

SERFF Tracking Number: MUTM-126081142 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 41869
Company Tracking Number: JAMIE LUCY
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Medicare Supplement Advertising - UC7044
Project Name/Number: Medicare Supplement Advertising/UC7044

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement Advertising - UC7044 SERFF Tr Num: MUTM-126081142 State: ArkansasLH

TOI: MS051 Individual Medicare Supplement - Standard Plans SERFF Status: Closed State Tr Num: 41869

Sub-TOI: MS051.001 Plan A

Co Tr Num: JAMIE LUCY

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Author: Jamie Lucy

Disposition Date: 03/24/2009

Date Submitted: 03/19/2009

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Status of Filing in Domicile:

Project Number: UC7044

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 03/24/2009

Explanation for Other Group Market Type:

State Status Changed: 03/24/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter under the supporting documentation tab.

Company and Contact

Filing Contact Information

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Mike Trebold, Product & Advertising Compliance Consultant
Regulatory Affairs
Omaha, NE 68175
mike.trebold@mutualofomaha.com
(402) 351-2654 [Phone]
(402) 351-5298[FAX]

Filing Company Information

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

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Filing Fees

Fee Required? Yes
Fee Amount: \$75.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$75.00	03/19/2009	26537329

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	03/24/2009	03/24/2009

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Disposition

Disposition Date: 03/24/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	Memorandum of Variability	Accepted for Informational Purposes	Yes
Supporting Document	Memorandum of Variability	Accepted for Informational Purposes	Yes
Form	Letter, Reply Card	Filed	Yes
Form	Carrier	Filed	Yes

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Form Schedule

Lead Form Number: UC7044

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	UC7044, UC7044-1	Advertising Letter, Reply Card		Initial		0	UC7044_Brackets.pdf
Filed	UE1335	Advertising Carrier		Initial		0	UE1335_brackets.pdf



UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175



[If you don't know where to start when looking for Medicare supplement insurance, this guide may help.]

[Dear FName LName,]

Decisions. You've spent a lifetime making them. Here's one you don't want to make lightly. It's Medicare supplement insurance, and we're here to help you make an informed decision, whether you're applying for the first time or looking for coverage with a different company.

A Medicare supplement insurance policy can help pay some of what is not covered by Medicare. Find out more in our free guide.

As we age, our health care expenses may increase. Medicare pays for many costs, but not all. With companies offering similar insurance plans, your Medicare supplement decision comes down to factors such as price, service and reputation. Our free guide can help you make an informed choice.

This guide is absolutely free. In it, see how:

- You may be able to reduce your health care costs
- You have freedom when choosing doctors and hospitals
- You select the policy that is right for you
- Claims paperwork is virtually eliminated
- You may be eligible for a [7%] household discount on your premiums

United of Omaha's Medicare supplement insurance may be a better choice for you. Visit [www.MedSupGuide.com] today.

When you have a United of Omaha Medicare supplement insurance policy, you get the reputation of Mutual of Omaha, which has been providing quality services for over 100 years. Our electronic claims process virtually eliminates paperwork hassles, and our professional and knowledgeable staff will take care of you every step of the way.

Sincerely,


 John R. O'Malley
 Licensed Agent

P.S. Make the smartest decision you can for your health. Request our free guide "Your Guide to Medicare Supplement Insurance" to learn more about Medicare supplement insurance.

UC7044



FREE

[Ask for our **FREE** guide "Your Guide to Medicare Supplement Insurance."]

[Respond, and we'll send you a FREE [reading light!]*]



3 Easy Ways to Respond:

Call toll-free
[1-XXX-XXX-XXXX]

Visit
[www.MedSupGuide.com]

Mail
Complete and return the enclosed form

[*Gift is not available in all states.]



Yes! Send me my FREE guide. I want to know that I am making the best decision about Medicare supplement insurance.

[If I respond, I'll get a FREE [reading light!]]

Please complete the information below and return this form in the **postage-paid envelope provided.**

Your phone: (_____) _____

Your e-mail: _____

Please note that this mailing is used as a source of leads in the solicitation of insurance. An insurance agent may contact you by telephone.

UC7044-1



FREE

[Please send me my **FREE** guide, "Your Guide to Medicare Supplement Insurance."]

Please make address corrections above as needed.

When all companies seem to offer the same Medicare supplement insurance plans, how will you make an informed decision?



Start by requesting our FREE guide.

When deciding which Medicare supplement insurance to purchase, remember key deciding factors like price, customer service and reputation. Our guide can help.

This guide is absolutely free and provides valuable information so you can make informed decisions about Medicare supplement insurance.



[Premiums are based on attained age rating, which means premiums increase as your age increases each year until you reach age 90.]

Our FREE guide includes:

- Information to better understand Medicare supplement insurance
- A policy chart to help clarify the differences between policies
- The tools you need to make informed choices – we will also include an application for our Medicare supplement insurance

3 easy ways to respond:

- 1 Call toll-free [1-XXX-XXX-XXXX]
- 2 Visit www.MedSupGuide.com
- 3 Complete and return the form below

Please note that this mailing is used as a source of leads in the solicitation of insurance. An insurance agent may contact you by telephone. Coverage has exclusions, limitations and reductions, which will be detailed in materials you receive prior to purchase. An outline of coverage is available upon request. United of Omaha Life Insurance Company is solely responsible for its contractual obligations. United of Omaha Life Insurance Company is licensed nationwide except in NY. Neither United of Omaha Life Insurance Company, nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program.

[While United of Omaha Life Insurance Company and [3rd party client] share a financial interest in this program, United of Omaha is solely responsible for the underwriting of insurance, its administration and the payment of claims. United of Omaha's policies are available to the general public regardless of any affiliation with [3rd party client].]

Policy forms: UM1, UM2, UM3, WM4 and UM5 (or state equivalent). In OK: UM1-21398, UM4-21399, UM5-21400. Not all policy forms may be available in every state. [Coverage is also available to persons under age 65 who are eligible for Medicare due to a disability.]



UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175

Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. [While United of Omaha Life Insurance Company and [3rd party client] share a financial interest in this program, United of Omaha is solely responsible for the underwriting of insurance, its administration and the payment of claims. United Omaha's policies are available to the general public regardless of any affiliation with [3rd party client].]

Policy forms: UM1, UM2, UM3, WM4 and UM5 (or state equivalent). In OK: UM1-21398, UM4-21399, UM5-21400. Not all policy forms may be available in every state.

UE1335



UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL *of* OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175

PRSRT STD
U.S. POSTAGE
PAID
MUTUAL OF OMAHA



[Look Inside!]

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Supporting Document Schedules

Satisfied -Name: Cover Letter **Review Status:** Accepted for Informational Purposes 03/24/2009

Comments:

Attachment:

AR Letter - App.pdf

Satisfied -Name: Memorandum of Variability **Review Status:** Accepted for Informational Purposes 03/24/2009

Comments:

Attachment:

UC7044 Memo of Var.pdf

Satisfied -Name: Memorandum of Variability **Review Status:** Accepted for Informational Purposes 03/24/2009

Comments:

Attachment:

UE1335 Memo of Var.pdf

UNITED of OMAHA

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



March 19, 2009

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

NAIC #261-69868
FEIN #47-0322111
United of Omaha Life Insurance Company
Direct Response Mail Advertising
Medicare Supplement Advertising
UC7044
UC7044-1 (Reply Card)
UE1335

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

The above advertisements will be used in a package with the following forms:

<u>Form Number</u>	<u>Date Approved By Your Department</u>
UL4776 (Letter)	07-11-2008
UC6771 (Brochure)	07-11-2008
UC6772 (Brochure)	07-11-2008
UA5910-03 (Application)	04-25-2008
UE1239 (Carrier)	07-11-2008
UCPNA, URPAN, UDPNS2 & UBCPNA (Outline of Coverage)	04-25-2008

We request that any information in brackets be considered variable. Memorandums of Variable Material describing the variable items are attached.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Mike Trebold
Product and Advertising Compliance Consultant
Regulatory Affairs

Phone: 402-351-2654
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

jl

VARIABLE MATERIAL FOR ADVERTISING FORM
Form Number: UC7044 and UC7044-1

The following information in the aforementioned advertisement is bracketed to denote variable fields.

1) “If you don’t know where to start....” – Message under picture, upper right, 1st page.

One of the following options will be used:

- a) If you don’t know where to start when looking for Medicare supplement insurance, this guide may help.
 - b) An offer for [3rd party name and client reference]
- (This option may be used when marketing with an approved 3rd party partner)

2) [3rd party name and client reference], - if option “b” is selected from variable field #1.

This area is variable to enter the name of an approved 3rd party partner and their client reference only when marketing with an approved 3rd party partner. Client reference may be:

- 1) Cardmember
- 2) Cardmembers
- 3) Cardholder
- 4) Cardholders
- 5) Member
- 6) Members
- 7) Client
- 8) Clients
- 9) Account
- 10) Accounts
- 11) Accountholder
- 12) Accountholders

3) “Dear Pat Q. Sample” – opening of letter

One of the following options will be used:

- a) Good Morning,
- b) Good Afternoon,
- c) Hello,
- d) Dear Friend,
- e) Good Morning "Pat Q. Sample", - (*for personalization*)
- f) Good Afternoon "Pat Q. Sample", - (*for personalization*)
- g) Dear "Pat Q. Sample", - (*for personalization*)
- h) Dear [3rd party name and client reference],

4) “Dear [3rd party name and client reference], - if option “h” is selected from variable field #3.

This area is variable to enter the name of an approved 3rd party partner and their client reference only when marketing with an approved 3rd party partner. Client reference may be:

- 1) Cardmember
- 2) Cardmembers
- 3) Cardholder
- 4) Cardholders
- 5) Member
- 6) Members
- 7) Client
- 8) Clients
- 9) Account
- 10) Accounts
- 11) Accountholder
- 12) Accountholders

5) Picture of the Free Guide - Middle right of page 1.

One of the following options will be used:

- a) A snapshot of the front cover of the free guide we are asking the customer to request will be placed here.
- b) This area may also be left blank.

6) [Ask for our FREE guide, “Your Guide to Medicare Supplement Insurance.”] – Under the picture of Guide – Middle right of 1st page.

One of the following options will be used:

- a) Ask for our FREE guide, “Your Guide to Medicare Supplement Insurance.”

- b) Ask for our FREE guide!
- c) Ask for our FREE information packet!

7) "Respond and we'll..." – Middle of right panel on front page.

One of the following options will be selected:

- a) Respond and we'll send you a FREE [reading light!]
- b) Respond and receive a FREE gift!
- c) (Left blank without any copy)

8) "... we'll send you a FREE [reading light!] – ending of sentence, if option "a" in variable field # 7

This is variable to leave the option of offering a different, compliant token gift to customers.

9) Picture of approved token gift – lower right panel next to letter.

This area will be either:

- a) a picture of an approved & compliant token gift
- b) or left blank without a picture

10) "You may be eligible for a [7%] household discount..." – household discount amount in last bullet on front page

One of the following options will be selected:

- a) 7% - if not mailing in the state of MO
- b) 12% - if mailing in the state of MO

11) "Visit [MedSupGuide.com] today." – Web address in second subheading on front page.

A current and approved Medicare Supplement web address will be used to request a fulfillment package.

12) "*Gift is not available..." – asterisk footnote below blue shaded box & above tear off card, lower right of front page.

This disclosure will either be:

- a) Left in if token gift is offered, or
- b) Removed completely if a token gift offer is not made.

13) Signature and name block - Lower left section of page 1.

This is variable to update the name of the licensed individual if there would be a change in the Director position.

14) Picture of the Free Guide - Right side of upper portion of page 2.

One of the following options will be used:

- a) A snapshot of the front cover of the free guide we are asking the customer to request will be placed here.
- b) This area may also be left blank.

15) Picture of approved and compliant token gift – below picture of Free Guide, right side, upper portion of page 2.

This area will be either:

- a) a picture of an approved and compliant token gift
- b) or left blank without a picture

16) "Respond and we'll..." – Right of the token gift picture, right side- upper portion of page 2.

One of the following options will be selected:

- a) Respond and we'll send you a FREE [reading light!]
- b) Respond and receive a FREE gift!
- c) (Left blank without any copy)

17) "... and we'll send you a FREE [reading light!] – ending of sentence, if option "a" is selected in variable field # 16

This is variable to leave the option of offering a different and compliant token gift to customers.

18) "Premiums are based on attained age rating, which means..." below picture of couple and above blue box on page 2.

This variable field is to define, "Attained Age Rating" when advertising in attained age states, currently IL IA LA MI NC OH OK OR SC TN VA WV WI.

- a) This statement will be included on ad when mailing in an attained age state.

b) This statement will not be included in states that are not attained age.

19) "Visit [www.xxx.com]" Web address in blue shaded boxed area, mid-section of page 2.

A current and approved Medicare Supplement web address will be used to request a fulfillment package.

20) "Coverage is also available to persons under age 65 who are eligible..." second paragraph in disclaimer area on lower section of page 2.

This variable field is to notify of eligibility for Medicare Supplement insurance for persons under the age of 65 where required

This entire line will either be:

- a) IN - LA MO IL KY WI or
- b) OUT

21) Third Party Client disclaimers - last set of disclaimers above the tear off card on page 2

This variable field will only be used when marketing with an approved 3rd Party Partner. An approved 3rd party partner's name will be inserted into the following disclaimers as new partner relationships are formed.

- a) While United of Omaha Life Insurance Company and [3rd party client] share a financial interest in this program, United of Omaha is solely responsible for the underwriting of insurance, its administration and the payment of claims. United of Omaha's policies are available to the general public regardless of any affiliation with [3rd party client].

Variable a) above will always be used when marketing with an approved 3rd party partner. One or a combination of following disclaimers may be used depending on the type of institution the 3rd party client is and their requirements.

- b) The insurance product is not a deposit or other obligation of, or guarantee by, the bank or any affiliate of the bank. The insurance product is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the bank, or any affiliate of the bank.
- c) NOT A DEPOSIT – NOT FDIC INSURED – NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY – NOT GUARANTEED BY A BANK
- d) These Medicare Supplement insurance policies are underwritten by United of Omaha Life Insurance Company, Omaha, NE 68175, which assumes all responsibility and liability for the program and the insurance benefits provided thereunder. Neither [3rd party client] nor its related companies are affiliated with United of Omaha Life Insurance Company.

22) 3rd Party Client reference in disclaimers a) & d) in variable fields 21.

An approved 3rd Party Partner's name will be inserted.

UC7044-1

23) "If I respond, I'll get..." – statement under "Yes" check mark on tear off card, after letter.

One of the following options will be selected:

- a) If I respond, I'll get a FREE [reading light!]
- b) Respond and receive a FREE gift!
- c) (Left blank without any copy)

24) "... I'll get a FREE [reading light!] – ending of statement, if option "a" in variable field #24

This is variable to leave the option of offering a different, compliant token gift to customers.

25) Picture of the Free Guide - Middle of tear off card below letter.

One of the following options will be used:

- a) A snapshot of the front cover of the free guide we are asking the customer to request will be placed here.
- b) This area may also be left blank.

26) [Please send me my FREE guide, "Your Guide to Medicare Supplement Insurance."] – Right of the picture on tear off card.

One of the following options will be used:

- a) Please send me my FREE guide, "Your Guide to Medicare Supplement Insurance."
- b) Please send me my FREE guide!
- c) Please send me my FREE information packet!

27) Third Party Client disclaimers - on the back of the tear off card, page 2.

This variable field will only be used when marketing with an approved 3rd Party Partner. An approved 3rd party partner's name will be inserted into the following disclaimers as new partner relationships are formed.

- a) While United of Omaha Life Insurance Company and [3rd party client] share a financial interest in this program, United of Omaha is solely responsible for the underwriting of insurance, its administration and the payment of claims. United of Omaha's policies are available to the general public regardless of any affiliation with [3rd party client].

Variable a) above will always be used when marketing with an approved 3rd party partner. One or a combination of following disclaimers may be used depending on the type of institution the 3rd party client is and their requirements.

- b) The insurance product is not a deposit or other obligation of, or guarantee by, the bank or any affiliate of the bank. The insurance product is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the bank, or any affiliate of the bank.
- c) NOT A DEPOSIT – NOT FDIC INSURED – NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY – NOT GUARANTEED BY A BANK
- d) These Medicare Supplement insurance policies are underwritten by United of Omaha Life Insurance Company, Omaha, NE 68175, which assumes all responsibility and liability for the program and the insurance benefits provided thereunder. Neither [3rd party client] nor its related companies are affiliated with United of Omaha Life Insurance Company.

28) 3rd Party Client reference in disclaimers a) & d) in variable fields 27.

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: UE1335

The following information in the aforementioned advertisement is bracketed to denote variable fields.

1) Stamp to Right of Window

One of the variations listed below will be used depending on mailing list.

- a) LOOK INSIDE
- b) SENT VIA FIRST CLASS MAIL
- c) DATED MATERIAL ENCLOSED
- d) IMPORTANT INFORMATION INSIDE
- e) IMPORTANT OFFER INSIDE
- f) ARE YOU AS PREPARED AS YOU COULD BE FOR MEDICARE SUPPLEMENT?
- g) WHY IT PAYS TO CONSIDER MEDICARE SUPPLEMENT INSURANCE
- h) IS MEDICARE SUPPLEMENT IN YOUR FUTURE?
- i) HAVE YOU SELECTED YOUR MEDICARE SUPPLEMENT INSURANCE?
- j) YOU MAY SOON MAKE A BIG MEDICARE SUPPLEMENT DECISION
- k) IMPORTANT: MEDICARE SUPPLEMENT OPTIONS ARE AVAILABLE
- l) An Offer for [3rd Party Client Name] [3rd Party Client Reference]
- m) For [3rd Party Client Name] [3rd Party Client Reference]

2) 3rd Party Client – 1ST part of options “l” or “m” if selected in variable field 1

An approved 3rd Party Partner's name will be inserted.

3) 3rd Party Client Reference - 2nd part of options “l” or “m” if selected in variable field 1

One of the variations listed below will be used dependent on 3rd party client requirements.

- 1) Cardmember
- 2) Cardmembers
- 3) Cardholder
- 4) Cardholders
- 5) Member
- 6) Members
- 7) Client
- 8) Clients
- 9) Account
- 10) Accounts
- 11) Accountholder
- 12) Accountholders
- 13) Member Benefit Notice
- 14) Customer Benefit Notice
- 15) Member Notice
- 16) Customer Notice