Coverage Benefit Charts	Initial			UBCPNA (benefits chart).pdf
Approved	UA5910-03	Application/	Application for	Initial		40	UA5910-03

		Enrollment Form	Medicare Supplement Coverage		(ar).pdf
Approved	U7563	Other	Replacement Notice	Initial	U7563 (Replacement form-nat'l).pdf
Approved	U7715	Other	Documentation of Solicitation	Initial	U7715 (ar).pdf

UNITED *of* OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175

a stock company

MEDICARE SUPPLEMENT INSURANCE POLICY
PLAN F

CONSIDERATION

In consideration of the first premium you paid, the application you completed and our reliance on your answers to the application questions, we have put this policy in force as of the Policy Date. That date is shown on the policy schedule. A copy of your application is attached.

30-DAY RIGHT TO EXAMINE POLICY

Please read your policy. If, for any reason, you are not satisfied with it, you may return your policy to us or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The policy will then be considered never to have been issued.

PLEASE READ YOUR APPLICATION

Please read the attached copy of your application immediately. If anything is not correct or if any past medical history has been left out, you should tell us. Your policy was issued on the basis that all information in the application is correct and complete. If not, your policy may not be valid.

GUARANTEED RENEWABLE FOR LIFE

This policy is guaranteed renewable for life. This means you have the right to continue your policy in force for as long as you live. Unless there has been a Material Misrepresentation, we cannot cancel your coverage as long as you pay the required premium payment when it is due.

PREMIUM CHANGES

The premium for this policy may change. If you cease to be eligible for the household premium discount described in the Household Premium Discount provision, your policy's premium discount will be removed. This premium change will occur on the first Policy Renewal Date coinciding with or following the date we learn your eligibility ended.

A premium change for any other reason can only be made if we make the same change to all policies of this form issued to persons of the same classification living in the same geographic area of your state. This type of premium change can occur on any Policy Renewal Date. We will give you the advance written notice required by your state prior to any premium change.

This Is a Legal Contract Between You and Us.
READ YOUR POLICY CAREFULLY.
NOTICE TO BUYER:
THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.
This Is a Non-Participating Policy---No Dividends Will Be Paid.
To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:
Customer Service *[1-877-845-0892]*
Claims Service *[1-877-617-5587]*

Chairman of the Board and Chief Executive Officer

Corporate Secretary

Form UM4-21325

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DEFINITIONS

Shown below are the defined terms used in your policy. These terms are capitalized wherever they appear in the policy.

Accept(s) Assignment means a Physician or provider of medical services receives payment directly from Medicare Part B and agrees to charge no more for services performed than the amount approved by Medicare. When a Physician or provider accepts assignment, he or she will not bill you for the excess charge difference between the actual charge and the amount approved by Medicare.

Benefit Period means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day you are Hospital confined as an inpatient. A benefit period generally ends after you have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

Emergency Care means care needed immediately because of a Sickness or Injury of sudden and unexpected onset.

Hospital means a place defined as a hospital and approved for payment as a hospital by Medicare.

Injury means bodily harm sustained by you which:

(a) is the direct result of an accident or trauma that occurs while your policy is in force; and
(b) is not related to Sickness, bodily infirmity or any other cause.

Material Misrepresentation means a condition or combination of conditions you were requested to disclose on the application were not disclosed and which, if disclosed, would have required a different premium or caused us to deny issuing your policy. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

Medicare Eligible Expenses mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

Physician means a physician as defined by Medicare.

Policy Date means the date coverage starts under this policy as shown on the policy schedule.

Policy Renewal Date means the month and day this policy's premium payment is due. The frequency of the policy renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, annual basis.

Sickness means an illness, disease or physical condition incurred by you which causes loss beginning while your policy is in force.

We, Us or Our means United of Omaha Life Insurance Company.

You or Your means the person named as the Insured on the policy schedule.

BASIC CORE BENEFITS

Your Medicare Supplement Insurance Policy is designed to coordinate with benefits provided by the federal Medicare program. We will consider our benefits:

(a) as if you are enrolled in both Part A and Part B of Medicare (even if you are not enrolled in Part B); and
(b) as if Medicare has paid its portion of the expense incurred.

When you receive services for Medicare Eligible Expenses, we will pay basic core benefits as follows:

Inpatient Hospital Confinement Benefits (Medicare Part A)

Coinsurance Benefit: We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement you incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

Lifetime Reserve Days Benefit: We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement you incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during your lifetime.

Medicare Exhaustion Benefit: After all Medicare inpatient Hospital confinement benefits are exhausted, including your lifetime reserve days, we will pay the Part A Medicare Eligible Expenses you incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during your lifetime.

Blood Deductible Benefit (Medicare Part A or Part B)

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood you use, in accordance with federal regulations.

Medicare Part B Coinsurance Benefit

After the Medicare Part B calendar year deductible has been satisfied, we will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, we will pay the co-payment amount.

PLAN F ADDITIONAL BENEFITS

When you receive services for Medicare Eligible Expenses, we will pay additional benefits applicable to Plan F as follows. Plan F Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)

When you are confined in a Hospital as an inpatient, we will pay the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

Skilled Nursing Facility Confinement Benefit (Medicare Part A)

When you are confined in a skilled nursing facility for post-Hospital care eligible under Medicare Part A, we will pay the actual billed charges, up to the daily coinsurance amount, for each day of confinement from the 21st day through the 100th day, during each Medicare Benefit Period.

Medicare Part B Deductible Benefit

We will pay the Medicare Part B deductible amount due each calendar year for Part B Medicare Eligible Expenses incurred.

Medicare Part B Excess Charges Benefit

We will pay 100% of the difference between the actual charge billed to Medicare Part B for medical expenses incurred and the amount approved by Medicare Part B. When a provider of medical services Accepts Assignment, no excess charges will be payable by us. When a provider of medical services does not Accept Assignment, the amount of excess charge difference we will consider cannot exceed any charge limitation established by the Medicare program or state law.

Emergency Care in a Foreign Country Benefit

If you receive Emergency Care while in a foreign country, we will pay 80% of the billed Medicare Eligible Expenses incurred for Hospital, Physician and medical services to the extent such expenses are not covered by Medicare, after a $250 calendar year deductible has been satisfied by you. Benefits are payable only for Emergency Care that would have been covered by Medicare to the extent such Emergency Care would have been covered by Medicare if provided in the United States. Benefits are limited to:

(a) Emergency Care which begins during the first 60 days in a row of each trip you make outside of the United States; and
(b) a maximum payable of $50,000 during your lifetime.

AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, your policy's benefits will automatically adjust to coordinate with such changes. Your policy's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, your policy will adjust accordingly.

EXTENSION OF BENEFITS

If you incur expense for a continuous loss which began while this policy was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

(a) subject to your continuous total disability; and
(b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss.

SUSPENSION OF COVERAGE

Suspension Available During Medicaid Entitlement

If you apply for and become entitled to medical assistance under Medicaid, we will suspend benefits and premiums under this policy at your request, as long as you notify us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while your Medicaid entitlement continues.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose entitlement to Medicaid benefits during this suspension of coverage, your policy will be automatically reinstituted as long as you notify us of the loss of entitlement within 90 days after it occurs. Automatic reinstitution of coverage will be effective as of the date of Medicaid termination. You must pay the applicable policy premium. Upon reinstitution, we will:

(a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
(b) charge a premium at least as favorable as if coverage had not been suspended.

Suspension Available While Covered Under a Group Health Plan

If you are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, we will suspend benefits and premiums under this policy at your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose coverage under the group health plan during this suspension of coverage, your policy will be automatically reinstituted as long as you notify us of such loss of coverage within 90 days after it occurs. Automatic reinstitution of your policy's coverage will be effective as of the date of group health plan termination. You must pay the applicable policy premium. Upon reinstitution, we will:

(a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
(b) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

This policy will terminate on the earliest of:

(a) the date we receive your written or verbal request to cancel the policy (in which case the grace period will not apply);

(b) the Policy Renewal Date, if sufficient premium has not been paid before the end of the grace period; or

(c) the date of your death.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this policy was in force.

EXCLUSIONS

We will not pay benefits for:

(a) expense incurred while this policy is not in force, except as provided in the Extension of Benefits section;
(b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;
(c) that portion of any expense incurred which is paid for by Medicare;
(d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
(e) services for which a charge is not normally made in the absence of insurance; or
(f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

HOUSEHOLD PREMIUM DISCOUNT

You are eligible for the household premium discount if:

(a) you have resided with at least one, but no more than three other Medicare eligible adults for the past year; or you are married; and
(b) at least one of these other adults or your spouse also owns or is issued a Medicare supplement policy underwritten by us or our affiliates.

The percentage by which your premium will be reduced is shown on the policy schedule.

Your policy's household premium discount will be removed if your spouse or the other Medicare supplement policyholder chooses to terminate their Medicare supplement policy or he or she no longer resides with you (other than in the case of their death).

CLAIMS FILING PROCEDURES

Notice of Claim

Written notice of a claim must be given to us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for you. The notice should give your name and policy number as shown on the policy schedule. Notice should be mailed to us in Omaha, Nebraska, or to any of our agents.

Electronic Claim Filing Process: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses you incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes your claim electronically to us for consideration of benefits under your Medicare supplement policy. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your

Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf.

Claim Forms

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

Written proof of loss must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, we will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

Benefits for a covered loss will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIMS

All benefits will be paid to you, if living, unless we receive an assignment of benefits by you to pay your health care provider. Benefits unpaid at your death, which are not assigned, will be paid to your estate.

If any benefits are payable to your estate, to a minor or to any person not legally able to give a valid release, we may pay up to $1,000 to any relative of yours who we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Policy Date at 12:01 A.M. where you live. It ends at 12:01 A.M. where you live on the first Policy Renewal Date. Each time you renew your policy by paying the premium within the 31-day grace period, the new term begins when the old term ends.

POLICY PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

(a) the policy;
(b) the attached signed application;
(c) any supplemental applications made part of the policy;
(d) any riders and amendment riders; and
(e) any endorsements and amendments.

No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the policy. Any rider, endorsement or application added after the Policy Date which reduces or eliminates coverage under this policy will require your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date you become covered under this policy, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

Grace Period

Your policy's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your policy stays in force during the grace period.

Reinstatement

Your policy will lapse if you do not pay the premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this policy back in force. If we require an application for reinstatement, this policy will be put back in force when we approve the application. If we do not approve the application, this policy will be put back in force on the 45th day following the date of the application if we do not give you prior written notice of its disapproval.

The reinstated policy will only cover loss due to an Injury that occurs after the date of reinstatement or a Sickness that begins more than 10 days after such date. In all other respects, you and we have the same rights under this policy as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Physical Examinations and Autopsy

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at our expense, where it is not prohibited by law.

Legal Actions

No legal action can be brought to recover under this policy until at least 60 days after we have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

Other Insurance with Us

You can be insured under only one of our Medicare supplement policies at any one time. If you are insured under more than one such policy, you can select the one that is to remain in effect. In the event of death, this selection will be made by your estate. We will return all premiums paid (less any claims paid) for any policy that does not remain in effect.

Unpaid Premium

When benefits are paid for a claim under this policy, any premium then due and unpaid may be deducted from the benefits payable.

Non-Participating

United of Omaha Life Insurance Company is a stock company. This policy does not participate in our profits or surplus earnings. No dividends will be paid.

Conformity with State Statutes

If any provision of this policy conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

Countersigned by: _____

Licensed Resident Agent

POLICY SCHEDULE

POLICY NUMBER	POLICY DATE	FIRST RENEWAL DATE
UM4-[000000-00M]	[3-1-08]	[3-1-09]

INITIAL PREMIUM	RENEWAL PREMIUM	
[$0,000.00]	[$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

POLICY BENEFIT **SERIES** [21325]

AS SPECIFIED IN THE POLICY

INSURED
[James J. Jones]
[123 Main Street]
[Anytown, NE 00000]

INITIAL PREMIUM $[0,000.00]

MGR [Don Jones]
[J Brown 09999]

ADDITIONAL COVERAGE AND POLICY ADJUSTMENTS SHOWN BELOW
(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)

**Renewal Premium Subject To Change

HOUSEHOLD PREMIUM DISCOUNT: [7%, None]

[RISK CLASS I - 10%]
[RISK CLASS II - 20%]

CLAIM INFORMATION CALL [1-877-617-5587]
OTHER SERVICE QUESTIONS CALL [1-800-228-9999]

Form UM4-21325

UNITED OF OMAHA LIFE INSURANCE COMPANY

A Mutual of Omaha Company

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE

BENEFIT PLANS A, F AND G

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A." Some plans may not be available in your state. See Outlines of Coverage sections for details about ALL plans.

Basic Benefits for Plans A through L:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end
Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services
Blood: First 3 pints of blood each year

	A	B	C	D	E	**F**	F*	**G**	H	I	J	J*	K**	L**
Basic Benefits	**X**	X	X	X	X	**X**		**X**	X	X	X		X	X
Skilled Nursing Facility Coinsurance			X	X	X	**X**		**X**	X	X	X		50%	75%
Part A Deductible		X	X	X	X	**X**		**X**	X	X	X		50%	75%
Part B Deductible			X			**X**					X			
Part B Excess						**100%**		**80%**		100%	100%			
Foreign Travel Emergency			X	X	X	**X**		**X**	X	X	X			
At-Home Recovery				X				**X**		X	X			
Preventive Care NOT Covered By Medicare					X						X			
Out-of-Pocket Annual Limit													$[4,440]***	$[2,220]***

* Plans F and J also have an option called a high deductible Plan F and a high deductible Plan J. These high deductible plans pay the same benefits as Plan F and J after one has paid a calendar year $[1,900] deductible. Benefits from high deductible Plans F and J will not begin until out-of-pocket expenses exceed $[1,900]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

**** Plans K and L provide for different cost-sharing for items and services than Plans A through J. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges." You will be responsible for paying excess charges.

*** The out-of-pocket annual limit will increase each year for inflation.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 716-719, 723-729

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 77.78	Attained Age 65 & Over	$ 112.72	Attained Age 65 & Over	$ 95.81

NON-TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 233.33	Attained Age 65 & Over	$ 338.16	Attained Age 65 & Over	$ 287.44

NON-TOBACCO SEMIANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 466.66	Attained Age 65 & Over	$ 676.33	Attained Age 65 & Over	$ 574.89

NON-TOBACCO ANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 933.32	Attained Age 65 & Over	$ 1,352.65	Attained Age 65 & Over	$ 1,149.77

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 716-719, 723-729

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM1 (Plan A)		**Policy Form UM4 (Plan F)**		**Policy Form UM5 (Plan G)**	
Attained Age 65 & Over	$ 84.08	Attained Age 65 & Over	$ 121.86	Attained Age 65 & Over	$ 103.58

TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		**Policy Form UM4 (Plan F)**		**Policy Form UM5 (Plan G)**	
Attained Age 65 & Over	$ 252.25	Attained Age 65 & Over	$ 365.58	Attained Age 65 & Over	$ 310.75

TOBACCO SEMIANNUAL RATES*

Policy Form UM1 (Plan A)		**Policy Form UM4 (Plan F)**		**Policy Form UM5 (Plan G)**	
Attained Age 65 & Over	$ 504.50	Attained Age 65 & Over	$ 731.16	Attained Age 65 & Over	$ 621.50

TOBACCO ANNUAL RATES*

Policy Form UM1 (Plan A)		**Policy Form UM4 (Plan F)**		**Policy Form UM5 (Plan G)**	
Attained Age 65 & Over	$ 1,008.99	Attained Age 65 & Over	$ 1,462.32	Attained Age 65 & Over	$ 1,242.99

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES 72001, 72003-72007, 72010-72048, 72051, 72052, 72055, 72057-72061, 72063, 72064, 72066-72075,72079-72089, 72101, 72102, 72104-72108, 72110-72112, 72121-72123, 72125-72134, 72136, 72137, 72139-72141, 72143, 72145, 72149, 72150, 72152, 72153, 72156-72158, 72160, 72165-72170, 72173, 72175, 72176, 72178, 72179, 72181, 72182 and 72189

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 81.57	Attained Age 65 & Over	$ 118.22	Attained Age 65 & Over	$ 100.49

NON-TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 244.71	Attained Age 65 & Over	$ 354.66	Attained Age 65 & Over	$ 301.46

NON-TOBACCO SEMIANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 489.42	Attained Age 65 & Over	$ 709.32	Attained Age 65 & Over	$ 602.93

NON-TOBACCO ANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 978.84	Attained Age 65 & Over	$ 1,418.64	Attained Age 65 & Over	$ 1,205.85

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

URPAR

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES 72001, 72003-72007, 72010-72048, 72051, 72052, 72055, 72057-72061, 72063, 72064, 72066-72075,72079-72089, 72101, 72102, 72104-72108, 72110-72112, 72121-72123, 72125-72134, 72136, 72137, 72139-72141, 72143, 72145, 72149, 72150, 72152, 72153, 72156-72158, 72160, 72165-72170, 72173, 72175, 72176, 72178, 72179, 72181, 72182 and 72189

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 88.18	Attained Age 65 & Over	$ 127.81	Attained Age 65 & Over	$ 108.64

TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 264.55	Attained Age 65 & Over	$ 383.42	Attained Age 65 & Over	$ 325.91

TOBACCO SEMIANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 529.11	Attained Age 65 & Over	$ 766.83	Attained Age 65 & Over	$ 651.81

TOBACCO ANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 1,058.21	Attained Age 65 & Over	$ 1,533.66	Attained Age 65 & Over	$ 1,303.62

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

URPAR

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199 and 722

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 92.95	Attained Age 65 & Over	$ 134.71	Attained Age 65 & Over	$ 114.51

NON-TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 278.86	Attained Age 65 & Over	$ 404.15	Attained Age 65 & Over	$ 343.53

NON-TOBACCO SEMIANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 557.72	Attained Age 65 & Over	$ 808.29	Attained Age 65 & Over	$ 687.06

NON-TOBACCO ANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 1,115.43	Attained Age 65 & Over	$ 1,616.58	Attained Age 65 & Over	$ 1,374.11

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

UNITED OF OMAHA LIFE INSURANCE COMPANY

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TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 100.49	Attained Age 65 & Over	$ 145.64	Attained Age 65 & Over	$ 123.79

TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 301.47	Attained Age 65 & Over	$ 436.91	Attained Age 65 & Over	$ 371.38

TOBACCO SEMIANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 602.94	Attained Age 65 & Over	$ 873.83	Attained Age 65 & Over	$ 742.76

TOBACCO ANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 1,205.87	Attained Age 65 & Over	$ 1,747.65	Attained Age 65 & Over	$ 1,485.82

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

UNITED OF OMAHA LIFE INSURANCE COMPANY

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RATES BELOW ONLY APPLY TO PERSONS LIVING IN
ZIP CODES: 716-719, 723-729

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 77.78	Attained Age 65 & Over	$ 112.72	Attained Age 65 & Over	$ 95.81

NON-TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 79.78	Attained Age 65 & Over	$ 114.72	Attained Age 65 & Over	$ 97.81

NON-TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 233.33	Attained Age 65 & Over	$ 338.16	Attained Age 65 & Over	$ 287.44

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Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 86.08	Attained Age 65 & Over	$ 123.86	Attained Age 65 & Over	$ 105.58

TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
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NON-TOBACCO MONTHLY RATES (DIRECT PAY)*

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NON-TOBACCO QUARTERLY RATES*

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TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

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Attained Age 65 & Over	$ 88.18	Attained Age 65 & Over	$ 127.81	Attained Age 65 & Over	$ 108.64

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Attained Age 65 & Over	$ 90.18	Attained Age 65 & Over	$ 129.81	Attained Age 65 & Over	$ 110.64

TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 264.55	Attained Age 65 & Over	$ 383.42	Attained Age 65 & Over	$ 325.91

TOBACCO SEMIANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 529.11	Attained Age 65 & Over	$ 766.83	Attained Age 65 & Over	$ 651.81

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Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
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NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 92.95	Attained Age 65 & Over	$ 134.71	Attained Age 65 & Over	$ 114.51

NON-TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 94.95	Attained Age 65 & Over	$ 136.71	Attained Age 65 & Over	$ 116.51

NON-TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 278.86	Attained Age 65 & Over	$ 404.15	Attained Age 65 & Over	$ 343.53

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TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 100.49	Attained Age 65 & Over	$ 145.64	Attained Age 65 & Over	$ 123.79

TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 102.49	Attained Age 65 & Over	$ 147.64	Attained Age 65 & Over	$ 125.79

TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 301.47	Attained Age 65 & Over	$ 436.91	Attained Age 65 & Over	$ 371.38

TOBACCO SEMIANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 602.94	Attained Age 65 & Over	$ 873.83	Attained Age 65 & Over	$ 742.76

TOBACCO ANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 1,205.87	Attained Age 65 & Over	$ 1,747.65	Attained Age 65 & Over	$ 1,485.52

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

URPARD

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

PREMIUM INFORMATION

We, United of Omaha, can only raise your premium if we raise the premium for all the policies like yours in the same geographic area of the state where you live.

Risk Class Rating: If, according to our underwriting standards, you are overweight or underweight for your height, you will be considered to be a greater insurable risk. In such a case, your premium will be priced either as [Class I - 10%] or [Class II - 20%] higher than the rates illustrated, based on your Body Mass Index (BMI) reading. Risk class rating will not be applicable when you apply for coverage during an open enrollment or guaranteed issue period.

Household Premium Discount: If you have resided with at least one, but no more that three, other Medicare eligible adults for the past year, or you are married, and at least one of these other adults or your spouse also owns or is issued a Medicare supplement policy underwritten by United of Omaha or its affiliates, you will be eligible for a household premium discount. The discounted premium will be priced 7% lower than the rates illustrated. Your policy's household premium discount will be removed if your spouse or the other Medicare supplement policyholder chooses to terminate their Medicare supplement policy or he or she no longer resides with you (other than in the case of their death).

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your Insurance Company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

The policy may not fully cover all of your medical costs. [Neither United of Omaha nor its agents are connected with Medicare.] [United of Omaha is not connected with Medicare.] This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

PLAN A

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan A Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but $[1,024]	$0	$[1,024] (Part A Deductible)
61st through 90th day	All but $[256] a day	$[256] a day	$0
91st day and after: ● While using 60 lifetime reserve days	All but $[512] a day	$[512] a day	$0
● Once lifetime reserve days are used: ● Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
● Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $[128] a day	$0	Up to $[128] a day
101st day and after	$0	$0	All costs
BLOOD First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	$0	Balance

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed $[135] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan A Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First $[135] of Medicare Approved Amounts*	$0	$0	$[135] (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (above Medicare Approved Amounts)	$0	$0	All costs
BLOOD First 3 pints	$0	All costs	$0
Next $[135] of Medicare Approved Amounts*	$0	$0	$[135] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment • First $[135] of Medicare Approved Amounts*	$0	$0	$[135] (Part B Deductible)
• Remainder of Medicare Approved Amounts	80%	20%	$0

PLANS F and G

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but $[1,024]	$[1,024] (Part A Deductible)	$0	$[1,024] (Part A Deductible)	$0
61st through 90th day	All but $[256] a day	$[256] a day	$0	$[256] a day	$0
91st day and after: •While using 60 lifetime reserve days	All but $[512] a day	$[512] a day	$0	$[512] a day	$0
•Once lifetime reserve days are used: • Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**	100% of Medicare Eligible Expenses	$0**
• Beyond the additional 365 days	$0	$0	All costs	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital First 20 days	All approved amounts	$0	$0	$0	$0
21st through 100th day	All but $[128] a day	Up to $[128] a day	$0	Up to $[128] a day	$0
101st day and after	$0	$0	All costs	$0	All costs
BLOOD First 3 pints	$0	3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0	$0	$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	$0	Balance	$0	Balance

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS F AND G

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed $[135] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First $[135] of Medicare Approved Amounts*	$0	$[135] (Part B Deductible)	$0	$0	$[135] (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0	Generally 20%	$0
Part B Excess Charges (above Medicare Approved Amounts)	$0	100%	$0	80%	20%
BLOOD First 3 pints	$0	All costs	$0	All costs	$0
Next $[135] of Medicare Approved Amounts*	$0	$[135] (Part B Deductible)	$0	$0	$[135] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0	20%	$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0	$0	$0

PARTS A AND B

HOME HEALTH CARE-MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	$0	$0	$0	$0
Durable medical equipment • First $[135] of Medicare Approved Amounts*	$0	$[135] (Part B Deductible)	$0	$0	$[135] (Part B Deductible)
• Remainder of Medicare Approved Amounts	80%	20%	$0	20%	$0

PLANS F and G

PARTS A and B (continued)

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
HOME HEALTH CARE--AT HOME RECOVERY SERVICES NOT COVERED BY MEDICARE Home care certified by your doctor for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan ● Benefit for each visit	$0	N/A	All costs	Actual charges to $40 a visit	Balance
● Number of visits covered (must be received within 8 weeks of last Medicare approved visit)	$0	N/A	All costs	Up to the number of Medicare approved visits, not to exceed 7 each week	Balance
● Calendar year maximum	$0	N/A	All costs	$1,600	Balance

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First $250 each calendar year	$0	$0	$250	$0	$250
Remainder of charges	$0	80% to a lifetime Maximum Benefit of $50,000	20% and amounts over the $50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of $50,000	20% and amounts over the $50,000 lifetime Maximum Benefit

1. For United of Omaha Career Brokers Only: _____ Manager Stamp _____ DSM Stamp _____ Agent Stamp

United of Omaha Life Insurance Company

A Mutual *of* Omaha Company

Application For Medicare Supplement Coverage

2.

Mgr./Commission Code (Required Field For Brokerage)	District Sales Manager/Assoc. Marketer	Application Reviewed By
PLAN INFORMATION (to be completed by **Producer**)		

3.

APPLICANT **Policy Form**	**APPLICANT B** **Policy Form**
Requested Effective Date	Requested Effective Date
Premium Collected $	Premium Collected $
Initial Mode **A, S, Q, B[, ACH] [or CC]**	Initial Mode **A, S, Q, B[, ACH] [or CC]**
Renewal $	Renewal $
Renewal Mode **A, S, Q, B [or CC]** (monthly not available)	Renewal Mode **A, S, Q, B, [or CC]** (monthly not available)

1. PLEASE READ THE FOLLOWING CAREFULLY AND ANSWER ALL QUESTIONS COMPLETELY.

4.

APPLICANT
Check The Plan You Prefer.

5.
- ☐ Plan A - UM1
- ☐ Plan F - UM4
- ☐ Plan G - UM5

Requested Effective Date:
____/____/____
mo day yr

APPLICANT B
Check The Plan You Prefer.

6.
- ☐ Plan A - UM1
- ☐ Plan F - UM4
- ☐ Plan G - UM5

Requested Effective Date:
____/____/____
mo day yr

7. **Reply-by-Date**

8. Keyline _____

9. Name _____
Mailing Address _____
_____
City _____ State _____
ZIP _____

10. If the above address is not your residence address, please state correct address _____
_____

Applicant	Applicant B
Name (First/Middle/Last)	Name (First/Middle/Last)
11. Residence Address	Residence Address (if different from Applicant's)
City	City
State ZIP	State ZIP
Mailing Address (if different from residence address)	Mailing Address (if different from residence address)
City	City
State ZIP	State ZIP
Home Phone No (_____)_____ (area code)	Home Phone No (_____)_____ (area code)
Current Age _____ Date of Birth_____/____/_____ mo day yr	Current Age _____ Date of Birth_____/____/_____ mo day yr
Male ☐ Female ☐	Male ☐ Female ☐
Social Security No	Social Security No
Medicare Health Insurance Card Number (if known)	Medicare Health Insurance Card Number (if known)
12. E-mail Address	E-mail Address
Height Ft _____ In _____ Weight Lbs _____	Height Ft _____ In _____ Weight Lbs _____

2. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.

	APPLICANT	APPLICANT B
13. 1. Have you received a copy of the **Guide to Health Insurance for People with Medicare** and the Outline of Coverage?	Yes ☐ No ☐	Yes ☐ No ☐
To the Best of Your Knowledge:		
1. Are you covered under Medicare Part A?	Yes ☐ No ☐	Yes ☐ No ☐
If "YES," what is your Part A effective date? ____/____/____ (Applicant) / ____/____/____ (Applicant B)		
If "NO," what is your eligibility date? ____/____/____ (Applicant) / ____/____/____ (Applicant B)		
2. Are you covered under Medicare Part B?	Yes ☐ No ☐	Yes ☐ No ☐
If "YES," what is your Part B effective date? ____/____/____ (Applicant) / ____/____/____ (Applicant B)		
If "NO," indicate date you plan to enroll. ____/____/____ (Applicant) / ____/____/____ (Applicant B)		
3. Did you turn age 65 in the last 6 months?	Yes ☐ No ☐	Yes ☐ No ☐
4. Did you enroll in Medicare Part B in the last 6 months?	Yes ☐ No ☐	Yes ☐ No ☐
If "YES," indicate your effective date. ____/____/____ (Applicant) / ____/____/____ (Applicant B)		

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your application. **PLEASE ANSWER ALL QUESTIONS. Please mark "YES" or "NO" with an "X" to the questions below.**

3. FOR YOUR PROTECTION, the National Association of Insurance Commissioners requests that we ask the following questions about insurance policies or certificates you may have.

To the Best of Your Knowledge:	APPLICANT	APPLICANT B
1. Are you applying during a guaranteed issue period? (NOTE: If the answer above is "YES" please attach proof of eligibility.)	Yes ☐ No ☐	Yes ☐ No ☐
2. Do you have another Medicare supplement or Medicare select insurance policy or certificate in force?	Yes ☐ No ☐	Yes ☐ No ☐
(a) If "YES," with what company, and what plan do you have?		

Applicant	Applicant B
Name of Company	Name of Company
Policy/Certificate Number	Policy/Certificate Number
Plan	Plan
Issue Date / /	Issue Date / /

(b) If "YES," do you intend to replace your current Medicare supplement policy/certificate with this policy?	Yes ☐ No ☐	Yes ☐ No ☐
(c) If "YES," indicate termination date. ___/___/___ (Applicant) / ___/___/___ (Applicant B)		
14. (d) **If "YES," have you received a copy of the replacement notice?**	Yes ☐ No ☐	Yes ☐ No ☐

If you have had any other Medicare plan coverage as referenced below, not to include Medicare supplement, please complete questions [(a-f)] [(a-g)] below. If not, skip to question #4.

3. If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END" blank.

START ___/___/___ (Applicant) END ___/___/___ / START ___/___/___ (Applicant B) END ___/___/___

(a) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy?	Yes ☐ No ☐	Yes ☐ No ☐
15. (b) **If "YES," have you received a copy of the replacement notice?**	Yes ☐ No ☐	Yes ☐ No ☐
(c) Reason for termination/disenrollment? _____ (Applicant) / _____ (Applicant B)		
(d) Planned date of termination/disenrollment? ___/___/___ (Applicant) / ___/___/___ (Applicant B)		
(e) Was this your first time in this type of Medicare plan?	Yes ☐ No ☐	Yes ☐ No ☐
(f) Did you drop a Medicare supplement or Medicare select policy/certificate to enroll in this Medicare plan?	Yes ☐ No ☐	Yes ☐ No ☐
(g) Is your former Medicare supplement or Medicare select policy/certificate still available?	Yes ☐ No ☐	Yes ☐ No ☐
4. Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual non-Medicare supplement plan)	Yes ☐ No ☐	Yes ☐ No ☐
(a) If "YES," with what company and what kind of policy? (List below)		

Applicant		Applicant B	
Name of Company	Kind of Policy	Name of Company	Kind of Policy

(b) What are your dates of coverage under the other policy? If you are still covered under this plan, leave "END" blank.

START ___/___/___ (Applicant) END ___/___/___ / START ___/___/___ (Applicant B) END ___/___/___

(c) Reason for termination/disenrollment? _____ (Applicant) / _____ (Applicant B)

(d) Planned date of termination/disenrollment? ___/___/___ (Applicant) / ___/___/___ (Applicant B)

	APPLICANT	APPLICANT B
5. Are you covered for medical assistance through the state Medicaid program? (NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer "NO" to this question.)	Yes ☐ No ☐	Yes ☐ No ☐
If "YES,"		
(a) Will Medicaid pay your premiums for this Medicare supplement policy?	Yes ☐ No ☐	Yes ☐ No ☐
(b) Do you receive any benefits from Medicaid OTHER THAN payment toward your Medicare Part B premium?	Yes ☐ No ☐	Yes ☐ No ☐

16. 6. Producers shall list any other health insurance policies they have sold to the applicant.

(a) List policies sold which are still in force.

Applicant	**Applicant B**
Name of Company	Name of Company
Policy/Certificate Number	Policy/Certificate Number
Description of Benefits	Description of Benefits
Effective Date of Coverage	Effective Date of Coverage

(b) List policies sold in the past five (5) years which are no longer in force.

Applicant	**Applicant B**
Name of Company	Name of Company
Policy/Certificate Number	Policy/Certificate Number
Description of Benefits	Description of Benefits
Effective Date of Coverage	Effective Date of Coverage

If you are applying during Open Enrollment or a Guaranteed Issue period, SKIP SECTION 4 and GO TO SECTION 5.
[(Please see the enclosed material for explanation of the Open Enrollment and Guaranteed Issue periods.)]

4. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. Make sure all questions are answered by each applicant. If either you or Applicant B answer "YES" to any of the following questions 1-14, that person is not eligible for coverage.

To the Best of Your Knowledge:	APPLICANT	APPLICANT B
1. Are you currently hospitalized or confined to a nursing facility; or, are you bedridden or confined to a wheelchair?	Yes ☐ No ☐	Yes ☐ No ☐
2. Have you been diagnosed with emphysema, Chronic Obstructive Pulmonary Disease (COPD) or other chronic pulmonary disorders?	Yes ☐ No ☐	Yes ☐ No ☐
3. Have you been diagnosed with Parkinson's Disease, Systemic Lupus, Myasthenia Gravis, Multiple or Lateral Sclerosis, Osteoporosis with fractures, Cirrhosis or kidney disease requiring dialysis?	Yes ☐ No ☐	Yes ☐ No ☐
4. Have you been diagnosed with Alzheimer's Disease, Senile Dementia, or any other cognitive disorder?	Yes ☐ No ☐	Yes ☐ No ☐
5. Have you been diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	Yes ☐ No ☐	Yes ☐ No ☐
6. If you have diabetes, do you have any of the following conditions: diabetic retinopathy, peripheral vascular disease, neuropathy, any heart condition (including high blood pressure) or kidney disease? If you do **not** have diabetes, this question should be answered "NO".	Yes ☐ No ☐	Yes ☐ No ☐
7. Do you have diabetes that has ever required more than 50 units of insulin daily?	Yes ☐ No ☐	Yes ☐ No ☐
8. Within the past two years have you been treated for or been advised by a physician to have treatment for internal cancer, alcoholism or drug abuse, mental or nervous disorder requiring psychiatric care or have you had any amputation caused by disease?	Yes ☐ No ☐	Yes ☐ No ☐
9. Within the past two years have you been treated for or been advised by a physician to have treatment for heart attack, heart, coronary or carotid artery disease (not including high blood pressure), peripheral vascular disease, congestive heart failure or enlarged heart, stroke, transient ischemic attacks (TIA) or heart rhythm disorders?	Yes ☐ No ☐	Yes ☐ No ☐
10. Within the past two years have you been treated for degenerative bone disease, crippling/disabling or rheumatoid arthritis or have you been advised to have a joint replacement?	Yes ☐ No ☐	Yes ☐ No ☐
11. Have you been advised by a physician that surgery may be required within the next 12 months for cataracts?	Yes ☐ No ☐	Yes ☐ No ☐
12. Have you been advised by a physician to have surgery, medical tests, treatment or therapy that has not been performed?	Yes ☐ No ☐	Yes ☐ No ☐
13. Have you been hospital confined three or more times in the last two years?	Yes ☐ No ☐	Yes ☐ No ☐
14. Have you had an organ transplant or been advised by a physician to have an organ transplant?	Yes ☐ No ☐	Yes ☐ No ☐
15. Have you used tobacco in any form in the past 12 months?	Yes ☐ No ☐	Yes ☐ No ☐
16. Are you taking or have you taken any prescription or over-the-counter medications within the past 12 months? If "YES," please list the drug and the condition in the following table.	Yes ☐ No ☐	Yes ☐ No ☐

Applicant (please attach a separate sheet if needed)		**Applicant B** (please attach a separate sheet if needed)
_____	Medication Name (copy off pharmacy label)	_____
_____	Date **Originally** Prescribed	_____
_____	Frequency and Dosage	_____
	Diagnosis/Condition	
_____	Medication Name (copy off pharmacy label)	_____
_____	Date **Originally** Prescribed	_____
_____	Frequency and Dosage	_____
	Diagnosis/Condition	
_____	Medication Name (copy off pharmacy label)	_____
_____	Date **Originally** Prescribed	_____
_____	Frequency and Dosage	_____
	Diagnosis/Condition	

5. HOUSEHOLD DISCOUNT INFORMATION

You may be eligible for a policy with a lower rate based on your answers to the statements in this section.	Applicant	Applicant B
a. I have continuously resided with another person for the last 12 months or are married and they are also applying for this coverage. If "YES," please provide the following information. If you and Applicant B are applying for coverage on this application, do not fill out the following information.	Yes ☐ No ☐	Yes ☐ No ☐

Relationship to Applicant:

First Name

Last Name

Street Address

City State ZIP

	Applicant
b. I have continuously resided with another person for the last 12 months or are married and they have an existing Medicare supplement policy or certificate with Mutual of Omaha Insurance Company or United World Life Insurance Company or United of Omaha Life Insurance Company. If "YES," please provide the following information.	Yes ☐ No ☐

Relationship to Applicant:

First Name

Last Name

Street Address

City State ZIP

Policy/Certificate Number

6. METHOD OF PAYMENT

18.

For my initial payment:

☐ I have enclosed $ _____ for myself to pay for the first month.

☐ I have enclosed $ _____ for Applicant B (if applying) to pay for the first month.

1st month Total $ _____

After that I and Applicant B (if applying) wish to be billed (select only one option):

☐ Annually ☐ Semiannually ☐ Quarterly ☐ Monthly Direct

☐ Monthly through Easy Pay Option (automatic deduction from your checking account.) I understand that my and Applicant B's (if applying) **renewal** premiums for this insurance will be withdrawn monthly through my checking account. Please complete the following:

1. Please enclose a **voided** check with your signed application if the renewal premium is to be paid from a different checking account. Otherwise, your checking account information will be taken from the accompanying premium check for your initial payment.
2. Please indicate when you prefer the monthly **renewal** premiums to be withdrawn from your account.

   ☐ Withdraw on the 1st of the month or ☐ Withdraw on the 15th of the month
3. I authorize United of Omaha Life Insurance Company to withdraw monthly premiums from my checking account. It is understood and agreed that the payment will take place each month, automatically, with no further action on my part until this authorization is cancelled in writing or by calling [1-800-228-9999].

Applicant's Signature ✗ _____ Date ____/____/____ (Mo Day Yr)

Applicant B's Signature ✗ _____ (if applying) Date ____/____/____ (Mo Day Yr)

19.

Send no money now!

For my **initial** payment, I and Applicant B (if applying) select:

☐ Easy Pay Option – automatic deduction from your checking account.

1st month Total $_____

For my **renewal** payments, I and Applicant B (if applying) select (choose only one option):

☐ Monthly through Easy Pay Option – automatic deduction from your checking account
☐ Annually
☐ Semiannually
☐ Quarterly
☐ Monthly Direct

If you have selected the Easy Pay Option for your initial and/or renewal premiums, please complete the following:

I understand that my and Applicant B's (if applying) **initial and/or renewal** premiums for this insurance will be withdrawn monthly through my checking account. Please complete the following:

1. Please enclose a **voided** check with your signed application.
2. Please indicate when you prefer the monthly **renewal** premiums to be withdrawn from your account.
   ☐ Withdraw on the 1st of the month or ☐ Withdraw on the 15th of the month
3. I authorize United of Omaha Life Insurance Company to withdraw monthly premiums from my checking account. It is understood and agreed that the payment will take place each month, automatically, with no further action on my part until this authorization is cancelled in writing or by calling [1-800-228-9999].

Applicant's Signature ✗ _____ Date ____/____/____
Mo Day Yr

Applicant B's Signature ✗ _____ Date ____/____/____
(if applying) Mo Day Yr

20.

For my **initial** payment, [please select one of the following options:] [I select:]

[☐ Credit Card – automatic deduction charged through my ☐ Visa or ☐ MasterCard account]

[☐ Easy Pay Option – automatic deduction from your checking account]

For my **renewal** payments, [please select one of the following options:] [I select:]

[☐ Credit Card – automatic deduction charged through the credit card selected above [(renewal credit card option not available if Easy Pay Option selected for initial payment)]

[☐ Easy Pay Option – automatic deduction from your checking account [(renewal Easy Pay Option not available if credit card selected for initial payment)]

[☐ Annually]

[☐ Semiannually]

[☐ Quarterly]

[☐ Monthly]

Complete the following information [if you have selected the Credit Card and/or the Easy Pay Option]:

If you have selected Credit Card billing

I understand that my **initial [and/or renewal]** premium[(s)] for this insurance will be withdrawn through my credit card account.

_____ _____/_____ _____

Cardholder Name Exp Date Account Number

Cardholder's Signature ✗ _____

Is the address the same as the Applicant? ☐ Yes ☐ No

If "No," please list address _____

Address City State Zip

Initial payment amount for: Myself $ _____ Applicant B (if applying) $_____

I authorize United of Omaha Life Insurance Company to withdraw my **initial [and/or renewal]** premium[(s)] from my credit card. It is understood and agreed that the payment will take place each month, automatically, with no further action on my part until this authorization is cancelled in writing or by calling [1-800-228-9999].

Applicant's Signature ✗ _____ Date _____/_____/_____

Mo Day Yr

Applicant B's Signature ✗ _____ Date _____/_____/_____

(if applying) Mo Day Yr

If you have selected the Easy Pay Option

1. Please provide your bank name _____

   Routing Number _____ Account Number _____

2. For **renewal** premiums, please indicate when you prefer the monthly premiums to be withdrawn from your account.

   ☐ Withdraw on the 1st of the month or ☐ Withdraw on the 15th of the month

Initial payment amount for: Myself $ _____ Applicant B (if applying) $_____

I authorize United of Omaha Life Insurance Company to withdraw my **initial [and/or renewal]** premium[(s)] from my checking account. It is understood and agreed that the payment will take place each month, automatically, with no further action on my part until this authorization is cancelled in writing or by calling [1-800-228-9999].

Applicant's Signature ✗ _____ Date _____/_____/_____

Mo Day Yr

Applicant B's Signature ✗ _____ Date _____/_____/_____

(if applying) Mo Day Yr

21.

For my initial payment, please select one of the following options:

Option A.

☐ Credit Card for my **initial payment** automatically charged through my ☐ Visa or ☐ MasterCard account

I understand that my **initial** premium for this insurance will be withdrawn through my credit card account. Please complete the following:

_____ _____/_____ _____

Cardholder Name Exp Date Account Number

Cardholder's Signature ✗ _____

Is the address the same as the Applicant? ☐ Yes ☐ No

If "No," please list address _____

Address City State Zip

Initial payment amount for: Myself $ _____ Applicant B (if applying) $_____

I authorize United of Omaha Life Insurance Company to withdraw my **initial** premiums from my credit card. It is understood and agreed that the payment will take place each month, automatically, with no further action on my part until this authorization is cancelled in writing or by calling [1-800-228-9999].

Applicant's Signature ✗ _____ Date _____/_____/_____
Mo Day Yr

Applicant B's Signature ✗ _____ Date _____/_____/_____
(if applying) Mo Day Yr

Option B.

☐ I have enclosed $_____ for myself to pay for the first month.

☐ I have enclosed $_____ for Applicant B (if applying) to pay for the first month.

Initial payment amount for: Myself $ _____ Applicant B (if applying) $_____

After that I and Applicant B (if applying) wish to be billed (select only one option):

☐ Annually ☐ Semiannually ☐ Quarterly ☐ Monthly Direct

☐ Monthly through Easy Pay Option (automatic deduction from your checking account.) I understand that my and Applicant B's (if applying) **renewal** premium for this insurance will be withdrawn monthly through my checking account. Please complete the following:

1. Please enclose a **voided** check with your signed application.
2. Please indicate when you prefer monthly **renewal** premiums to be withdrawn from your account.
   ☐ Withdraw on the 1st of the month or ☐ Withdraw on the 15th of the month
3. I authorize United of Omaha Life Insurance Company to withdraw monthly premiums from my checking account. It is understood and agreed that the payment will take place each month, automatically, with no further action on my part until this authorization is cancelled in writing or by calling [1-800-228-9999].

   Applicant's Signature ✗ _____ Date _____/_____/_____
   Mo Day Yr

   Applicant B's Signature ✗ _____ Date _____/_____/_____
   (if applying) Mo Day Yr

7. PLEASE READ AND SIGN BELOW

IMPORTANT STATEMENTS TO BE READ BY APPLICANT

- You do not need more than one Medicare supplement policy.
- If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverage.
- You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- If, after purchasing the policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

I wish to apply for a Medicare supplement insurance policy. I represent that my answers and statements on this application are true and complete. I understand that, upon acceptance of the completed application, each applicant will receive a separate policy. I understand that my policy benefits can start no earlier than my Medicare effective date, my first month's premium has been received and/or processed and my application has been approved by United of Omaha Life Insurance Company.

Any person who, with intent to defraud or knowingly that he or she is facilitating a fraud against an insurer, submits an application or files a false or deceptive statement is guilty of insurance fraud.

Applicant's Signature ✗ _____ Date ____/____/____
Mo Day Yr

Applicant B's Signature ✗ _____ Date ____/____/____
Mo Day Yr

22. Dated at _____, on _____, _____ _____
City State Month Day Year Applicant's Signature

Dated at _____, on _____, _____ _____
City State Month Day Year Applicant B's Signature (if applying)

Premium Must Accompany Application

I/We certify that during an interview with the proposed applicant, I/we have truly and accurately recorded in the application the information supplied by the applicant.

_____ _____
(Signature of Licensed Producer) (Signature of Licensed Producer)

_____ _____
PRODUCER STAMP PRODUCER STAMP

23.

ADDITIONAL INFORMATION: PART 4 - CON'T. HEALTH /MEDICAL QUESTIONS - Question #16

Applicant (please attach a separate sheet if needed)		**Applicant B** (please attach a separate sheet if needed)
	Medication Name (copy off pharmacy label)	
	Date **Originally** Prescribed	
	Frequency and Dosage	
	Diagnosis/Condition	
	Medication Name (copy off pharmacy label)	
	Date **Originally** Prescribed	
	Frequency and Dosage	
	Diagnosis/Condition	
	Medication Name (copy off pharmacy label)	
	Date **Originally** Prescribed	
	Frequency and Dosage	
	Diagnosis/Condition	
	Medication Name (copy off pharmacy label)	
	Date **Originally** Prescribed	
	Frequency and Dosage	
	Diagnosis/Condition	

24.

SECTION FOR ADDITIONAL COMMENTS

Applicant (please attach a separate sheet if needed)	**Applicant B** (please attach a separate sheet if needed)

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY

Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage

Save this notice! It may be important to you in the future.

According to your application, you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a policy to be issued by United of Omaha Life Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

Statement to Applicant by Issuer, Agent, Broker or Other Representative:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason(s) (check one):

____ Additional benefits
____ No change in benefits, but lower premiums
____ Fewer benefits and lower premiums
____ My plan has outpatient prescription drug coverage and I am enrolling in Part D.
____ Disenrollment from a Medicare Advantage Plan. Please explain reason for disenrollment.
____ Other (please specify) _____

_____

_____

_____

If, you still wish to terminate your present policy or certificate and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the Company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy or certificate until you have received your new policy and are sure that you want to keep it.

_____
Signature of Agent, Broker or Other Representative*

UNITED OF OMAHA LIFE INSURANCE COMPANY, Mutual of Omaha Plaza, Omaha, NE 68175

_____	_____
Applicant's Signature	Applicant B's Signature (if applying)
_____	_____
Date	Date

*Signature not required for direct response sales.

1 - Home Office Copy 2 - Applicant Copy

U7563

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY

Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage

Save this notice! It may be important to you in the future.

According to your application, you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a policy to be issued by United of Omaha Life Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

Statement to Applicant by Issuer, Agent, Broker or Other Representative:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason(s) (check one):

____ Additional benefits
____ No change in benefits, but lower premiums
____ Fewer benefits and lower premiums
____ My plan has outpatient prescription drug coverage and I am enrolling in Part D.
____ Disenrollment from a Medicare Advantage Plan. Please explain reason for disenrollment.
____ Other (please specify) _____

_____

_____

_____

If, you still wish to terminate your present policy or certificate and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the Company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy or certificate until you have received your new policy and are sure that you want to keep it.

_____
Signature of Agent, Broker or Other Representative*

UNITED OF OMAHA LIFE INSURANCE COMPANY, Mutual of Omaha Plaza, Omaha, NE 68175

_____	_____
Applicant's Signature	Applicant B's Signature (if applying)
_____	_____
Date	Date

*Signature not required for direct response sales.

1 - Home Office Copy 2 - Applicant Copy

U7563

United of Omaha Life Insurance Company

A Mutual *of* Omaha Company

Documentation of Solicitation of Medicare Related Products

In accordance with Arkansas law, this form is to be completed for all Medicare Supplement, Medicare Advantage and Medicare Part D solicitations, where an application was completed. Place completed form in client file.
I certify that the solicitation of Medicare related product coverage for _____
(Client's Name)
was solicited in the following manner.

- ☐ All replacement questions were asked and recorded on the application.
  This application ☐ was ☐ was not a replacement.
  - ☐ If a replacement, I have reviewed the applicants current coverage and made a best effort to adequately inform the Medicare beneficiary of any substantial benefit differences between replaced and new coverages.
  - ☐ If a replacement, I have advised the Medicare beneficiary they have the right to contact the issuer of the policy that is being replaced for additional information
- ☐ The Medicare beneficiary signed the application
- ☐ A copy of the Outline of Coverage was left with the Medicare beneficiary

_____
Agent's Name

_____
Date

Complete and Retain in Applicant's File

Rate Information

Rate data does NOT apply to filing.

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate ActionInformation:	Attachments
Approved	Rate Filing Packet	UM4-21325	New		AR Supp - UoO Filing Packet 03-24-2008.pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY

ACTUARIAL MEMORANDUM

ARKANSAS

RE: POLICY FORMS UM1, UM4, & UM5

PURPOSE OF THE FILING

UM1, UM4, and UM5 are new Medicare Supplement policy forms that comply with NAIC guidelines. The purpose of this filing is to demonstrate that the anticipated loss ratios of these products meet the minimum requirements of your state. This rate filing is not intended to be used for other purposes.

BENEFIT DESCRIPTIONS

Policy forms UM1, UM4, and UM5 are individual guaranteed renewable Medicare Supplement policy forms. A summary of benefits follows:

Policy Form	Plan Designation	Brief Benefit Description
UM1	A	Core Benefits*.
UM4	F	Core Benefits* plus skilled nursing coinsurance, Part A deductible, Part B deductible, Part B excess (100%), foreign travel.
UM5	G	Core Benefits* plus skilled nursing coinsurance, Part A deductible, Part B excess (80%), foreign travel, at-home recovery.

* Core Benefits: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end, Part B coinsurance, and the first three pints of blood each year.

GENERAL MARKETING METHOD

These forms will be both agent and direct response solicited.

ISSUE AGE LIMITS

These policy forms will be issued to all individuals age 65+ who are eligible for Medicare. They will also be issued to disabled individuals eligible for Medicare in those states where mandated by law.

GROSS PREMIUM STRUCTURE

Premium rates are based on a community rated, tobacco/non-tobacco, standard/substandard rate structure. Additionally, a discount is available for multiple policies residing at the same residential address.

ANTICIPATED LOSS RATIO

The lifetime anticipated loss ratios are as follows:

Policy Form	Plan Designation	Anticipated Loss Ratio
UM1	A	70.0%
UM4	F	72.0%
UM5	G	70.0%

It is expected that the third calendar year experience will produce at least the minimum allowed loss ratio for these policy forms.

ACTUARIAL ASSUMPTIONS

Morbidity Costs: Mutual of Omaha and United World Medicare Supplement experience was the basis of the claim cost development. Claim costs have been analyzed for consistency with the experience of existing Medicare Supplement policies in Arkansas. Initial claim costs have been developed for the period of June 2008 through December 2008, with medical trend operational thereafter as described below.

Selection Factors:

Year	Factor
1	0.93
2+	1.01

Inflationary Trend Factor: The assumed annual inflationary trends by policy form are shown below. These assumptions were based on historical Mutual of Omaha experience adjusted for what is expected to occur in the future. It is assumed in the pricing that annual rate increases will offset the effect of the inflationary trend. We reserve the right to adjust the trend assumption as experience emerges.

Policy Form	Trend
UM1	8%
UM4	8%
UM5	8%

Tobacco/Non-Tobacco Factors: Historical Mutual of Omaha experience was used to develop these assumptions. The rate factors are as follows:

Tobacco Load:	1.074
Non-Tobacco Discount:	0.996

It is assumed in the pricing that all individuals purchasing a policy in the open enrollment or guarantee issue period will receive the non-tobacco premium rate.

Substandard Factors: Historical Mutual of Omaha experience was used to develop these assumptions. Substandard rating will be based on the applicant's height and weight. All policies in the open enrollment or guaranteed issue period will receive the standard rate. The rate factors are as follows:

20% Substandard Load:	1.186
10% Substandard Load:	1.087
Standard Discount:	0.988

Household Factors: Historical Mutual of Omaha experience was used to develop these assumptions. The discount will be applied while there are 2 – 4 policyholders residing at the same single family dwelling with a Medicare Supplement policy from the Mutual of Omaha family of companies. The discount will apply while this criteria is met. The rate factors are as follows:

Single Policy Load:	1.029
Multiple Policy Discount:	0.957

Persistency: Historical Mutual of Omaha experience was used to develop the persistency assumptions used in the projections. The calendar year premium persistency net of inflationary trend is as follows:

First Year:	158%
Renewal Years:	80%

Interest Rate: The assumed after-tax interest rate is 4.5% and is based on current and anticipated Company investment earnings.

Active Life Reserves: Active life reserves will not develop under these policies.

CLAIM RESERVE METHODOLGY

Claim reserves will be calculated using claim runoff patterns.

RATE SCHEDULES AND AREA RATING CHARTS

Schedules of rates and area rating factors are attached. The base rates shown on the rate pages are standard male and female tobacco rates. The actual premiums for your state are the base rates shown on the rate page multiplied by the area factor shown for your state on the area-rating chart, and then multiplied by the non-tobacco, substandard, and/or household factors listed on the rate sheet as appropriate.

LOSS RATIO PROJECTIONS AND DEMONSTRATION

Please see **Exhibit 1** for the lifetime loss ratio projection and demonstration of compliance with minimum loss ratio standards.

ACTUARIAL CERTIFICATION

Please refer to the attached Actuarial Certification.

Michael Vech
Senior Actuarial Assistant
Individual Product Performance Support

Phone: (402) 351 - 5060
Fax: (402) 351 - 2465
E-mail: Michael.Vech@mutualofomaha.com

March 18, 2008

A C T U A R I A L C E R T I F I C A T I O N

COMPANY: United of Omaha Life Insurance Company

RATE SUBMISSION(S): Standardized Medicare Supplement
New Product Rate Filing

DATE: March 18, 2008

I hereby certify that to the best of my knowledge and belief the above submission conforms to generally accepted actuarial principles, standards, and guidelines, that the reserves and non-forfeiture benefits, if applicable, comply with all statutes, rules, and regulations of this state, and that premiums, if any, are not inadequate, excessive, unfairly discriminatory, or unreasonable in relation to benefits provided.

Amber Rinehart

SIGNATURE OF QUALIFIED ACTUARY

Amber Rinehart, FSA, MAAA
Product Performance Director
United of Omaha Life Insurance Company

NAME, TITLE AND/OR BUSINESS AFFILIATION

Exhibit 1

Policy Forms UM1 & UM5

PROJECTED LOSS RATIOS

Calendar Year	Earned Premium Discounted At 4.5% Interest	Incurred Claims Discounted At 4.5% Interest	Calendar Year Loss Ratio
1	97,823	63,477	0.649
2	159,737	112,711	0.706
3	132,070	93,189	0.706
4	109,195	77,048	0.706
5	90,281	63,703	0.706
6	74,644	52,669	0.706
7	61,715	43,546	0.706
8	51,026	36,004	0.706
9	42,188	29,768	0.706
10	34,881	24,612	0.706
11	28,839	20,349	0.706
12	23,844	16,824	0.706
13	19,714	13,910	0.706
14	16,300	11,501	0.706
15	13,476	9,509	0.706
16	11,142	7,862	0.706
17	9,212	6,500	0.706
18	7,617	5,374	0.706
19	6,297	4,443	0.706
20	5,207	3,674	0.706
21	4,305	3,038	0.706
22	3,559	2,511	0.706
23	2,943	2,076	0.706
24	2,433	1,717	0.706
25	2,012	1,419	0.706
26	1,663	1,174	0.706
27	1,375	970	0.706
28	1,137	802	0.706
29	940	663	0.706
30	777	548	0.706
31	643	453	0.706
32	531	375	0.706
33	439	310	0.706
34	363	256	0.706
35	300	212	0.706
Total	1,018,630	713,199	0.700

Policy Form UM4

PROJECTED LOSS RATIOS

Calendar Year	Earned Premium Discounted At 4.5% Interest	Incurred Claims Discounted At 4.5% Interest	Calendar Year Loss Ratio
1	97,823	65,291	0.667
2	159,737	115,931	0.726
3	132,070	95,851	0.726
4	109,195	79,249	0.726
5	90,281	65,523	0.726
6	74,644	54,174	0.726
7	61,715	44,791	0.726
8	51,026	37,033	0.726
9	42,188	30,618	0.726
10	34,881	25,315	0.726
11	28,839	20,930	0.726
12	23,844	17,305	0.726
13	19,714	14,308	0.726
14	16,300	11,830	0.726
15	13,476	9,781	0.726
16	11,142	8,087	0.726
17	9,212	6,686	0.726
18	7,617	5,528	0.726
19	6,297	4,570	0.726
20	5,207	3,779	0.726
21	4,305	3,124	0.726
22	3,559	2,583	0.726
23	2,943	2,136	0.726
24	2,433	1,766	0.726
25	2,012	1,460	0.726
26	1,663	1,207	0.726
27	1,375	998	0.726
28	1,137	825	0.726
29	940	682	0.726
30	777	564	0.726
31	643	466	0.726
32	531	386	0.726
33	439	319	0.726
34	363	264	0.726
35	300	218	0.726
Total	1,018,630	733,576	0.720

Schedule of Monthly Rates
For Policy Form UM1 - Arkansas

Attained Age	TOBACCO FEMALE	TOBACCO MALE
All Ages	102.54	102.54

RATES ARE 7% LOWER WHEN ANOTHER MEMBER OF THE HOUSEHOLD HAS A MUTUAL OF OMAHA, UNITED WORLD, OR UNITED OF OMAHA MEDICARE SUPPLEMENT POLICY.

SUBSTANDARD INCREASE IN PREMIUM OF10% OR 20% BASED ON HEIGHT/WEIGHT CHART MAY APPLY.

NON-TOBACCO PREMIUMS ARE 7.5% LOWER THAN TOBACCO PREMIUMS.

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD $2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Policy Form UM4 - Arkansas

Attained Age	TOBACCO FEMALE	TOBACCO MALE
All Ages	148.61	148.61

RATES ARE 7% LOWER WHEN ANOTHER MEMBER OF THE HOUSEHOLD HAS A MUTUAL OF OMAHA, UNITED WORLD, OR UNITED OF OMAHA MEDICARE SUPPLEMENT POLICY.

SUBSTANDARD INCREASE IN PREMIUM OF10% OR 20% BASED ON HEIGHT/WEIGHT CHART MAY APPLY.

NON-TOBACCO PREMIUMS ARE 7.5% LOWER THAN TOBACCO PREMIUMS.

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD $2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Policy Form UM5 - Arkansas

Attained Age	TOBACCO FEMALE	TOBACCO MALE
All Ages	126.32	126.32

RATES ARE 7% LOWER WHEN ANOTHER MEMBER OF THE HOUSEHOLD HAS A MUTUAL OF OMAHA, UNITED WORLD, OR UNITED OF OMAHA MEDICARE SUPPLEMENT POLICY.

SUBSTANDARD INCREASE IN PREMIUM OF10% OR 20% BASED ON HEIGHT/WEIGHT CHART MAY APPLY.

NON-TOBACCO PREMIUMS ARE 7.5% LOWER THAN TOBACCO PREMIUMS.

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD $2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

NB INF UMS 2008		UNITED OF OMAHA LIFE INS CO INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT									
			AREA RATING FACTORS BY STATE AND ZIP CODE								
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor
Alabama	350	BO	0.98	Arkansas	72025	SS	0.86	Arkansas	72113	BO	0.98
Alabama	351	BO	0.98	Arkansas	72026	SS	0.86	Arkansas	72114	BO	0.98
Alabama	352	BO	0.98	Arkansas	72027	SS	0.86	Arkansas	72115	BO	0.98
Alabama	354	BF	0.87	Arkansas	72028	SS	0.86	Arkansas	72116	BO	0.98
Alabama	355	BO	0.98	Arkansas	72029	SS	0.86	Arkansas	72117	BO	0.98
Alabama	356	BF	0.87	Arkansas	72030	SS	0.86	Arkansas	72118	BO	0.98
Alabama	357	BF	0.87	Arkansas	72031	SS	0.86	Arkansas	72119	BO	0.98
Alabama	358	BF	0.87	Arkansas	72032	SS	0.86	Arkansas	72120	BO	0.98
Alabama	359	BF	0.87	Arkansas	72033	SS	0.86	Arkansas	72121	SS	0.86
Alabama	360	BF	0.87	Arkansas	72034	SS	0.86	Arkansas	72122	SS	0.86
Alabama	361	BF	0.87	Arkansas	72035	SS	0.86	Arkansas	72123	SS	0.86
Alabama	362	BF	0.87	Arkansas	72036	SS	0.86	Arkansas	72124	BO	0.98
Alabama	363	BF	0.87	Arkansas	72037	SS	0.86	Arkansas	72125	SS	0.86
Alabama	364	BF	0.87	Arkansas	72038	SS	0.86	Arkansas	72126	SS	0.86
Alabama	365	BF	0.87	Arkansas	72039	SS	0.86	Arkansas	72127	SS	0.86
Alabama	366	BF	0.87	Arkansas	72040	SS	0.86	Arkansas	72128	SS	0.86
Alabama	367	BF	0.87	Arkansas	72041	SS	0.86	Arkansas	72129	SS	0.86
Alabama	368	BF	0.87	Arkansas	72042	SS	0.86	Arkansas	72130	SS	0.86
Alabama	369	BF	0.87	Arkansas	72043	SS	0.86	Arkansas	72131	SS	0.86
Alaska	995	F	1.00	Arkansas	72044	SS	0.86	Arkansas	72132	SS	0.86
Alaska	996	F	1.00	Arkansas	72045	SS	0.86	Arkansas	72133	SS	0.86
Alaska	997	F	1.00	Arkansas	72046	SS	0.86	Arkansas	72134	SS	0.86
Alaska	998	F	1.00	Arkansas	72047	SS	0.86	Arkansas	72135	BO	0.98
Alaska	999	F	1.00	Arkansas	72048	SS	0.86	Arkansas	72136	SS	0.86
Arizona	850	C	0.85	Arkansas	72051	SS	0.86	Arkansas	72137	SS	0.86
Arizona	852	C	0.85	Arkansas	72052	SS	0.86	Arkansas	72139	SS	0.86
Arizona	853	C	0.85	Arkansas	72053	BO	0.98	Arkansas	72140	SS	0.86
Arizona	855	C	0.85	Arkansas	72055	SS	0.86	Arkansas	72141	SS	0.86
Arizona	856	C	0.85	Arkansas	72057	SS	0.86	Arkansas	72142	BO	0.98
Arizona	857	C	0.85	Arkansas	72058	SS	0.86	Arkansas	72143	SS	0.86
Arizona	859	C	0.85	Arkansas	72059	SS	0.86	Arkansas	72145	SS	0.86
Arizona	860	C	0.85	Arkansas	72060	SS	0.86	Arkansas	72149	SS	0.86
Arizona	863	C	0.85	Arkansas	72061	SS	0.86	Arkansas	72150	SS	0.86
Arizona	864	C	0.85	Arkansas	72063	SS	0.86	Arkansas	72152	SS	0.86
Arizona	865	C	0.85	Arkansas	72064	SS	0.86	Arkansas	72153	SS	0.86
Arkansas	716	RR	0.82	Arkansas	72065	BO	0.98	Arkansas	72156	SS	0.86
Arkansas	717	RR	0.82	Arkansas	72066	SS	0.86	Arkansas	72157	SS	0.86
Arkansas	718	RR	0.82	Arkansas	72067	SS	0.86	Arkansas	72158	SS	0.86
Arkansas	719	RR	0.82	Arkansas	72068	SS	0.86	Arkansas	72160	SS	0.86
Arkansas	720	N/A	N/A	Arkansas	72069	SS	0.86	Arkansas	72164	BO	0.98
Arkansas	721	N/A	N/A	Arkansas	72070	SS	0.86	Arkansas	72165	SS	0.86
Arkansas	722	BO	0.98	Arkansas	72071	SS	0.86	Arkansas	72166	SS	0.86
Arkansas	723	RR	0.82	Arkansas	72072	SS	0.86	Arkansas	72167	SS	0.86
Arkansas	724	RR	0.82	Arkansas	72073	SS	0.86	Arkansas	72168	SS	0.86
Arkansas	725	RR	0.82	Arkansas	72074	SS	0.86	Arkansas	72169	SS	0.86
Arkansas	726	RR	0.82	Arkansas	72075	SS	0.86	Arkansas	72170	SS	0.86
Arkansas	727	RR	0.82	Arkansas	72076	BO	0.98	Arkansas	72173	SS	0.86
Arkansas	728	RR	0.82	Arkansas	72078	BO	0.98	Arkansas	72175	SS	0.86
Arkansas	729	RR	0.82	Arkansas	72079	SS	0.86	Arkansas	72176	SS	0.86
Arkansas	72001	SS	0.86	Arkansas	72080	SS	0.86	Arkansas	72178	SS	0.86
Arkansas	72002	BO	0.98	Arkansas	72081	SS	0.86	Arkansas	72179	SS	0.86
Arkansas	72003	SS	0.86	Arkansas	72082	SS	0.86	Arkansas	72180	BO	0.98
Arkansas	72004	SS	0.86	Arkansas	72083	SS	0.86	Arkansas	72181	SS	0.86
Arkansas	72005	SS	0.86	Arkansas	72084	SS	0.86	Arkansas	72182	SS	0.86
Arkansas	72006	SS	0.86	Arkansas	72085	SS	0.86	Arkansas	72183	BO	0.98
Arkansas	72007	SS	0.86	Arkansas	72086	SS	0.86	Arkansas	72189	SS	0.86
Arkansas	72010	SS	0.86	Arkansas	72087	SS	0.86	Arkansas	72190	BO	0.98
Arkansas	72011	SS	0.86	Arkansas	72088	SS	0.86	Arkansas	72198	BO	0.98
Arkansas	72012	SS	0.86	Arkansas	72089	SS	0.86	Arkansas	72199	BO	0.98
Arkansas	72013	SS	0.86	Arkansas	72099	BO	0.98	California	900	CE	1.17
Arkansas	72014	SS	0.86	Arkansas	72101	SS	0.86	California	901	CE	1.17
Arkansas	72015	SS	0.86	Arkansas	72102	SS	0.86	California	902	CE	1.17
Arkansas	72016	SS	0.86	Arkansas	72103	BO	0.98	California	903	CE	1.17
Arkansas	72017	SS	0.86	Arkansas	72104	SS	0.86	California	904	CE	1.17
Arkansas	72018	SS	0.86	Arkansas	72105	SS	0.86	California	905	CE	1.17
Arkansas	72019	SS	0.86	Arkansas	72106	SS	0.86	California	906	CE	1.17
Arkansas	72020	SS	0.86	Arkansas	72107	SS	0.86	California	907	CE	1.17
Arkansas	72021	SS	0.86	Arkansas	72108	SS	0.86	California	908	CE	1.17
Arkansas	72022	SS	0.86	Arkansas	72110	SS	0.86	California	909	CE	1.17
Arkansas	72023	SS	0.86	Arkansas	72111	SS	0.86	California	910	CE	1.17
Arkansas	72024	SS	0.86	Arkansas	72112	SS	0.86	California	911	CE	1.17

NB INF UMS 2008		UNITED OF OMAHA LIFE INS CO INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT									
			AREA RATING FACTORS BY STATE AND ZIP CODE								
State	Zip Code	Alpha Cod	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor
California	912	CE	1.17	Connecticut	065	D	0.90	Illinois	600	BI	0.91
California	913	CE	1.17	Connecticut	066	D	0.90	Illinois	601	BI	0.91
California	914	CE	1.17	Connecticut	067	D	0.90	Illinois	602	BI	0.91
California	915	CE	1.17	Connecticut	068	D	0.90	Illinois	603	BI	0.91
California	916	CE	1.17	Connecticut	069	D	0.90	Illinois	604	BI	0.91
California	917	CE	1.17	Delaware	197	E	0.95	Illinois	605	BI	0.91
California	918	CE	1.17	Delaware	198	E	0.95	Illinois	606	BI	0.91
California	919	BP	0.99	Delaware	199	E	0.95	Illinois	607	BI	0.91
California	920	BP	0.99	District of Columbia	200	B	0.80	Illinois	608	BI	0.91
California	921	BP	0.99	District of Columbia	202	B	0.80	Illinois	609	RR	0.82
California	922	BP	0.99	District of Columbia	203	B	0.80	Illinois	610	RR	0.82
California	923	BP	0.99	District of Columbia	204	B	0.80	Illinois	611	RR	0.82
California	924	BP	0.99	District of Columbia	205	B	0.80	Illinois	612	RR	0.82
California	925	BP	0.99	Florida	320	BU	1.06	Illinois	613	RR	0.82
California	926	CE	1.17	Florida	321	BU	1.06	Illinois	614	RR	0.82
California	927	CE	1.17	Florida	322	CD	1.16	Illinois	615	RR	0.82
California	928	CE	1.17	Florida	323	BU	1.06	Illinois	616	RR	0.82
California	930	BP	0.99	Florida	324	BU	1.06	Illinois	617	RR	0.82
California	931	BP	0.99	Florida	325	BU	1.06	Illinois	618	RR	0.82
California	932	C	0.85	Florida	326	BU	1.06	Illinois	619	RR	0.82
California	933	C	0.85	Florida	327	BU	1.06	Illinois	620	RR	0.82
California	934	C	0.85	Florida	328	BU	1.06	Illinois	622	RR	0.82
California	935	C	0.85	Florida	329	BU	1.06	Illinois	623	RR	0.82
California	936	C	0.85	Florida	330	R	1.60	Illinois	624	RR	0.82
California	937	C	0.85	Florida	331	R	1.60	Illinois	625	RR	0.82
California	938	C	0.85	Florida	332	R	1.60	Illinois	626	RR	0.82
California	939	C	0.85	Florida	333	R	1.60	Illinois	627	RR	0.82
California	940	BP	0.99	Florida	334	N	1.40	Illinois	628	RR	0.82
California	941	BP	0.99	Florida	335	CD	1.16	Illinois	629	RR	0.82
California	942	BP	0.99	Florida	336	CD	1.16	Indiana	460	AU	0.68
California	943	BP	0.99	Florida	337	CD	1.16	Indiana	461	AU	0.68
California	944	BP	0.99	Florida	338	BU	1.06	Indiana	462	BA	0.79
California	945	BP	0.99	Florida	339	BU	1.06	Indiana	463	BA	0.79
California	946	BP	0.99	Florida	340	R	1.60	Indiana	464	BA	0.79
California	947	BP	0.99	Florida	341	BU	1.06	Indiana	465	AU	0.68
California	948	BP	0.99	Florida	342	BU	1.06	Indiana	466	AU	0.68
California	949	BP	0.99	Florida	344	BU	1.06	Indiana	467	AU	0.68
California	950	C	0.85	Florida	346	CD	1.16	Indiana	468	AU	0.68
California	951	C	0.85	Florida	347	BU	1.06	Indiana	469	AU	0.68
California	952	C	0.85	Florida	349	CD	1.16	Indiana	470	AU	0.68
California	953	C	0.85	Georgia	300	BK	0.93	Indiana	471	AU	0.68
California	954	C	0.85	Georgia	301	BK	0.93	Indiana	472	AU	0.68
California	955	C	0.85	Georgia	302	BK	0.93	Indiana	473	AU	0.68
California	956	C	0.85	Georgia	303	BK	0.93	Indiana	474	AU	0.68
California	957	C	0.85	Georgia	304	C	0.85	Indiana	475	AU	0.68
California	958	C	0.85	Georgia	305	C	0.85	Indiana	476	AU	0.68
California	959	C	0.85	Georgia	306	C	0.85	Indiana	477	AU	0.68
California	960	C	0.85	Georgia	307	C	0.85	Indiana	478	AU	0.68
California	961	C	0.85	Georgia	308	BK	0.93	Indiana	479	AU	0.68
Colorado	800	BF	0.87	Georgia	309	BK	0.93	Iowa	500	AT	0.66
Colorado	801	BF	0.87	Georgia	310	C	0.85	Iowa	501	AT	0.66
Colorado	802	BF	0.87	Georgia	311	BK	0.93	Iowa	502	AT	0.66
Colorado	803	QQ	0.78	Georgia	312	C	0.85	Iowa	503	PP	0.74
Colorado	804	QQ	0.78	Georgia	313	BK	0.93	Iowa	504	AT	0.66
Colorado	805	QQ	0.78	Georgia	314	BK	0.93	Iowa	505	AT	0.66
Colorado	806	QQ	0.78	Georgia	315	C	0.85	Iowa	506	AT	0.66
Colorado	807	QQ	0.78	Georgia	316	C	0.85	Iowa	507	PP	0.74
Colorado	808	QQ	0.78	Georgia	317	C	0.85	Iowa	508	PP	0.74
Colorado	809	QQ	0.78	Georgia	318	C	0.85	Iowa	509	PP	0.74
Colorado	810	QQ	0.78	Georgia	319	C	0.85	Iowa	510	PP	0.74
Colorado	811	QQ	0.78	Georgia	398	C	0.85	Iowa	511	PP	0.74
Colorado	812	QQ	0.78	Georgia	399	BK	0.93	Iowa	512	AT	0.66
Colorado	813	QQ	0.78	Hawaii	967	D	0.90	Iowa	513	AT	0.66
Colorado	814	QQ	0.78	Hawaii	968	D	0.90	Iowa	514	AT	0.66
Colorado	815	QQ	0.78	Idaho	832	W	0.70	Iowa	515	PP	0.74
Colorado	816	QQ	0.78	Idaho	833	W	0.70	Iowa	516	PP	0.74
Connecticut	060	D	0.90	Idaho	834	W	0.70	Iowa	520	AT	0.66
Connecticut	061	D	0.90	Idaho	835	W	0.70	Iowa	521	AT	0.66
Connecticut	062	D	0.90	Idaho	836	W	0.70	Iowa	522	AT	0.66
Connecticut	063	D	0.90	Idaho	837	W	0.70	Iowa	523	AT	0.66
Connecticut	064	D	0.90	Idaho	838	W	0.70	Iowa	524	AT	0.66

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			AREA RATING FACTORS BY STATE AND ZIP CODE								
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor
Iowa	525	AT	0.66	Maine	046	A	0.75	Minnesota	55005	BL	0.94
Iowa	526	PP	0.74	Maine	047	A	0.75	Minnesota	55006	BC	0.81
Iowa	527	PP	0.74	Maine	048	A	0.75	Minnesota	55007	BC	0.81
Iowa	528	PP	0.74	Maine	049	A	0.75	Minnesota	55008	BC	0.81
Kansas	660	BF	0.87	Maryland	206	BV	1.07	Minnesota	55009	BC	0.81
Kansas	661	BM	0.96	Maryland	207	BV	1.07	Minnesota	55010	BF	0.87
Kansas	662	BM	0.96	Maryland	208	BV	1.07	Minnesota	55011	BL	0.94
Kansas	664	BF	0.87	Maryland	209	BV	1.07	Minnesota	55012	BC	0.81
Kansas	665	BF	0.87	Maryland	210	BV	1.07	Minnesota	55013	BC	0.81
Kansas	666	BF	0.87	Maryland	211	BV	1.07	Minnesota	55014	BL	0.94
Kansas	667	BF	0.87	Maryland	212	BV	1.07	Minnesota	55016	BF	0.87
Kansas	668	BF	0.87	Maryland	214	BV	1.07	Minnesota	55017	BC	0.81
Kansas	669	BF	0.87	Maryland	215	BV	1.07	Minnesota	55018	BC	0.81
Kansas	670	BF	0.87	Maryland	216	BV	1.07	Minnesota	55019	BC	0.81
Kansas	671	BF	0.87	Maryland	217	BV	1.07	Minnesota	55020	BF	0.87
Kansas	672	BM	0.96	Maryland	218	BV	1.07	Minnesota	55021	BC	0.81
Kansas	673	BF	0.87	Maryland	219	BV	1.07	Minnesota	55024	BF	0.87
Kansas	674	BF	0.87	Massachusetts	010	E	0.95	Minnesota	55025	BF	0.87
Kansas	675	BF	0.87	Massachusetts	011	E	0.95	Minnesota	55026	BC	0.81
Kansas	676	BF	0.87	Massachusetts	012	E	0.95	Minnesota	55027	BC	0.81
Kansas	677	BF	0.87	Massachusetts	013	E	0.95	Minnesota	55029	BC	0.81
Kansas	678	BF	0.87	Massachusetts	014	E	0.95	Minnesota	55030	BC	0.81
Kansas	679	BF	0.87	Massachusetts	015	E	0.95	Minnesota	55031	BF	0.87
Kentucky	400	A	0.75	Massachusetts	016	E	0.95	Minnesota	55032	BC	0.81
Kentucky	401	D	0.90	Massachusetts	017	E	0.95	Minnesota	55033	BF	0.87
Kentucky	402	D	0.90	Massachusetts	018	E	0.95	Minnesota	55036	BC	0.81
Kentucky	403	A	0.75	Massachusetts	019	E	0.95	Minnesota	55037	BC	0.81
Kentucky	404	A	0.75	Massachusetts	020	E	0.95	Minnesota	55038	BF	0.87
Kentucky	405	A	0.75	Massachusetts	021	E	0.95	Minnesota	55040	BC	0.81
Kentucky	406	A	0.75	Massachusetts	022	E	0.95	Minnesota	55041	BC	0.81
Kentucky	407	A	0.75	Massachusetts	023	E	0.95	Minnesota	55042	BF	0.87
Kentucky	408	A	0.75	Massachusetts	024	E	0.95	Minnesota	55043	BF	0.87
Kentucky	409	A	0.75	Massachusetts	025	E	0.95	Minnesota	55044	BF	0.87
Kentucky	410	A	0.75	Massachusetts	026	E	0.95	Minnesota	55045	BC	0.81
Kentucky	411	A	0.75	Massachusetts	027	E	0.95	Minnesota	55046	BC	0.81
Kentucky	412	A	0.75	Massachusetts	055	E	0.95	Minnesota	55047	BF	0.87
Kentucky	413	A	0.75	Michigan	480	I	1.15	Minnesota	55049	BC	0.81
Kentucky	414	A	0.75	Michigan	481	I	1.15	Minnesota	55051	BC	0.81
Kentucky	415	A	0.75	Michigan	482	I	1.15	Minnesota	55052	BC	0.81
Kentucky	416	D	0.90	Michigan	483	I	1.15	Minnesota	55053	BC	0.81
Kentucky	417	D	0.90	Michigan	484	I	1.15	Minnesota	55054	BF	0.87
Kentucky	418	D	0.90	Michigan	485	I	1.15	Minnesota	55055	BF	0.87
Kentucky	419	A	0.75	Michigan	486	E	0.95	Minnesota	55056	BC	0.81
Kentucky	420	D	0.90	Michigan	487	E	0.95	Minnesota	55057	BC	0.81
Kentucky	421	A	0.75	Michigan	488	E	0.95	Minnesota	55060	BC	0.81
Kentucky	422	A	0.75	Michigan	489	E	0.95	Minnesota	55063	BC	0.81
Kentucky	423	A	0.75	Michigan	490	BF	0.87	Minnesota	55065	BF	0.87
Kentucky	424	A	0.75	Michigan	491	BF	0.87	Minnesota	55066	BC	0.81
Kentucky	425	A	0.75	Michigan	492	E	0.95	Minnesota	55067	BC	0.81
Kentucky	426	A	0.75	Michigan	493	BF	0.87	Minnesota	55068	BF	0.87
Kentucky	427	A	0.75	Michigan	494	BF	0.87	Minnesota	55069	BC	0.81
Louisiana	700	BR	1.02	Michigan	495	BF	0.87	Minnesota	55070	BL	0.94
Louisiana	701	BR	1.02	Michigan	496	BF	0.87	Minnesota	55071	BF	0.87
Louisiana	703	BR	1.02	Michigan	497	BF	0.87	Minnesota	55072	BC	0.81
Louisiana	704	BR	1.02	Michigan	498	BF	0.87	Minnesota	55073	BF	0.87
Louisiana	705	RR	0.82	Michigan	499	BF	0.87	Minnesota	55074	BC	0.81
Louisiana	706	RR	0.82	Minnesota	556	BC	0.81	Minnesota	55075	BF	0.87
Louisiana	707	RR	0.82	Minnesota	557	BC	0.81	Minnesota	55076	BF	0.87
Louisiana	708	RR	0.82	Minnesota	558	BC	0.81	Minnesota	55077	BF	0.87
Louisiana	710	RR	0.82	Minnesota	559	BC	0.81	Minnesota	55078	BC	0.81
Louisiana	711	RR	0.82	Minnesota	560	BC	0.81	Minnesota	55079	BC	0.81
Louisiana	712	RR	0.82	Minnesota	561	BC	0.81	Minnesota	55080	BC	0.81
Louisiana	713	RR	0.82	Minnesota	562	BC	0.81	Minnesota	55082	BF	0.87
Louisiana	714	RR	0.82	Minnesota	563	BC	0.81	Minnesota	55083	BF	0.87
Maine	039	A	0.75	Minnesota	564	BC	0.81	Minnesota	55084	BC	0.81
Maine	040	A	0.75	Minnesota	565	BC	0.81	Minnesota	55085	BF	0.87
Maine	041	A	0.75	Minnesota	566	BC	0.81	Minnesota	55087	BC	0.81
Maine	042	A	0.75	Minnesota	567	BC	0.81	Minnesota	55088	BC	0.81
Maine	043	A	0.75	Minnesota	55001	BF	0.87	Minnesota	55089	BC	0.81
Maine	044	A	0.75	Minnesota	55002	BC	0.81	Minnesota	55090	BF	0.87
Maine	045	A	0.75	Minnesota	55003	BF	0.87	Minnesota	55092	BC	0.81

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			AREA RATING FACTORS BY STATE AND ZIP CODE								
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor
Minnesota	55101	BL	0.94	Minnesota	55319	BC	0.81	Minnesota	55392	BL	0.94
Minnesota	55102	BL	0.94	Minnesota	55320	BC	0.81	Minnesota	55393	BC	0.81
Minnesota	55103	BL	0.94	Minnesota	55321	BC	0.81	Minnesota	55394	BF	0.87
Minnesota	55104	BL	0.94	Minnesota	55322	BF	0.87	Minnesota	55395	BC	0.81
Minnesota	55105	BL	0.94	Minnesota	55323	BL	0.94	Minnesota	55396	BC	0.81
Minnesota	55106	BL	0.94	Minnesota	55324	BC	0.81	Minnesota	55397	BF	0.87
Minnesota	55107	BL	0.94	Minnesota	55325	BC	0.81	Minnesota	55398	BC	0.81
Minnesota	55108	BL	0.94	Minnesota	55327	BL	0.94	Minnesota	55399	BF	0.87
Minnesota	55109	BL	0.94	Minnesota	55328	BC	0.81	Minnesota	55400	BL	0.94
Minnesota	55110	BL	0.94	Minnesota	55329	BC	0.81	Minnesota	55401	BL	0.94
Minnesota	55111	BL	0.94	Minnesota	55330	BC	0.81	Minnesota	55402	BL	0.94
Minnesota	55112	BL	0.94	Minnesota	55331	BL	0.94	Minnesota	55403	BL	0.94
Minnesota	55113	BL	0.94	Minnesota	55332	BC	0.81	Minnesota	55404	BL	0.94
Minnesota	55114	BL	0.94	Minnesota	55333	BC	0.81	Minnesota	55405	BL	0.94
Minnesota	55115	BL	0.94	Minnesota	55334	BC	0.81	Minnesota	55406	BL	0.94
Minnesota	55116	BL	0.94	Minnesota	55335	BC	0.81	Minnesota	55407	BL	0.94
Minnesota	55117	BL	0.94	Minnesota	55336	BC	0.81	Minnesota	55408	BL	0.94
Minnesota	55118	BF	0.87	Minnesota	55337	BF	0.87	Minnesota	55409	BL	0.94
Minnesota	55119	BL	0.94	Minnesota	55338	BC	0.81	Minnesota	55410	BL	0.94
Minnesota	55120	BF	0.87	Minnesota	55339	BF	0.87	Minnesota	55411	BL	0.94
Minnesota	55121	BF	0.87	Minnesota	55340	BL	0.94	Minnesota	55412	BL	0.94
Minnesota	55122	BF	0.87	Minnesota	55341	BC	0.81	Minnesota	55413	BL	0.94
Minnesota	55123	BF	0.87	Minnesota	55342	BC	0.81	Minnesota	55414	BL	0.94
Minnesota	55124	BF	0.87	Minnesota	55343	BL	0.94	Minnesota	55415	BL	0.94
Minnesota	55125	BF	0.87	Minnesota	55344	BL	0.94	Minnesota	55416	BL	0.94
Minnesota	55126	BL	0.94	Minnesota	55345	BL	0.94	Minnesota	55417	BL	0.94
Minnesota	55127	BL	0.94	Minnesota	55346	BL	0.94	Minnesota	55418	BL	0.94
Minnesota	55128	BF	0.87	Minnesota	55347	BL	0.94	Minnesota	55419	BL	0.94
Minnesota	55129	BF	0.87	Minnesota	55348	BL	0.94	Minnesota	55420	BL	0.94
Minnesota	55130	BL	0.94	Minnesota	55349	BC	0.81	Minnesota	55421	BL	0.94
Minnesota	55133	BL	0.94	Minnesota	55350	BC	0.81	Minnesota	55422	BL	0.94
Minnesota	55144	BL	0.94	Minnesota	55352	BF	0.87	Minnesota	55423	BL	0.94
Minnesota	55145	BL	0.94	Minnesota	55353	BC	0.81	Minnesota	55424	BL	0.94
Minnesota	55146	BL	0.94	Minnesota	55354	BC	0.81	Minnesota	55425	BL	0.94
Minnesota	55150	BF	0.87	Minnesota	55355	BC	0.81	Minnesota	55426	BL	0.94
Minnesota	55155	BL	0.94	Minnesota	55356	BL	0.94	Minnesota	55427	BL	0.94
Minnesota	55161	BL	0.94	Minnesota	55357	BL	0.94	Minnesota	55428	BL	0.94
Minnesota	55164	BL	0.94	Minnesota	55358	BC	0.81	Minnesota	55429	BL	0.94
Minnesota	55165	BL	0.94	Minnesota	55359	BL	0.94	Minnesota	55430	BL	0.94
Minnesota	55166	BL	0.94	Minnesota	55360	BF	0.87	Minnesota	55431	BL	0.94
Minnesota	55168	BL	0.94	Minnesota	55361	BL	0.94	Minnesota	55432	BL	0.94
Minnesota	55169	BL	0.94	Minnesota	55362	BC	0.81	Minnesota	55433	BL	0.94
Minnesota	55170	BL	0.94	Minnesota	55363	BC	0.81	Minnesota	55434	BL	0.94
Minnesota	55171	BL	0.94	Minnesota	55364	BL	0.94	Minnesota	55435	BL	0.94
Minnesota	55172	BL	0.94	Minnesota	55365	BC	0.81	Minnesota	55436	BL	0.94
Minnesota	55175	BL	0.94	Minnesota	55366	BC	0.81	Minnesota	55437	BL	0.94
Minnesota	55177	BL	0.94	Minnesota	55367	BF	0.87	Minnesota	55438	BL	0.94
Minnesota	55182	BL	0.94	Minnesota	55368	BF	0.87	Minnesota	55439	BL	0.94
Minnesota	55187	BL	0.94	Minnesota	55369	BL	0.94	Minnesota	55440	BL	0.94
Minnesota	55188	BL	0.94	Minnesota	55370	BC	0.81	Minnesota	55441	BL	0.94
Minnesota	55190	BL	0.94	Minnesota	55371	BC	0.81	Minnesota	55442	BL	0.94
Minnesota	55191	BL	0.94	Minnesota	55372	BF	0.87	Minnesota	55443	BL	0.94
Minnesota	55199	BL	0.94	Minnesota	55373	BC	0.81	Minnesota	55444	BL	0.94
Minnesota	55301	BC	0.81	Minnesota	55374	BL	0.94	Minnesota	55445	BL	0.94
Minnesota	55302	BC	0.81	Minnesota	55375	BL	0.94	Minnesota	55446	BL	0.94
Minnesota	55303	BL	0.94	Minnesota	55376	BC	0.81	Minnesota	55447	BL	0.94
Minnesota	55304	BL	0.94	Minnesota	55377	BC	0.81	Minnesota	55448	BL	0.94
Minnesota	55305	BL	0.94	Minnesota	55378	BF	0.87	Minnesota	55449	BL	0.94
Minnesota	55306	BF	0.87	Minnesota	55379	BF	0.87	Minnesota	55450	BL	0.94
Minnesota	55307	BC	0.81	Minnesota	55380	BC	0.81	Minnesota	55454	BL	0.94
Minnesota	55308	BC	0.81	Minnesota	55381	BC	0.81	Minnesota	55455	BL	0.94
Minnesota	55309	BC	0.81	Minnesota	55382	BC	0.81	Minnesota	55458	BL	0.94
Minnesota	55310	BC	0.81	Minnesota	55383	BF	0.87	Minnesota	55459	BL	0.94
Minnesota	55311	BL	0.94	Minnesota	55384	BL	0.94	Minnesota	55460	BL	0.94
Minnesota	55312	BC	0.81	Minnesota	55385	BC	0.81	Minnesota	55467	BL	0.94
Minnesota	55313	BC	0.81	Minnesota	55386	BF	0.87	Minnesota	55468	BL	0.94
Minnesota	55314	BC	0.81	Minnesota	55387	BF	0.87	Minnesota	55470	BL	0.94
Minnesota	55315	BF	0.87	Minnesota	55388	BF	0.87	Minnesota	55472	BL	0.94
Minnesota	55316	BL	0.94	Minnesota	55389	BC	0.81	Minnesota	55473	BF	0.87
Minnesota	55317	BF	0.87	Minnesota	55390	BC	0.81	Minnesota	55474	BL	0.94
Minnesota	55318	BF	0.87	Minnesota	55391	BL	0.94	Minnesota	55478	BL	0.94

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			AREA RATING FACTORS BY STATE AND ZIP CODE								
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor
Minnesota	55479	BL	0.94	Nebraska	68003	AY	0.76	Nevada	89008	SS	0.86
Minnesota	55480	BL	0.94	Nebraska	68004	AY	0.76	Nevada	89009	BO	0.98
Minnesota	55483	BL	0.94	Nebraska	68005	RR	0.82	Nevada	89010	SS	0.86
Minnesota	55484	BL	0.94	Nebraska	68007	RR	0.82	Nevada	89011	BO	0.98
Minnesota	55485	BL	0.94	Nebraska	68008	AY	0.76	Nevada	89012	BO	0.98
Minnesota	55486	BL	0.94	Nebraska	68009	AY	0.76	Nevada	89013	SS	0.86
Minnesota	55487	BL	0.94	Nebraska	68010	RR	0.82	Nevada	89014	BO	0.98
Minnesota	55488	BL	0.94	Nebraska	68014	AY	0.76	Nevada	89015	BO	0.98
Mississippi	386	A	0.75	Nebraska	68015	AY	0.76	Nevada	89016	BO	0.98
Mississippi	387	A	0.75	Nebraska	68016	AY	0.76	Nevada	89017	SS	0.86
Mississippi	388	A	0.75	Nebraska	68017	AY	0.76	Nevada	89018	SS	0.86
Mississippi	389	A	0.75	Nebraska	68018	AY	0.76	Nevada	89019	SS	0.86
Mississippi	390	A	0.75	Nebraska	68019	AY	0.76	Nevada	89020	SS	0.86
Mississippi	391	A	0.75	Nebraska	68020	AY	0.76	Nevada	89021	SS	0.86
Mississippi	392	A	0.75	Nebraska	68022	RR	0.82	Nevada	89022	SS	0.86
Mississippi	393	A	0.75	Nebraska	68023	AY	0.76	Nevada	89023	SS	0.86
Mississippi	394	C	0.85	Nebraska	68025	AY	0.76	Nevada	89024	SS	0.86
Mississippi	395	C	0.85	Nebraska	68026	AY	0.76	Nevada	89025	SS	0.86
Mississippi	396	A	0.75	Nebraska	68028	RR	0.82	Nevada	89026	SS	0.86
Mississippi	397	A	0.75	Nebraska	68029	AY	0.76	Nevada	89027	SS	0.86
Missouri	630	BD	0.83	Nebraska	68030	AY	0.76	Nevada	89028	SS	0.86
Missouri	631	BD	0.83	Nebraska	68031	AY	0.76	Nevada	89029	SS	0.86
Missouri	633	BD	0.83	Nebraska	68033	AY	0.76	Nevada	89030	BO	0.98
Missouri	634	AU	0.68	Nebraska	68034	AY	0.76	Nevada	89031	BO	0.98
Missouri	635	AU	0.68	Nebraska	68035	RR	0.82	Nevada	89032	BO	0.98
Missouri	636	AU	0.68	Nebraska	68036	AY	0.76	Nevada	89033	BO	0.98
Missouri	637	AU	0.68	Nebraska	68037	AY	0.76	Nevada	89034	SS	0.86
Missouri	638	AU	0.68	Nebraska	68038	AY	0.76	Nevada	89036	BO	0.98
Missouri	639	AU	0.68	Nebraska	68039	AY	0.76	Nevada	89037	SS	0.86
Missouri	640	BD	0.83	Nebraska	68040	AY	0.76	Nevada	89039	SS	0.86
Missouri	641	BD	0.83	Nebraska	68041	AY	0.76	Nevada	89040	SS	0.86
Missouri	644	AU	0.68	Nebraska	68042	AY	0.76	Nevada	89041	SS	0.86
Missouri	645	AU	0.68	Nebraska	68044	AY	0.76	Nevada	89042	SS	0.86
Missouri	646	AU	0.68	Nebraska	68045	AY	0.76	Nevada	89043	SS	0.86
Missouri	647	AU	0.68	Nebraska	68046	RR	0.82	Nevada	89044	BO	0.98
Missouri	648	AU	0.68	Nebraska	68047	AY	0.76	Nevada	89045	SS	0.86
Missouri	649	AU	0.68	Nebraska	68048	AY	0.76	Nevada	89046	SS	0.86
Missouri	650	AU	0.68	Nebraska	68050	AY	0.76	Nevada	89047	SS	0.86
Missouri	651	AU	0.68	Nebraska	68054	RR	0.82	Nevada	89048	SS	0.86
Missouri	652	AU	0.68	Nebraska	68055	AY	0.76	Nevada	89049	SS	0.86
Missouri	653	AU	0.68	Nebraska	68056	RR	0.82	Nevada	89050	SS	0.86
Missouri	654	AU	0.68	Nebraska	68057	AY	0.76	Nevada	89052	BO	0.98
Missouri	655	AU	0.68	Nebraska	68058	AY	0.76	Nevada	89053	BO	0.98
Missouri	656	AU	0.68	Nebraska	68059	RR	0.82	Nevada	89054	BO	0.98
Missouri	657	AU	0.68	Nebraska	68061	AY	0.76	Nevada	89060	SS	0.86
Missouri	658	AU	0.68	Nebraska	68062	AY	0.76	Nevada	89061	SS	0.86
Montana	590	A	0.75	Nebraska	68063	AY	0.76	Nevada	89067	SS	0.86
Montana	591	A	0.75	Nebraska	68064	RR	0.82	Nevada	89070	SS	0.86
Montana	592	A	0.75	Nebraska	68065	AY	0.76	Nevada	89074	BO	0.98
Montana	593	A	0.75	Nebraska	68066	AY	0.76	Nevada	89077	BO	0.98
Montana	594	A	0.75	Nebraska	68067	AY	0.76	Nevada	89081	BO	0.98
Montana	595	A	0.75	Nebraska	68068	AY	0.76	Nevada	89084	BO	0.98
Montana	596	A	0.75	Nebraska	68069	RR	0.82	Nevada	89085	BO	0.98
Montana	597	A	0.75	Nebraska	68070	AY	0.76	Nevada	89086	BO	0.98
Montana	598	A	0.75	Nebraska	68071	AY	0.76	Nevada	89087	BO	0.98
Montana	599	A	0.75	Nebraska	68072	AY	0.76	New Hampshire	002	W	0.70
Nebraska	680	N/A	N/A	Nebraska	68073	AY	0.76	New Hampshire	030	W	0.70
Nebraska	681	RR	0.82	Nevada	889	BO	0.98	New Hampshire	031	W	0.70
Nebraska	683	AV	0.69	Nevada	891	BO	0.98	New Hampshire	032	W	0.70
Nebraska	684	AV	0.69	Nevada	893	SS	0.86	New Hampshire	033	W	0.70
Nebraska	685	AY	0.76	Nevada	894	SS	0.86	New Hampshire	034	W	0.70
Nebraska	686	AV	0.69	Nevada	895	SS	0.86	New Hampshire	035	W	0.70
Nebraska	687	AV	0.69	Nevada	897	SS	0.86	New Hampshire	036	W	0.70
Nebraska	688	AV	0.69	Nevada	898	SS	0.86	New Hampshire	037	W	0.70
Nebraska	689	AV	0.69	Nevada	89001	SS	0.86	New Hampshire	038	W	0.70
Nebraska	690	AV	0.69	Nevada	89002	BO	0.98	New Jersey	070	E	0.95
Nebraska	691	AV	0.69	Nevada	89003	SS	0.86	New Jersey	071	E	0.95
Nebraska	692	AV	0.69	Nevada	89004	SS	0.86	New Jersey	072	E	0.95
Nebraska	693	AV	0.69	Nevada	89005	SS	0.86	New Jersey	073	E	0.95
Nebraska	68001	AY	0.76	Nevada	89006	SS	0.86	New Jersey	074	E	0.95
Nebraska	68002	AY	0.76	Nevada	89007	SS	0.86	New Jersey	075	E	0.95

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			AREA RATING FACTORS BY STATE AND ZIP CODE								
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor
New Jersey	076	E	0.95	New York	144	BF	0.87	New York	10997	BJ	0.92
New Jersey	077	E	0.95	New York	145	BF	0.87	New York	10998	BJ	0.92
New Jersey	078	E	0.95	New York	146	BF	0.87	New York	005	CD	1.16
New Jersey	079	E	0.95	New York	147	BF	0.87	New York	10949	BJ	0.92
New Jersey	080	E	0.95	New York	148	BF	0.87	North Carolina	270	A	0.75
New Jersey	081	E	0.95	New York	149	BF	0.87	North Carolina	271	A	0.75
New Jersey	082	E	0.95	New York	10901	CD	1.16	North Carolina	272	A	0.75
New Jersey	083	E	0.95	New York	10910	BJ	0.92	North Carolina	273	A	0.75
New Jersey	084	E	0.95	New York	10911	CD	1.16	North Carolina	274	A	0.75
New Jersey	085	E	0.95	New York	10912	BJ	0.92	North Carolina	275	A	0.75
New Jersey	086	E	0.95	New York	10913	CD	1.16	North Carolina	276	A	0.75
New Jersey	087	E	0.95	New York	10914	BJ	0.92	North Carolina	277	A	0.75
New Jersey	088	E	0.95	New York	10915	BJ	0.92	North Carolina	278	A	0.75
New Jersey	089	E	0.95	New York	10916	BJ	0.92	North Carolina	279	A	0.75
New Mexico	870	AY	0.76	New York	10917	BJ	0.92	North Carolina	280	A	0.75
New Mexico	871	BL	0.94	New York	10918	BJ	0.92	North Carolina	281	A	0.75
New Mexico	872	BL	0.94	New York	10919	BJ	0.92	North Carolina	282	A	0.75
New Mexico	873	AY	0.76	New York	10920	CD	1.16	North Carolina	283	A	0.75
New Mexico	874	AY	0.76	New York	10921	BJ	0.92	North Carolina	284	A	0.75
New Mexico	875	AY	0.76	New York	10922	BJ	0.92	North Carolina	285	A	0.75
New Mexico	877	AY	0.76	New York	10923	CD	1.16	North Carolina	286	A	0.75
New Mexico	878	AY	0.76	New York	10924	BJ	0.92	North Carolina	287	A	0.75
New Mexico	879	AY	0.76	New York	10925	BJ	0.92	North Carolina	288	A	0.75
New Mexico	880	AY	0.76	New York	10926	BJ	0.92	North Carolina	289	A	0.75
New Mexico	881	AY	0.76	New York	10927	CD	1.16	North Dakota	580	C	0.85
New Mexico	882	AY	0.76	New York	10928	BJ	0.92	North Dakota	581	C	0.85
New Mexico	883	AY	0.76	New York	10930	BJ	0.92	North Dakota	582	C	0.85
New Mexico	884	AY	0.76	New York	10931	CD	1.16	North Dakota	583	C	0.85
New York	100	CD	1.16	New York	10932	BJ	0.92	North Dakota	584	C	0.85
New York	101	CD	1.16	New York	10933	BJ	0.92	North Dakota	585	C	0.85
New York	102	CD	1.16	New York	10940	BJ	0.92	North Dakota	586	C	0.85
New York	103	CD	1.16	New York	10941	BJ	0.92	North Dakota	587	C	0.85
New York	104	CD	1.16	New York	10943	BJ	0.92	North Dakota	588	C	0.85
New York	105	CD	1.16	New York	10950	BJ	0.92	Ohio	430	C	0.85
New York	106	CD	1.16	New York	10951	CD	1.16	Ohio	431	C	0.85
New York	107	CD	1.16	New York	10952	CD	1.16	Ohio	432	C	0.85
New York	108	CD	1.16	New York	10953	BJ	0.92	Ohio	433	C	0.85
New York	110	CD	1.16	New York	10954	CD	1.16	Ohio	434	C	0.85
New York	111	CD	1.16	New York	10956	CD	1.16	Ohio	435	C	0.85
New York	112	CD	1.16	New York	10958	BJ	0.92	Ohio	436	BT	1.04
New York	113	CD	1.16	New York	10959	BJ	0.92	Ohio	437	C	0.85
New York	114	CD	1.16	New York	10960	CD	1.16	Ohio	438	C	0.85
New York	115	CD	1.16	New York	10962	CD	1.16	Ohio	439	C	0.85
New York	116	CD	1.16	New York	10963	BJ	0.92	Ohio	440	BT	1.04
New York	117	CD	1.16	New York	10964	CD	1.16	Ohio	441	BT	1.04
New York	118	CD	1.16	New York	10965	CD	1.16	Ohio	442	BT	1.04
New York	119	CD	1.16	New York	10968	CD	1.16	Ohio	443	BT	1.04
New York	120	BJ	0.92	New York	10969	BJ	0.92	Ohio	444	BT	1.04
New York	121	BJ	0.92	New York	10970	CD	1.16	Ohio	445	BT	1.04
New York	122	BJ	0.92	New York	10973	BJ	0.92	Ohio	446	C	0.85
New York	123	BJ	0.92	New York	10974	CD	1.16	Ohio	447	C	0.85
New York	124	BJ	0.92	New York	10975	BJ	0.92	Ohio	448	C	0.85
New York	125	BJ	0.92	New York	10976	CD	1.16	Ohio	449	C	0.85
New York	126	BJ	0.92	New York	10977	CD	1.16	Ohio	450	D	0.90
New York	127	BJ	0.92	New York	10979	BJ	0.92	Ohio	451	D	0.90
New York	128	BF	0.87	New York	10980	CD	1.16	Ohio	452	D	0.90
New York	129	BF	0.87	New York	10981	BJ	0.92	Ohio	453	D	0.90
New York	130	BF	0.87	New York	10982	CD	1.16	Ohio	454	D	0.90
New York	131	BF	0.87	New York	10983	CD	1.16	Ohio	455	C	0.85
New York	132	BF	0.87	New York	10984	CD	1.16	Ohio	456	C	0.85
New York	133	BF	0.87	New York	10985	BJ	0.92	Ohio	457	C	0.85
New York	134	BF	0.87	New York	10986	CD	1.16	Ohio	458	C	0.85
New York	135	BF	0.87	New York	10987	BJ	0.92	Ohio	459	D	0.90
New York	136	BF	0.87	New York	10988	BJ	0.92	Oklahoma	731	BE	0.84
New York	137	BF	0.87	New York	10989	CD	1.16	Oklahoma	732	PP	0.74
New York	138	BF	0.87	New York	10990	BJ	0.92	Oklahoma	733	PP	0.74
New York	139	BF	0.87	New York	10992	BJ	0.92	Oklahoma	734	PP	0.74
New York	140	BJ	0.92	New York	10993	CD	1.16	Oklahoma	735	PP	0.74
New York	141	BJ	0.92	New York	10994	CD	1.16	Oklahoma	736	PP	0.74
New York	142	BJ	0.92	New York	10995	CD	1.16	Oklahoma	737	PP	0.74
New York	143	BJ	0.92	New York	10996	BJ	0.92	Oklahoma	738	PP	0.74

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State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor
Oklahoma	739	PP	0.74	Oklahoma	73066	BE	0.84	Oklahoma	74047	PP	0.74
Oklahoma	741	BE	0.84	Oklahoma	73067	PP	0.74	Oklahoma	74048	PP	0.74
Oklahoma	742	PP	0.74	Oklahoma	73068	BE	0.84	Oklahoma	74050	BE	0.84
Oklahoma	743	PP	0.74	Oklahoma	73069	BE	0.84	Oklahoma	74051	PP	0.74
Oklahoma	744	PP	0.74	Oklahoma	73070	BE	0.84	Oklahoma	74052	PP	0.74
Oklahoma	745	PP	0.74	Oklahoma	73071	BE	0.84	Oklahoma	74053	PP	0.74
Oklahoma	746	PP	0.74	Oklahoma	73072	BE	0.84	Oklahoma	74054	PP	0.74
Oklahoma	747	PP	0.74	Oklahoma	73073	PP	0.74	Oklahoma	74055	BE	0.84
Oklahoma	748	PP	0.74	Oklahoma	73074	PP	0.74	Oklahoma	74056	PP	0.74
Oklahoma	749	PP	0.74	Oklahoma	73075	PP	0.74	Oklahoma	74058	PP	0.74
Oklahoma	73001	PP	0.74	Oklahoma	73077	PP	0.74	Oklahoma	74059	PP	0.74
Oklahoma	73002	PP	0.74	Oklahoma	73078	BE	0.84	Oklahoma	74060	PP	0.74
Oklahoma	73003	BE	0.84	Oklahoma	73079	PP	0.74	Oklahoma	74061	PP	0.74
Oklahoma	73004	PP	0.74	Oklahoma	73080	PP	0.74	Oklahoma	74062	PP	0.74
Oklahoma	73005	PP	0.74	Oklahoma	73082	PP	0.74	Oklahoma	74063	BE	0.84
Oklahoma	73006	PP	0.74	Oklahoma	73083	BE	0.84	Oklahoma	74066	BE	0.84
Oklahoma	73007	BE	0.84	Oklahoma	73084	BE	0.84	Oklahoma	74067	BE	0.84
Oklahoma	73008	BE	0.84	Oklahoma	73085	BE	0.84	Oklahoma	74068	PP	0.74
Oklahoma	73009	PP	0.74	Oklahoma	73086	PP	0.74	Oklahoma	74070	PP	0.74
Oklahoma	73010	BE	0.84	Oklahoma	73089	PP	0.74	Oklahoma	74071	PP	0.74
Oklahoma	73011	PP	0.74	Oklahoma	73090	BE	0.84	Oklahoma	74072	PP	0.74
Oklahoma	73012	BE	0.84	Oklahoma	73092	PP	0.74	Oklahoma	74073	BE	0.84
Oklahoma	73013	BE	0.84	Oklahoma	73093	PP	0.74	Oklahoma	74074	PP	0.74
Oklahoma	73014	PP	0.74	Oklahoma	73094	PP	0.74	Oklahoma	74075	PP	0.74
Oklahoma	73015	PP	0.74	Oklahoma	73095	PP	0.74	Oklahoma	74076	PP	0.74
Oklahoma	73016	PP	0.74	Oklahoma	73096	PP	0.74	Oklahoma	74077	PP	0.74
Oklahoma	73017	PP	0.74	Oklahoma	73097	BE	0.84	Oklahoma	74078	PP	0.74
Oklahoma	73018	PP	0.74	Oklahoma	73098	PP	0.74	Oklahoma	74079	PP	0.74
Oklahoma	73019	BE	0.84	Oklahoma	73099	BE	0.84	Oklahoma	74080	PP	0.74
Oklahoma	73020	BE	0.84	Oklahoma	74001	PP	0.74	Oklahoma	74081	PP	0.74
Oklahoma	73021	PP	0.74	Oklahoma	74002	PP	0.74	Oklahoma	74082	PP	0.74
Oklahoma	73022	PP	0.74	Oklahoma	74003	PP	0.74	Oklahoma	74083	PP	0.74
Oklahoma	73023	PP	0.74	Oklahoma	74004	PP	0.74	Oklahoma	74084	PP	0.74
Oklahoma	73024	PP	0.74	Oklahoma	74005	PP	0.74	Oklahoma	74085	PP	0.74
Oklahoma	73025	BE	0.84	Oklahoma	74006	PP	0.74	Oregon	970	A	0.75
Oklahoma	73026	BE	0.84	Oklahoma	74008	BE	0.84	Oregon	971	A	0.75
Oklahoma	73027	PP	0.74	Oklahoma	74009	PP	0.74	Oregon	972	A	0.75
Oklahoma	73028	PP	0.74	Oklahoma	74010	PP	0.74	Oregon	973	AW	0.72
Oklahoma	73029	PP	0.74	Oklahoma	74011	BE	0.84	Oregon	974	AW	0.72
Oklahoma	73030	PP	0.74	Oklahoma	74012	BE	0.84	Oregon	975	AW	0.72
Oklahoma	73031	PP	0.74	Oklahoma	74013	BE	0.84	Oregon	976	AW	0.72
Oklahoma	73032	PP	0.74	Oklahoma	74014	BE	0.84	Oregon	977	AW	0.72
Oklahoma	73033	PP	0.74	Oklahoma	74015	BE	0.84	Oregon	978	AW	0.72
Oklahoma	73034	BE	0.84	Oklahoma	74016	PP	0.74	Oregon	979	AW	0.72
Oklahoma	73036	BE	0.84	Oklahoma	74017	PP	0.74	Panama	000	F	1.00
Oklahoma	73038	PP	0.74	Oklahoma	74018	PP	0.74	Pennsylvania	150	BO	0.98
Oklahoma	73039	PP	0.74	Oklahoma	74019	PP	0.74	Pennsylvania	151	BO	0.98
Oklahoma	73040	PP	0.74	Oklahoma	74020	PP	0.74	Pennsylvania	152	BO	0.98
Oklahoma	73041	PP	0.74	Oklahoma	74021	PP	0.74	Pennsylvania	153	BO	0.98
Oklahoma	73042	PP	0.74	Oklahoma	74022	PP	0.74	Pennsylvania	154	BO	0.98
Oklahoma	73043	PP	0.74	Oklahoma	74023	PP	0.74	Pennsylvania	155	C	0.85
Oklahoma	73044	PP	0.74	Oklahoma	74026	PP	0.74	Pennsylvania	156	BO	0.98
Oklahoma	73045	BE	0.84	Oklahoma	74027	PP	0.74	Pennsylvania	157	C	0.85
Oklahoma	73047	PP	0.74	Oklahoma	74028	PP	0.74	Pennsylvania	158	C	0.85
Oklahoma	73048	PP	0.74	Oklahoma	74029	PP	0.74	Pennsylvania	159	C	0.85
Oklahoma	73049	BE	0.84	Oklahoma	74030	PP	0.74	Pennsylvania	160	C	0.85
Oklahoma	73050	PP	0.74	Oklahoma	74031	PP	0.74	Pennsylvania	161	C	0.85
Oklahoma	73051	PP	0.74	Oklahoma	74032	PP	0.74	Pennsylvania	162	C	0.85
Oklahoma	73052	PP	0.74	Oklahoma	74033	BE	0.84	Pennsylvania	163	C	0.85
Oklahoma	73053	PP	0.74	Oklahoma	74034	PP	0.74	Pennsylvania	164	C	0.85
Oklahoma	73054	BE	0.84	Oklahoma	74035	PP	0.74	Pennsylvania	165	C	0.85
Oklahoma	73055	PP	0.74	Oklahoma	74036	PP	0.74	Pennsylvania	166	C	0.85
Oklahoma	73056	PP	0.74	Oklahoma	74037	BE	0.84	Pennsylvania	167	C	0.85
Oklahoma	73057	PP	0.74	Oklahoma	74038	PP	0.74	Pennsylvania	168	C	0.85
Oklahoma	73058	PP	0.74	Oklahoma	74039	PP	0.74	Pennsylvania	169	C	0.85
Oklahoma	73059	PP	0.74	Oklahoma	74041	BE	0.84	Pennsylvania	170	C	0.85
Oklahoma	73061	PP	0.74	Oklahoma	74042	PP	0.74	Pennsylvania	171	C	0.85
Oklahoma	73062	PP	0.74	Oklahoma	74043	BE	0.84	Pennsylvania	172	C	0.85
Oklahoma	73063	PP	0.74	Oklahoma	74044	PP	0.74	Pennsylvania	173	C	0.85
Oklahoma	73064	BE	0.84	Oklahoma	74045	PP	0.74	Pennsylvania	174	C	0.85
Oklahoma	73065	BE	0.84	Oklahoma	74046	PP	0.74	Pennsylvania	175	C	0.85

NB INF UMS 2008		UNITED OF OMAHA LIFE INS CO INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT									
			AREA RATING FACTORS BY STATE AND ZIP CODE								
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor
Pennsylvania	176	C	0.85	Texas	760	BR	1.02	Virginia	231	BC	0.81
Pennsylvania	177	C	0.85	Texas	761	BR	1.02	Virginia	232	BC	0.81
Pennsylvania	178	C	0.85	Texas	762	D	0.90	Virginia	233	BC	0.81
Pennsylvania	179	C	0.85	Texas	763	D	0.90	Virginia	234	BC	0.81
Pennsylvania	180	C	0.85	Texas	764	D	0.90	Virginia	235	BC	0.81
Pennsylvania	181	C	0.85	Texas	765	D	0.90	Virginia	236	BC	0.81
Pennsylvania	182	C	0.85	Texas	766	D	0.90	Virginia	237	BC	0.81
Pennsylvania	183	C	0.85	Texas	767	D	0.90	Virginia	238	BC	0.81
Pennsylvania	184	C	0.85	Texas	768	D	0.90	Virginia	239	AU	0.68
Pennsylvania	185	C	0.85	Texas	769	D	0.90	Virginia	240	AU	0.68
Pennsylvania	186	C	0.85	Texas	770	CD	1.16	Virginia	241	AU	0.68
Pennsylvania	187	C	0.85	Texas	771	CD	1.16	Virginia	242	AU	0.68
Pennsylvania	188	C	0.85	Texas	772	CD	1.16	Virginia	243	AU	0.68
Pennsylvania	189	CA	1.13	Texas	773	CD	1.16	Virginia	244	AU	0.68
Pennsylvania	190	CA	1.13	Texas	774	BR	1.02	Virginia	245	AU	0.68
Pennsylvania	191	CA	1.13	Texas	775	CD	1.16	Virginia	246	AU	0.68
Pennsylvania	192	CA	1.13	Texas	776	BR	1.02	Washington	980	C	0.85
Pennsylvania	193	CA	1.13	Texas	777	BR	1.02	Washington	981	C	0.85
Pennsylvania	194	CA	1.13	Texas	778	D	0.90	Washington	982	C	0.85
Pennsylvania	195	C	0.85	Texas	779	D	0.90	Washington	983	C	0.85
Pennsylvania	196	C	0.85	Texas	780	D	0.90	Washington	984	C	0.85
Puerto Rico	006	W	0.70	Texas	781	D	0.90	Washington	985	C	0.85
Puerto Rico	007	W	0.70	Texas	782	BR	1.02	Washington	986	C	0.85
Puerto Rico	009	W	0.70	Texas	783	D	0.90	Washington	988	C	0.85
Rhode Island	028	B	0.80	Texas	784	BR	1.02	Washington	989	C	0.85
Rhode Island	029	B	0.80	Texas	785	D	0.90	Washington	990	C	0.85
South Carolina	290	AW	0.72	Texas	786	D	0.90	Washington	991	C	0.85
South Carolina	291	AW	0.72	Texas	787	D	0.90	Washington	992	C	0.85
South Carolina	292	AW	0.72	Texas	788	D	0.90	Washington	993	C	0.85
South Carolina	293	AW	0.72	Texas	789	D	0.90	Washington	994	C	0.85
South Carolina	294	BA	0.79	Texas	790	D	0.90	West Virginia	247	BE	0.84
South Carolina	295	BA	0.79	Texas	791	D	0.90	West Virginia	248	BE	0.84
South Carolina	296	AW	0.72	Texas	792	D	0.90	West Virginia	249	BE	0.84
South Carolina	297	AW	0.72	Texas	793	BR	1.02	West Virginia	250	BE	0.84
South Carolina	298	BA	0.79	Texas	794	BR	1.02	West Virginia	251	BE	0.84
South Carolina	299	BA	0.79	Texas	795	D	0.90	West Virginia	252	BE	0.84
South Dakota	570	AU	0.68	Texas	796	D	0.90	West Virginia	253	BE	0.84
South Dakota	571	AU	0.68	Texas	797	D	0.90	West Virginia	254	BE	0.84
South Dakota	572	AU	0.68	Texas	798	D	0.90	West Virginia	255	BE	0.84
South Dakota	573	AU	0.68	Texas	799	D	0.90	West Virginia	256	BE	0.84
South Dakota	574	AU	0.68	Texas	885	D	0.90	West Virginia	257	BE	0.84
South Dakota	575	AU	0.68	Utah	840	W	0.70	West Virginia	258	BE	0.84
South Dakota	576	AU	0.68	Utah	841	W	0.70	West Virginia	259	BE	0.84
South Dakota	577	AU	0.68	Utah	842	W	0.70	West Virginia	260	BE	0.84
Tennessee	370	BE	0.84	Utah	843	W	0.70	West Virginia	261	BE	0.84
Tennessee	371	BE	0.84	Utah	844	W	0.70	West Virginia	262	BE	0.84
Tennessee	372	BE	0.84	Utah	845	W	0.70	West Virginia	263	BE	0.84
Tennessee	373	BE	0.84	Utah	846	W	0.70	West Virginia	264	BE	0.84
Tennessee	374	BE	0.84	Utah	847	W	0.70	West Virginia	265	BE	0.84
Tennessee	375	BE	0.84	Vermont	050	A	0.75	West Virginia	266	BE	0.84
Tennessee	376	BE	0.84	Vermont	051	A	0.75	West Virginia	267	BE	0.84
Tennessee	377	BE	0.84	Vermont	052	A	0.75	West Virginia	268	BE	0.84
Tennessee	378	BE	0.84	Vermont	053	A	0.75	Wisconsin	532	QQ	0.78
Tennessee	379	BE	0.84	Vermont	054	A	0.75	Wisconsin	534	QQ	0.78
Tennessee	380	BE	0.84	Vermont	056	A	0.75	Wisconsin	535	W	0.70
Tennessee	381	BE	0.84	Vermont	057	A	0.75	Wisconsin	537	W	0.70
Tennessee	382	BE	0.84	Vermont	058	A	0.75	Wisconsin	538	W	0.70
Tennessee	383	BE	0.84	Vermont	059	A	0.75	Wisconsin	539	MM	0.64
Tennessee	384	BE	0.84	Virgin Island	008	A	0.75	Wisconsin	540	MM	0.64
Tennessee	385	BE	0.84	Virginia	201	AU	0.68	Wisconsin	541	MM	0.64
Texas	733	BR	1.02	Virginia	220	BC	0.81	Wisconsin	542	MM	0.64
Texas	750	BR	1.02	Virginia	221	BC	0.81	Wisconsin	543	MM	0.64
Texas	751	BR	1.02	Virginia	222	BC	0.81	Wisconsin	544	W	0.70
Texas	752	BR	1.02	Virginia	223	BC	0.81	Wisconsin	545	MM	0.64
Texas	753	BR	1.02	Virginia	224	BC	0.81	Wisconsin	546	MM	0.64
Texas	754	D	0.90	Virginia	225	BC	0.81	Wisconsin	547	MM	0.64
Texas	755	D	0.90	Virginia	226	AU	0.68	Wisconsin	548	MM	0.64
Texas	756	D	0.90	Virginia	227	AU	0.68	Wisconsin	549	W	0.70
Texas	757	D	0.90	Virginia	228	AU	0.68	Wisconsin	53001	W	0.70
Texas	758	D	0.90	Virginia	229	AU	0.68	Wisconsin	53002	W	0.70
Texas	759	D	0.90	Virginia	230	BC	0.81	Wisconsin	53003	W	0.70

NB INF UMS 2008		UNITED OF OMAHA LIFE INS CO INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT									
			AREA RATING FACTORS BY STATE AND ZIP CODE								
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor
Wisconsin	53004	W	0.70	Wisconsin	53089	QQ	0.78	Wisconsin	53190	W	0.70
Wisconsin	53005	QQ	0.78	Wisconsin	53090	W	0.70	Wisconsin	53191	W	0.70
Wisconsin	53006	W	0.70	Wisconsin	53091	W	0.70	Wisconsin	53192	W	0.70
Wisconsin	53007	QQ	0.78	Wisconsin	53092	QQ	0.78	Wisconsin	53194	QQ	0.78
Wisconsin	53008	QQ	0.78	Wisconsin	53093	W	0.70	Wisconsin	53195	W	0.70
Wisconsin	53009	W	0.70	Wisconsin	53094	W	0.70	Wisconsin	53199	W	0.70
Wisconsin	53010	W	0.70	Wisconsin	53095	W	0.70	Wyoming	820	B	0.80
Wisconsin	53011	W	0.70	Wisconsin	53097	QQ	0.78	Wyoming	821	B	0.80
Wisconsin	53012	QQ	0.78	Wisconsin	53098	W	0.70	Wyoming	822	B	0.80
Wisconsin	53013	W	0.70	Wisconsin	53099	W	0.70	Wyoming	823	B	0.80
Wisconsin	53014	W	0.70	Wisconsin	53101	W	0.70	Wyoming	824	B	0.80
Wisconsin	53015	W	0.70	Wisconsin	53102	QQ	0.78	Wyoming	825	B	0.80
Wisconsin	53016	W	0.70	Wisconsin	53103	W	0.70	Wyoming	826	B	0.80
Wisconsin	53017	QQ	0.78	Wisconsin	53104	QQ	0.78	Wyoming	827	B	0.80
Wisconsin	53018	W	0.70	Wisconsin	53105	W	0.70	Wyoming	828	B	0.80
Wisconsin	53019	W	0.70	Wisconsin	53108	QQ	0.78	Wyoming	829	B	0.80
Wisconsin	53020	W	0.70	Wisconsin	53109	QQ	0.78	Wyoming	830	B	0.80
Wisconsin	53021	W	0.70	Wisconsin	53110	QQ	0.78	Wyoming	831	B	0.80
Wisconsin	53022	QQ	0.78	Wisconsin	53114	W	0.70	Wyoming	834	B	0.80
Wisconsin	53023	W	0.70	Wisconsin	53115	W	0.70				
Wisconsin	53024	QQ	0.78	Wisconsin	53118	W	0.70				
Wisconsin	53026	W	0.70	Wisconsin	53119	W	0.70				
Wisconsin	53027	W	0.70	Wisconsin	53120	W	0.70				
Wisconsin	53029	W	0.70	Wisconsin	53121	W	0.70				
Wisconsin	53031	W	0.70	Wisconsin	53122	QQ	0.78				
Wisconsin	53032	W	0.70	Wisconsin	53125	W	0.70				
Wisconsin	53033	QQ	0.78	Wisconsin	53126	QQ	0.78				
Wisconsin	53034	W	0.70	Wisconsin	53127	W	0.70				
Wisconsin	53035	W	0.70	Wisconsin	53128	W	0.70				
Wisconsin	53036	W	0.70	Wisconsin	53129	QQ	0.78				
Wisconsin	53037	QQ	0.78	Wisconsin	53130	QQ	0.78				
Wisconsin	53038	W	0.70	Wisconsin	53132	QQ	0.78				
Wisconsin	53039	W	0.70	Wisconsin	53137	W	0.70				
Wisconsin	53040	W	0.70	Wisconsin	53138	W	0.70				
Wisconsin	53042	W	0.70	Wisconsin	53139	W	0.70				
Wisconsin	53044	W	0.70	Wisconsin	53140	QQ	0.78				
Wisconsin	53045	QQ	0.78	Wisconsin	53141	QQ	0.78				
Wisconsin	53046	QQ	0.78	Wisconsin	53142	QQ	0.78				
Wisconsin	53047	W	0.70	Wisconsin	53143	QQ	0.78				
Wisconsin	53048	W	0.70	Wisconsin	53144	QQ	0.78				
Wisconsin	53049	W	0.70	Wisconsin	53146	QQ	0.78				
Wisconsin	53050	W	0.70	Wisconsin	53147	W	0.70				
Wisconsin	53051	QQ	0.78	Wisconsin	53148	W	0.70				
Wisconsin	53052	QQ	0.78	Wisconsin	53149	W	0.70				
Wisconsin	53056	W	0.70	Wisconsin	53150	QQ	0.78				
Wisconsin	53057	W	0.70	Wisconsin	53151	QQ	0.78				
Wisconsin	53058	W	0.70	Wisconsin	53152	W	0.70				
Wisconsin	53059	W	0.70	Wisconsin	53153	W	0.70				
Wisconsin	53060	W	0.70	Wisconsin	53154	QQ	0.78				
Wisconsin	53061	W	0.70	Wisconsin	53156	W	0.70				
Wisconsin	53062	W	0.70	Wisconsin	53157	W	0.70				
Wisconsin	53063	W	0.70	Wisconsin	53158	QQ	0.78				
Wisconsin	53064	W	0.70	Wisconsin	53159	QQ	0.78				
Wisconsin	53065	W	0.70	Wisconsin	53167	W	0.70				
Wisconsin	53066	W	0.70	Wisconsin	53168	W	0.70				
Wisconsin	53069	W	0.70	Wisconsin	53170	W	0.70				
Wisconsin	53070	W	0.70	Wisconsin	53171	QQ	0.78				
Wisconsin	53072	QQ	0.78	Wisconsin	53172	QQ	0.78				
Wisconsin	53073	W	0.70	Wisconsin	53176	W	0.70				
Wisconsin	53074	W	0.70	Wisconsin	53177	QQ	0.78				
Wisconsin	53075	W	0.70	Wisconsin	53178	W	0.70				
Wisconsin	53076	QQ	0.78	Wisconsin	53179	W	0.70				
Wisconsin	53078	W	0.70	Wisconsin	53181	W	0.70				
Wisconsin	53079	W	0.70	Wisconsin	53182	QQ	0.78				
Wisconsin	53080	W	0.70	Wisconsin	53183	W	0.70				
Wisconsin	53081	W	0.70	Wisconsin	53184	W	0.70				
Wisconsin	53082	W	0.70	Wisconsin	53185	W	0.70				
Wisconsin	53083	W	0.70	Wisconsin	53186	QQ	0.78				
Wisconsin	53085	W	0.70	Wisconsin	53187	QQ	0.78				
Wisconsin	53086	W	0.70	Wisconsin	53188	QQ	0.78				
Wisconsin	53088	W	0.70	Wisconsin	53189	QQ	0.78				

Supporting Document Schedules

Satisfied -Name: Certification/Notice
Review Status: Approved 04/25/2008
Comments:
Attachments:
AR Certif of Compliance with Rule 19.pdf
AR Read Cert.pdf

Bypassed -Name: Application
Review Status: Approved 04/25/2008
Bypass Reason: Please see the application under the Form Schedule tab.
Comments:

Bypassed -Name: Outline of Coverage
Review Status: Approved 04/25/2008
Bypass Reason: Please see the outline under the Form Schedule tab.
Comments:

Satisfied -Name: Credit Card Cert
Review Status: Approved 04/25/2008
Comments:
Attachment:
AR Credit Card Cert.pdf

Satisfied -Name: Fee Schedule Cert
Review Status: Approved 04/25/2008
Comments:
The application and outline were paid for under Serff tracking number MUTM-125581888. (Per the AR DOI, we had to seperate the policies into seperate filings.)
Attachment:
AR Fee Schedule Cert UM4 and UM5.pdf

Satisfied -Name: Memo of Variability-Application

Review Status: Approved 04/25/2008

Comments:

Attachment:

Memo of Variability for United of Omaha Med Supp App.pdf

Satisfied -Name: Memo of Variability- Outline

Review Status: Approved 04/25/2008

Comments:

Attachment:

Memo of Variability for United of Omaha Med Supp outline.pdf

Satisfied -Name: Cover Letter

Review Status: Approved 04/25/2008

Comments:

Attachment:

AR Cover Letter.pdf

Satisfied -Name: Fee Schedule Cert for URPARD

Review Status: Approved 05/13/2008

Comments:

Attachment:

AR Fee Schedule Cert for 5-13.pdf

Certificate of Compliance with
Arkansas Rule and Regulation 19

Insurer: United of Omaha Insurance Company

Form Number(s): UM1-21324, UM4-21325, UM5-21326, UA5910-03, U7715, U7563, UCPNA, URPAR, URPARD, UDPNS2, UBCPNA

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

Signature of Company Officer

Daniel J. Kennelly

Name

Vice President and Chief Compliance Officer

Title

March 27, 2008

Date

ARKANSAS

CERTIFICATION

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form	Description	Score
UM1-21324	Medicare Supplement Insurance Policy Plan A	46.1
UM4-21325	Medicare Supplement Insurance Policy Plan F	44.8
UM5-21326	Medicare Supplement Insurance Policy Plan G	43.5
UA5910-03	Application	40*

* When scored with base policy.

United of Omaha Life Insurance Company

Date: March 27, 2008

Daniel J. Kennelly
Vice President and Chief Compliance Officer

Arkansas Insurance Department

Mike Huckabee
Governor

Julie Benafield Bowman
Commissioner

Please read and acknowledge your understanding and assurance of complying with the following requirements:

1. If a sponsor or endorser is involved such as a bank, school, retail store, etc., it must be ascertained whether that sponsor is to receive any form of compensation for the use of the card. If so, this must be disclosed to the insured. If there is compensation, the sponsor would need to be licensed to sell insurance.

2. The company must certify that failure to pay the credit card bill will not affect the premium payment.

3. If the credit card company does not pay the premium for any reason, the insurance company must notify the insured of this and allow a thirty day Grace Period for the insured to pay the premium.

Daniel Kennelly — March 27, 2008

SIGNATURE — DATE

United of Omaha Life Insurance Company

COMPANY

CC-1

1200 West Third Street, Little Rock, AR 72201-1904 · (501) 371-2600 · (501) 371-2618 fax · www.arkansas.gov/insurance
Information (800) 282-9134 · Consumer Services (800) 852-5494 · Seniors (800) 224-6330 · Fraud (866) 660-0888

ARKANSAS
INSURANCE
DEPARTMENT

400 University Tower Building
1123 South University Ave.
Little Rock, Arkansas 72204

Lee Douglass
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: United of Omaha Life Insurance Company

Company NAIC Code: 261-69868
Company Contact Person & Phone: Anna Cramer 402-351-2474

INSURANCE DEPARTMENT USE ONLY:

ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.	*1 X $50 = $50 **Retaliatory $_____
Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.	*_____ X $50 = _____ **Retaliatory $_____
Life and/or Disability Policy, Contract or Annuity Forms : Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.	*_____ X $20 = _____ **Retaliatory $_____
Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.	*_____ X $25 = $_____ **Retaliatory $_____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority	*_____ X $400 = _____
Filing to amend Certificate of Authority.	***____ X $100 = _____

***THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

****THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

*****THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. SEC. 23-61-401.**

Memorandum of Variability
Explanation of Variable Statements and Fields
For United of Omaha Life Insurance Company
Application Form UA5910-03

Each variable section, statement or field is denoted by [brackets] and annotated with numbers in RED. The explanations below follow the order in which the variable fields appear in the form.

Reference to Independent Distribution Network (IDN) is our Brokerage distribution channel.

Variable Statements/Fields	***How or When Used***
PAGE 1	
1.[For Mutual of Omaha Career Brokers Only: ... *etc*]	For use with our IDN and Agency Distribution channels.
2.[Mgr. Commission Code (Required Field for Brokerage ... PLAN INFORMATION ... *etc*]	For use with our IDN and Agency Distribution channels.
3. [APPLICANT APPLICANT B **Policy Form** **Policy Form** Requested Effective Date ... *etc*] [ACH] [or CC] [or CC]	For use with our IDN and Agency Distribution channels. Included in the premium mode field when an automatic check (through Automated Clearing House Network) or credit card option is available for payment of the initial premium. Included in the premium mode field when a credit card option is available for payment of the renewal premium.
4. [APPLICANT APPLICANT B Check The Plan You Prefer. .... *etc*] 5. & 6. [☐ Plan ☐ Plan [☐ Plan ☐ Plan ... *etc*]	For use with our Direct to Consumer distribution channels. For use with our Direct to Consumer distribution channels. The Medicare supplement plans available will be displayed.
7. [Reply-by Date:]	For use with our Direct to Consumer distribution channels.
8. [Keyline: _____]	For use with our Direct to Consumer distribution channels. Used for internal company tracking purposes.
9. [Name: Mailing Address: ... *etc*]	For use with our Direct to Consumer distribution channels.
10. [If the above address is not your residence...*etc*]	For use with our Direct to Consumer distribution channels.
PAGE 2	
11.[Residence Address: _____ City: _____ ... *etc*]	For use with our IDN and Agency Distribution channels.
12.[E-mail Address: _____]	For use with our IDN and Agency Distribution channels and remains variable for select use with our Direct to Consumer distribution channels.
13. [1. Have you received a copy of the **Guide to Health Insurance for People with Medicare**...*etc*]	For use with our IDN and Agency Distribution channels.

Variable Statements/Fields	*How or When Used*
PAGE 3	
14. [(d) **If "Yes," have you received a copy of the replacement notice?**...*etc*]	For use with our IDN and Agency Distribution channels.
15. [(b) **If "Yes," have you received a copy of the replacement notice?**...*etc*]	For use with our IDN and Agency Distribution channels.
PAGE 4	
16. [6. Producers shall list any other health insurance policies they have sold to the applicant...*etc*]	For use with our IDN and Agency Distribution channels.
PAGE 5	
17. [**If you are applying during Open Enrollment or a Guaranteed Issue period, SKIP SECTION 4 and GO TO SECTION 5**...*etc*]	For use with all distribution channels. This section will not print for solicitation during open enrollment or guaranteed issue.
Payment options, variables 18-21, may vary depending on the Marketing Campaign therefore only one of the following sections will print.	
PAGE 6	
18. [**For my initial payment:**…*etc.*]	Method of Payment option that may be used depending on the solicitation channel utilized.
PAGE 7	
19. [**Send no money now!**…*etc.*]	Method of Payment option that may be used depending on the solicitation channel utilized.
PAGE 8	
20. [For my **initial** payment, [please select one of the following options:]…*etc.*	Method of Payment option that may be used depending on the solicitation channel utilized.
PAGE 9	
21. **For my initial payment, please select one of the following options:**…*etc.*]	Method of Payment options that may be used depending on the solicitation channel utilized.
PAGE 10	
22. [Dated at_____,on_____,…*etc.*] City State Month Day	For use with our IDN and Agency Distribution channels.
PAGE 11	
23. [ADDITIONAL INFORMATION: PART 4 - CON'T. HEALTH / MEDICAL QUESTIONS - Question #15]	For use with all distribution channels. This section will not print for solicitation during open enrollment or guaranteed issue.
24. [SECTION FOR ADDITIONAL COMMENTS]	For use with all distribution channels.

OUTLINE OF COVERAGE
MEMORANDUM OF VARIABLE MATERIAL
MEDICARE SUPPLEMENT
Forms: UCPNA, UDPNS2, URPAR
URPARD and UBCPNA

These forms compile the outline of coverage to be used with United of Omaha Life Insurance Company's Medicare Supplement products. They will be used by our agent/brokerage producers and with our direct mail solicitation distribution.

All amounts shown in brackets are considered variable information. These include the annual federal changes in co-payment and deductible amounts. An explanation of other bracketed text and its application is listed below.

Agent/brokerage outlines will contain all the rates for each ZIP code in your state. Direct mail outlines will only include the rates for the ZIP code of the proposed insured.

A sample of each rate page is included to demonstrate the rate page format we will use. Each page will include the plans, and state whether the rates are tobacco or non-tobacco rated. ZIP codes for the appropriate rates will be shown on each page.

UDPNS2 - Disclosure Page

Risk Class Rating	
[Class I - 10%] or [Class II - 20%]	These illustrate the amount of increase planned to be used for a higher insurable risk.
NOTICE	
[Neither United of Omaha nor its agents are connected with Medicare.]	This will appear when the outline is printed for agent/brokerage solicitation.
[United of Omaha is not connected with Medicare.]	This will appear when the outline is printed for direct mail solicitation.

URPAR

[ZIP CODES: XXX, XXX, XXX and XXX]	This field is for the ZIP codes that are used with the rates illustrated on the rate page.
[TOBACCO]	This will appear when the rates shown are Tobacco rated.
[NON-TOBACCO]	This will appear when the rates shown are Non-Tobacco rated.

URPARD - Direct Mail Rate Pages

[1-800-366-3298]	This is the toll-free phone number the applicant is requested to call for a free premium quote should they be over the age shown in the rate table.
[RATES BELOW ONLY APPLY TO PERSONS LIVING IN ZIP CODES: [XXX, XXX, XXX and XXX]]	This will appear if the rates are ZIP code rated and include the ZIP codes for the rates shown in this rate page.

[70, 71, 72 and older]	These ages are bracketed for the possible change in the number of ages shown. We will always show at least age 65 to 70. Should the ZIP codes listed above require addition lines, the ending age may change.
[$2.00]	This is bracketed in anticipation of any change in the monthly service fee.

We ask that all other variables, such as rates, federal copayments, deductibles, addresses, dates and other variables can be changed over time when appropriate or when amended by law or regulation.

UNITED *of* OMAHA

UNITED *of* OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600

March 27, 2008

Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street
Little Rock, AR 72201-1904

RE: United of Omaha Life Insurance Company
NAIC # 261-69868 FEIN 47-0322111
Individual Medicare Supplement Insurance
Policy Forms UM1-21324, UM4-21325 and UM5-21326
Application UA5910-03
Outline of Coverage Forms UCPNA, URPAR, URPARD, UDPNS2 and UBCPNA
Actuarial Memorandum and Rate Schedules
Replacement Form U7563
Documentation of Solicitation Form U7715

Enclosed for filing with your Department are copies of the following individual Medicare Supplement health insurance forms:

FORM NUMBER	DESCRIPTION	RATE SCHEDULE
UM1-21324	Medicare Supplement Insurance Policy (Plan A)	UM1 AR Base Rate 06/06/2007 0001
UM4-21325	Medicare Supplement Insurance Policy (Plan F)	UM4 AR Base Rate 06/06/2007 0001
UM5-21326	Medicare Supplement Insurance Policy (Plan G)	UM5 AR Base Rate 06/06/2007 0001
UCPNA	Medicare Supplement Outline of Coverage Cover Page	Not Applicable
URPAR	Medicare Supplement Outline of Coverage Rate Page (Agency & DTC)	Not Applicable
URPARD	Medicare Supplement Outline of Coverage Rate Page (DTC)	Not Applicable
UDPNS2	Medicare Supplement Outline of Coverage Disclosure Page	Not Applicable
UBCPNA	Medicare Supplement Outline of Coverage Benefit Charts	Not Applicable
UA5910-03	Application	Not Applicable
U7563	Replacement Notice	Not Applicable
U7715	Documentation of Solicitation	Not Applicable

These forms comprise United of Omaha Life Insurance Company's new individual Medicare Supplement insurance program. These forms are new and will not replace any previously filed forms.

Medicare Supplement Insurance Policies UM1-21324, UM4-21325 and UM5-21326 have been developed to provide the Medicare Supplement benefits required of standardized Plans A, F and G respectively. These guaranteed renewable policies will be issued to individual persons (no dependent coverage). All of these policies contain identical wording, except for the different standardized benefits applicable to each particular plan.

A new and innovative feature of all of our Medicare Supplement policies is the household premium discount. If the insured has resided with another adult for at least one year, or is married, and the other adult or spouse also owns or is issued a Medicare supplement policy underwritten by United of Omaha or its affiliates, he or she will be eligible for a discounted premium. This household premium discount will be removed if he or she ceases to reside with the other adult or spouse, or if that person's coverage with us terminated for any reason.

We wish to use Application UA5910-03 with the captioned Medicare Supplement forms. Please refer to the Application Memorandum of Variability to help identify those sections that will be used by our agency/brokerage distribution channel and those that will be used by our direct to consumer distribution channel. Solicitation of the Medicare Supplement policies will be conducted by our career agents, independent brokers/producers and through direct-to-consumer marketing.

Outline of Coverage Forms UCPNA, URPAR, URPARD, UDPNS2 and UBCPNA are being filed as separate forms that will comprise our new Medicare Supplement outline of coverage.

Form UCPNA is the cover page for the outline. It contains the chart reflecting the plans developed by the NAIC. We have shaded and bolded the plans approved for sale in your state.

Form UDPNS2 is the disclosure page for the outline. It contains the information required by the NAIC model.

Form URPAR is an example of the format we will use for displaying rates in the outline. Each rate page will contain the rates based on ZIP code and whether an applicant is a tobacco or non-tobacco user. This format will be used for agent and broker solicited business.

Form URPARD is an example of the format we will use for our direct-to-consumer distribution solicitation. It will contain the ZIP codes and rates for the proposed insured's address. The rates will also include the tobacco and non-tobacco rates.

Form UBCPNA contains the benefit charts for the plans we are submitting for marketing in your state. They will contain the information required by the NAIC model.

The cover page, disclosure page, rate pages and the benefit charts will be bundled together to comprise a document to be presented or sent to the applicant at time of application. Any variable information within these forms is shown in brackets and explained in the enclosed Outline of Coverage Memorandum of Variable Material.

We understand that the appropriate outline forms will need to be filed for approval when changes are made to the rates, or changes are made to the federal co-pay and the deductible is modified, or when required by regulation.

Variability is requested for bracketed text shown on all policy schedules and for the bracketed telephone numbers shown on the face page of each policy.

Rate schedule pages and the Actuarial Memorandum are attached. Also included are the Replacement Form and Documentation of Solicitation Form.

These forms meet or exceed your Flesch score requirement of 40.

Your consideration and approval of this filing will be most appreciated. If I may be of additional assistance as you complete your review, please do not hesitate to contact me. Thank you.

Anna Cramer
Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-2474
Fax: 402-351-5298
E-mail: Anna.Cramer@mutualofomaha.com

ARKANSAS
INSURANCE
DEPARTMENT

400 University Tower Building
1123 South University Ave.
Little Rock, Arkansas 72204

Lee Douglass
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: United of Omaha Life Insurance Company

Company NAIC Code: 261-69868
Company Contact Person & Phone: Anna Cramer 402-351-2474

INSURANCE DEPARTMENT USE ONLY:

ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.	*_____ X $50 = $_____ **Retaliatory $_____
Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.	*_____ X $50 = _____ **Retaliatory $_____
Life and/or Disability Policy, Contract or Annuity Forms : Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.	*1 X $20 = $20 **Retaliatory $_____
Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.	*_____ X $25 = $_____ **Retaliatory $_____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority	*_____ X $400 = _____
Filing to amend Certificate of Authority.	***____ X $100 = _____

***THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

****THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

*****THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. SEC. 23-61-401.**

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Medicare Supplement Outline of Coverage Rate Page (DTC)	03/27/2008	URPARD (rate pages- DTC).pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY

These rates only apply for the address indicated on the enrollment application.
If this is not your address, please call our toll-free number [1-800-865-2674] for a free quote.

RATES BELOW ONLY APPLY TO PERSONS LIVING IN
ZIP CODES: 716-719, 723-729

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 77.78	Attained Age 65 & Over	$ 112.72	Attained Age 65 & Over	$ 95.81

NON-TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 79.78	Attained Age 65 & Over	$ 114.72	Attained Age 65 & Over	$ 97.81

NON-TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 233.33	Attained Age 65 & Over	$ 338.16	Attained Age 65 & Over	$ 287.44

NON-TOBACCO SEMIANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 466.66	Attained Age 65 & Over	$ 676.33	Attained Age 65 & Over	$ 574.89

NON-TOBACCO ANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 933.32	Attained Age 65 & Over	$ 1,352.65	Attained Age 65 & Over	$ 1,149.77

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

URPARD

UNITED OF OMAHA LIFE INSURANCE COMPANY

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If this is not your address, please call our toll-free number [1-800-865-2674] for a free quote.

RATES BELOW ONLY APPLY TO PERSONS LIVING IN
ZIP CODES: 716-719, 723-729

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 84.08	Attained Age 65 & Over	$ 121.86	Attained Age 65 & Over	$ 103.58

TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 86.08	Attained Age 65 & Over	$ 123.86	Attained Age 65 & Over	$ 105.58

TOBACCO QUARTERLY RATES*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 252.25	Attained Age 65 & Over	$ 365.58	Attained Age 65 & Over	$ 310.75

TOBACCO SEMIANNUAL RATES*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 504.50	Attained Age 65 & Over	$ 731.16	Attained Age 65 & Over	$ 621.50

TOBACCO ANNUAL RATES*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 1,008.99	Attained Age 65 & Over	$ 1,462.32	Attained Age 65 & Over	$ 1,242.99

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

URPARD

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RATES BELOW ONLY APPLY TO PERSONS LIVING IN
ZIP CODES: 72001, 72003-72007,72010-72048,72051,72052,72055, 72057-72061,72063,72064,72066-72075,72079-72089, 72101,72102, 72104-72108,72110-72112,72121-72123,72125-72134,72136,72137, 72139-72141,72143,72145,72149,72150,72152,72153, 72156-72158, 72160,72165-72170,72173,72175,72176,72178,72179,72181,72182, 72189

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 81.57	Attained Age 65 & Over	$ 118.22	Attained Age 65 & Over	$ 100.49

NON-TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 83.57	Attained Age 65 & Over	$ 120.22	Attained Age 65 & Over	$ 102.49

NON-TOBACCO QUARTERLY RATES*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 244.71	Attained Age 65 & Over	$ 354.66	Attained Age 65 & Over	$ 301.46

NON-TOBACCO SEMIANNUAL RATES*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 489.42	Attained Age 65 & Over	$ 709.32	Attained Age 65 & Over	$ 602.93

NON-TOBACCO ANNUAL RATES*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 978.84	Attained Age 65 & Over	$ 1,418.64	Attained Age 65 & Over	$ 1,205.85

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

URPARD

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RATES BELOW ONLY APPLY TO PERSONS LIVING IN
ZIP CODES: 72001,72003-72007,72010-72048,72051,72052,72055, 72057-72061,72063,72064,72066-72075,72079-72089, 72101,72102, 72104-72108,72110-72112,72121-72123,72125-72134,72136,72137, 72139-72141,72143,72145,72149,72150,72152,72153, 72156-72158, 72160,72165-72170,72173,72175,72176,72178,72179,72181,72182, 72189

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 88.18	Attained Age 65 & Over	$ 127.81	Attained Age 65 & Over	$ 108.64

TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 90.18	Attained Age 65 & Over	$ 129.81	Attained Age 65 & Over	$ 110.64

TOBACCO QUARTERLY RATES*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 264.55	Attained Age 65 & Over	$ 383.42	Attained Age 65 & Over	$ 325.91

TOBACCO SEMIANNUAL RATES*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 529.11	Attained Age 65 & Over	$ 766.83	Attained Age 65 & Over	$ 651.81

TOBACCO ANNUAL RATES*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 1,058.21	Attained Age 65 & Over	$ 1,533.66	Attained Age 65 & Over	$ 1,303.62

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

URPARD

UNITED OF OMAHA LIFE INSURANCE COMPANY

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If this is not your address, please call our toll-free number [1-800-865-2674] for a free quote.

RATES BELOW ONLY APPLY TO PERSONS LIVING IN
ZIP CODES: 72002,72053,72065,72076,72078,72099,72103,72113-72120,72124,72135,72142,72164,72180,72183,72190,72198,72199,722

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 92.95	Attained Age 65 & Over	$ 134.71	Attained Age 65 & Over	$ 114.51

NON-TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 94.95	Attained Age 65 & Over	$ 136.71	Attained Age 65 & Over	$ 116.51

NON-TOBACCO QUARTERLY RATES*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 278.86	Attained Age 65 & Over	$ 404.15	Attained Age 65 & Over	$ 343.53

NON-TOBACCO SEMIANNUAL RATES*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 557.72	Attained Age 65 & Over	$ 808.29	Attained Age 65 & Over	$ 687.06

NON-TOBACCO ANNUAL RATES*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 1,115.43	Attained Age 65 & Over	$ 1,616.58	Attained Age 65 & Over	$ 1,374.11

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

URPARD

UNITED OF OMAHA LIFE INSURANCE COMPANY

These rates only apply for the address indicated on the enrollment application.
If this is not your address, please call our toll-free number [1-800-865-2674] for a free quote.

RATES BELOW ONLY APPLY TO PERSONS LIVING IN
ZIP CODES: 72002,72053,72065,72076,72078,72099,72103,72113-72120,72124, 72135,72142,72164,72180,72183,72190,72198,72199,722

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 100.49	Attained Age 65 & Over	$ 145.64	Attained Age 65 & Over	$ 123.79

TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 102.49	Attained Age 65 & Over	$ 147.64	Attained Age 65 & Over	$ 125.79

TOBACCO QUARTERLY RATES*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 301.47	Attained Age 65 & Over	$ 436.91	Attained Age 65 & Over	$ 371.38

TOBACCO SEMIANNUAL RATES*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 602.94	Attained Age 65 & Over	$ 873.83	Attained Age 65 & Over	$ 742.76

TOBACCO ANNUAL RATES*

Policy Form WM1 (Plan A)		Policy Form WM3 (Plan F)		Policy Form WM4 (Plan G)	
Attained Age 65 & Over	$ 1,205.87	Attained Age 65 & Over	$ 1,747.65	Attained Age 65 & Over	$ 1,485.52

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

URPARD