

SERFF Tracking Number: MUTM-126519219 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45013
Company Tracking Number: KAREN HOWLAND
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: Medicare Supplement Advertising - UC7476
Project Name/Number: Medicare Supplement Advertising/UC7476

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement Advertising - UC7476 SERFF Tr Num: MUTM-126519219 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 45013

Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: KAREN HOWLAND State Status: Filed-Closed

Filing Type: Advertisement Reviewer(s): Stephanie Fowler

Author: Karen Howland Disposition Date: 03/18/2010

Date Submitted: 02/26/2010 Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Project Number: UC7476

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/18/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/18/2010

Created By: Karen Howland

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Karen Howland

Filing Description:

NAIC #261-69868

FEIN #47-0322111

United of Omaha Life Insurance Company

Direct Response Mail Advertising

Medicare Supplement Advertising

UC7476

UC7476-1 (Reply Card)

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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.

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

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

Sincerely,

Carly Cole
Product and Advertising Compliance Consultant
Regulatory Affairs
Phone: 402-351-2476
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

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Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com
Consultant
Regulatory Affairs 402-351-2476 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

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

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	03/18/2010	03/18/2010

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Disposition

Disposition Date: 03/18/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-126519219 State: Arkansas
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 Standard Plans 2010
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Form Schedule

Lead Form Number: UC7476

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 03/18/2010	UC7476, UC7476-1	Advertising Letter & Reply Card		Initial		0.000	UC7476_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.

UC7476



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

3 Easy Ways to Respond:

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

Visit
[www.MedSupGuide.com]

Mail
Complete and return the enclosed form



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

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.

UC7476-1



[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.



In NC 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.

Policy forms: UM20, UM21, UM22, UM23, UM24, UM30 and UM31 (or state equivalent). In ID: UM20-21698, UM23-21699, UM24-21700, UM30-22551 and UM31-22552; in OK: UM20-21746, UM23-21747, UM24-21748, UM30-22579 and UM31-22580; in OR: UM20R, UM23R, UM24R, UM30R and UM31R; in WI: UM25. Not all policy forms may be available in every state. In MO and WI 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.

Policy forms: UM20, UM21, UM22, UM23, UM24, UM30 and UM31 (or state equivalent). In ID: UM20-21698, UM23-21699, UM24-21700, UM30-22551 and UM31-22552; in OK: UM20-21746, UM23-21747, UM24-21748, UM30-22579 and UM31-22580; in OR: UM20R, UM23R, UM24R, UM30R and UM31R; in WI: UM25.

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Memorandum of Variability	Filed	Date: 03/18/2010
Comments:		
Attachment: UC7476 Memo of Var.pdf		

VARIABLE MATERIAL FOR ADVERTISING FORM
Form Number: UC7476 and UC7476-1

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

1) “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)

2) 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.

3) [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!

4) “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

5) “Visit [MedSupGuide.com] today.” – Web address in second subheading on front page and right hand column of front page under 3 ways to respond.

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

6) 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.

7) 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.

8) “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.

UC7476-1

9) 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.

10) [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!

11) Please complete the information below and return.... – Left of the picture on the tear off card

One of the following options will be used:

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

Your phone: (____) _____
Your e-mail: _____

- b) Please complete the information below and return this form in the postage-paid envelope provided

Your phone*: (____) _____
Your e-mail*: _____

* All phone numbers and e-mail addresses are kept confidential.

- c) Please complete the information below and return this form in the postage paid envelope. You must also check one box below.

I prefer to read the required outline of coverage on my own. Later if I choose to apply I'll fill out my application through the mail. I understand my present eligibility may be time sensitive.

I'd prefer a FREE telephone consultation from a licensed representative.
Your phone: (____) _____
Your e-mail: _____

I'd like printed information AND a licensed representative to contact me by phone.
Your phone: (____) _____
Your e-mail: _____

- d) I'd prefer to speak directly to a licensed representative of Mutual of Omaha.

Your phone: (____) _____
Your e-mail: _____

I understand that my present eligibility may be time sensitive.

- e) I'd prefer to speak directly to a licensed representative of Mutual of Omaha.

Your phone*: (____) _____
Your e-mail*: _____

* All phone numbers and e-mail address are kept confidential.

I understand that my present eligibility may be time sensitive.