

SERFF Tracking Number: MUTM-126524200 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45084  
Company Tracking Number: NEIL SANDHOEFNER  
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans  
Product Name: AR 2010 United of Omaha Outline Filing (URPAR et al)-URPAR 05-10  
Project Name/Number: AR 2010 United of Omaha Outline Filing (URPAR et al)/URPAR 05-10

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: AR 2010 United of Omaha SERFF Tr Num: MUTM-126524200 State: Arkansas

Outline Filing (URPAR et al)-URPAR 05-10

TOI: MS051 Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 45084  
Standard Plans Closed

Sub-TOI: MS051.001 Plan A

Co Tr Num: NEIL SANDHOEFNER State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Mary Cleasby, Shelly

Disposition Date: 03/22/2010

Kaipust, Stacey Payton, Jan

Serafini, Mary Gregg, Krysia

Gannon, Ellen Cochrane, Melanie

Schultz, Kristin Miller, Neil

Sandhoefner

Date Submitted: 03/02/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: AR 2010 United of Omaha Outline Filing (URPAR et al)

Status of Filing in Domicile:

Project Number: URPAR 05-10

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

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: 03/22/2010

Explanation for Other Group Market Type:

State Status Changed: 03/22/2010

Deemer Date:

Created By: Ellen Cochrane

Submitted By: Ellen Cochrane

Corresponding Filing Tracking Number:

Filing Description:

RE: NAIC # 261-69868 FEIN 47-0322111

United of Omaha Life Insurance Company

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**Individual Medicare Supplement Insurance**  
**Outline of Coverage Module Forms: URPAR 05-10**  
**URPARD 05-10**

Enclosed for your review and approval are the above-captioned Medicare Supplement Outline of Coverage module forms. This filing is being made to comply with a change in the rates contained in the previously approved outlines.

The only change made to these outline modules is that we have updated the rates.

Rate page module URPAR 05-10 will replace previously approved module URPAR 7-09, approved by your Department on May 14, 2009. URPAR 05-10 will be used for all Medicare supplement plans sold through our agency and brokerage outlets.

Rate page module URPARD 05-10 will replace previously approved module URPARD 7-09, approved by your Department on May 14, 2009. URPARD 05-10 will be used for all Medicare supplement plans sold through direct response solicitation.

For your reference, previously approved Outline of Coverage modules UCPAR, approved by your Department on October 29, 2008, UDPNS2, approved by your Department on April 25, 2008 and UBCAR 00-10, approved by your Department on November 19, 2009, are also enclosed. These forms will be bundled with URPAR 05-10 and URPARD 05-10 to comprise the entire Outline of Coverage to be used in your state.

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.

Sincerely,

Neil Sandhoefner  
Product and Advertising Compliance Analyst  
Regulatory Affairs  
Phone: 402-351-6969  
Fax: 402-351-5298  
E-mail: Neil.Sandhoefner@mutualofomaha.com

## **Company and Contact**

### **Filing Contact Information**

SERFF Tracking Number: MUTM-126524200 State: Arkansas  
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Neil Sandhoefner, Product & Advertising neil.sandhoefner@mutualofomaha.com

Compliance Analyst

Mutual of Omaha 402-351-6969 [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

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**Filing Fees**

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$100.00	03/02/2010	34543463

SERFF Tracking Number: MUTM-126524200 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	03/22/2010	03/22/2010

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Project Name/Number: AR 2010 United of Omaha Outline Filing (URPAR et al)/URPAR 05-10

## Disposition

Disposition Date: 03/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-126524200 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage	Accepted for Informational Purposes	Yes
Supporting Document	AR Fee Schedule Cert	Accepted for Informational Purposes	Yes
Form	Outline of Coverage Module Forms	Approved	Yes
Form	Outline of Coverage Module Forms	Approved	Yes

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## Form Schedule

**Lead Form Number: URPAR 05-10**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 03/22/2010	URPAR 05-10	Outline of Coverage	Outline of Coverage Module Forms	Initial			URPAR 05-10--AR U AGY 05-10 (1990 Plans).pdf
Approved 03/22/2010	URPARD 05-10	Outline of Coverage	Outline of Coverage Module Forms	Initial			URPARD 05-10--AR U DTC 05-10 (1990 Plans).pdf

# 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	\$ 108.52	Attained Age 65 & Over	\$ 157.26	Attained Age 65 & Over	\$ 133.68

## NON-TOBACCO QUARTERLY RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$ 325.56	Attained Age 65 & Over	\$ 471.78	Attained Age 65 & Over	\$ 401.04

## NON-TOBACCO SEMIANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$ 651.11	Attained Age 65 & Over	\$ 943.56	Attained Age 65 & Over	\$ 802.07

## NON-TOBACCO ANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$ 1,302.22	Attained Age 65 & Over	\$ 1,887.12	Attained Age 65 & Over	\$ 1604.14

\*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	\$117.32	Attained Age 65 & Over	\$170.01	Attained Age 65 & Over	\$144.52

## TOBACCO QUARTERLY RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$351.95	Attained Age 65 & Over	\$510.03	Attained Age 65 & Over	\$433.55

## TOBACCO SEMIANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$703.91	Attained Age 65 & Over	\$1,020.07	Attained Age 65 & Over	\$867.10

## TOBACCO ANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$1,407.81	Attained Age 65 & Over	\$2,040.13	Attained Age 65 & Over	\$1,734.20

\*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	\$113.81	Attained Age 65 & Over	\$164.93	Attained Age 65 & Over	\$140.20

## NON-TOBACCO QUARTERLY RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$341.44	Attained Age 65 & Over	\$494.80	Attained Age 65 & Over	\$420.60

## NON-TOBACCO SEMIANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$682.87	Attained Age 65 & Over	\$989.59	Attained Age 65 & Over	\$841.20

## NON-TOBACCO ANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$1,365.74	Attained Age 65 & Over	\$1,979.18	Attained Age 65 & Over	\$1,682.39

\*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**

## 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	\$123.04	Attained Age 65 & Over	\$178.30	Attained Age 65 & Over	\$151.57

## TOBACCO QUARTERLY RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$369.12	Attained Age 65 & Over	\$534.91	Attained Age 65 & Over	\$454.70

## TOBACCO SEMIANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$738.24	Attained Age 65 & Over	\$1,069.83	Attained Age 65 & Over	\$909.40

## TOBACCO ANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$1,476.48	Attained Age 65 & Over	\$2,139.65	Attained Age 65 & Over	\$1,818.80

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

# 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)\*

<b>Policy Form UM1 (Plan A)</b>		<b>Policy Form UM4 (Plan F)</b>		<b>Policy Form UM5 (Plan G)</b>	
Attained Age 65 & Over	\$129.69	Attained Age 65 & Over	\$187.95	Attained Age 65 & Over	\$159.76

## NON-TOBACCO QUARTERLY RATES\*

<b>Policy Form UM1 (Plan A)</b>		<b>Policy Form UM4 (Plan F)</b>		<b>Policy Form UM5 (Plan G)</b>	
Attained Age 65 & Over	\$389.08	Attained Age 65 & Over	\$563.84	Attained Age 65 & Over	\$479.29

## NON-TOBACCO SEMIANNUAL RATES\*

<b>Policy Form UM1 (Plan A)</b>		<b>Policy Form UM4 (Plan F)</b>		<b>Policy Form UM5 (Plan G)</b>	
Attained Age 65 & Over	\$778.16	Attained Age 65 & Over	\$1,127.67	Attained Age 65 & Over	\$958.57

## NON-TOBACCO ANNUAL RATES\*

<b>Policy Form UM1 (Plan A)</b>		<b>Policy Form UM4 (Plan F)</b>		<b>Policy Form UM5 (Plan G)</b>	
Attained Age 65 & Over	\$1,556.31	Attained Age 65 & Over	\$2,255.34	Attained Age 65 & Over	\$1,917.14

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

# 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

## 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	\$140.21	Attained Age 65 & Over	\$203.18	Attained Age 65 & Over	\$172.72

## TOBACCO QUARTERLY RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$420.63	Attained Age 65 & Over	\$609.55	Attained Age 65 & Over	\$518.15

## TOBACCO SEMIANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$841.25	Attained Age 65 & Over	\$1,219.10	Attained Age 65 & Over	\$1,036.29

## TOBACCO ANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$1,682.50	Attained Age 65 & Over	\$2,438.20	Attained Age 65 & Over	\$2,072.58

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

# 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	\$ 108.52	Attained Age 65 & Over	\$ 157.26	Attained Age 65 & Over	\$ 133.68

## 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	\$ 110.52	Attained Age 65 & Over	\$ 159.26	Attained Age 65 & Over	\$ 135.68

## NON-TOBACCO QUARTERLY RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$ 325.56	Attained Age 65 & Over	\$ 471.78	Attained Age 65 & Over	\$ 401.04

## NON-TOBACCO SEMIANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$ 651.11	Attained Age 65 & Over	\$ 943.56	Attained Age 65 & Over	\$ 802.07

## NON-TOBACCO ANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$ 1,302.22	Attained Age 65 & Over	\$ 1,887.12	Attained Age 65 & Over	\$ 1604.14

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

When you select a Monthly Direct Premium Amount, a \$2.00 monthly service fee will be added.

URPARD 05-10

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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	\$117.32	Attained Age 65 & Over	\$170.01	Attained Age 65 & Over	\$144.52

## TOBACCO MONTHLY RATES (DIRECT PAY)\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$119.32	Attained Age 65 & Over	\$172.01	Attained Age 65 & Over	\$146.52

## TOBACCO QUARTERLY RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$351.95	Attained Age 65 & Over	\$510.03	Attained Age 65 & Over	\$433.55

## TOBACCO SEMIANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$703.91	Attained Age 65 & Over	\$1,020.07	Attained Age 65 & Over	\$867.10

## TOBACCO ANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$1,407.81	Attained Age 65 & Over	\$2,040.13	Attained Age 65 & Over	\$1,734.20

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URPARD 05-10

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72104-72108, 72110-72112, 72121-72123, 72125-72134, 72136, 72137, 72139-72141, 72143, 72145, 72149, 72150, 72152, 72153, 72156-72158,  
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Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$113.81	Attained Age 65 & Over	\$164.93	Attained Age 65 & Over	\$140.20

## 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	\$115.81	Attained Age 65 & Over	\$166.93	Attained Age 65 & Over	\$142.20

## NON-TOBACCO QUARTERLY RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$341.44	Attained Age 65 & Over	\$494.80	Attained Age 65 & Over	\$420.60

## NON-TOBACCO SEMIANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
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Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$1,365.74	Attained Age 65 & Over	\$1,979.18	Attained Age 65 & Over	\$1,682.39

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Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
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## TOBACCO SEMIANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
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Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
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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 UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$129.69	Attained Age 65 & Over	\$187.95	Attained Age 65 & Over	\$159.76

## 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	\$131.69	Attained Age 65 & Over	\$189.95	Attained Age 65 & Over	\$161.76

## NON-TOBACCO QUARTERLY RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$389.08	Attained Age 65 & Over	\$563.84	Attained Age 65 & Over	\$479.29

## NON-TOBACCO SEMIANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$778.16	Attained Age 65 & Over	\$1,127.67	Attained Age 65 & Over	\$958.57

## NON-TOBACCO ANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$1,556.31	Attained Age 65 & Over	\$2,255.34	Attained Age 65 & Over	\$1,917.14

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

When you select a Monthly Direct Premium Amount, a \$2.00 monthly service fee will be added.

URPARD 05-10

# 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 UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$140.21	Attained Age 65 & Over	\$203.18	Attained Age 65 & Over	\$172.72

### TOBACCO MONTHLY RATES (DIRECT PAY)\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$142.21	Attained Age 65 & Over	\$205.18	Attained Age 65 & Over	\$174.72

### TOBACCO QUARTERLY RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$420.63	Attained Age 65 & Over	\$609.55	Attained Age 65 & Over	\$518.15

### TOBACCO SEMIANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$841.25	Attained Age 65 & Over	\$1,219.10	Attained Age 65 & Over	\$1,036.29

### TOBACCO ANNUAL RATES\*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	\$1,682.50	Attained Age 65 & Over	\$2,438.20	Attained Age 65 & Over	\$2,072.58

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

When you select a Monthly Direct Premium Amount, a \$2.00 monthly service fee will be added.

URPARD 05-10

SERFF Tracking Number: MUTM-126524200 State: Arkansas  
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45084  
 Company Tracking Number: NEIL SANDHOEFNER  
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
 Standard Plans  
 Product Name: AR 2010 United of Omaha Outline Filing (URPAR et al)-URPAR 05-10  
 Project Name/Number: AR 2010 United of Omaha Outline Filing (URPAR et al)/URPAR 05-10

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b>	Flesch Certification	Accepted for Informational Purposes	<b>Date:</b> 03/22/2010

**Comments:**

**Attachment:**

AR Read Cert.pdf

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>

**Bypassed - Item:** Application  
**Bypass Reason:** Not required for this filing.

**Comments:**

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>

**Bypassed - Item:** Health - Actuarial Justification  
**Bypass Reason:** Not required for this filing.

**Comments:**

		<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b>	Outline of Coverage	Accepted for Informational Purposes	<b>Date:</b> 03/22/2010

**Comments:**

**Attachments:**

UBCPAR 00-10 (Outline Benefit Charts).pdf  
 UCPAR (Outline Cover Page).pdf  
 UDPNS2 (Outline Disclosure Page).pdf

		<b>Item Status:</b>	<b>Status</b>
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SERFF Tracking Number: MUTM-126524200 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45084  
Company Tracking Number: NEIL SANDHOEFNER  
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans  
Product Name: AR 2010 United of Omaha Outline Filing (URPAR et al)-URPAR 05-10  
Project Name/Number: AR 2010 United of Omaha Outline Filing (URPAR et al)/URPAR 05-10

**Satisfied - Item:** AR Fee Schedule Cert Accepted for Informational **Date:** 03/22/2010  
Purposes

**Comments:**

**Attachment:**

AR Fee Schedule Cert .pdf

**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.

<u>Form</u>	<u>Description</u>	<u>Score</u>
URPAR 05-10	Outline of Coverage Rate Page (Agency)	N/A*
URPARD 05-10	Outline of Coverage Rate Page (DTC)	N/A*

\*This form is for an outline of coverage and should not be subject to the readability requirements.

United of Omaha Life Insurance Company

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Date: March 2, 2010



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Daniel J. Kennelly  
Vice President & Chief Compliance Officer

**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
<b>HOSPITALIZATION*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,100	\$0	\$1,100 (Part A Deductible)
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$275 a day	\$275 a day	\$0
91 <sup>st</sup> day and after:			
While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0
Once lifetime reserve days are used:		100% of Medicare Eligible Expenses	\$0**
Additional 365 days	\$0		
Beyond the additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b>			
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
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$137.50 a day	\$0	Up to \$137.50 a day
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
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 \$155 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.

<b>Services</b>	<b>Medicare Pays</b>	<b>Plan A Pays</b>	<b>You Pay</b>
<b>MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**PARTS A AND B**

<b>HOME HEALTH CARE—MEDICARE APPROVED SERVICES</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (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
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$1,100 (Part A Deductible)	\$0	\$1,100 (Part A Deductible)	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91 <sup>st</sup> day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0	\$550 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
<b>SKILLED NURSING FACILITY CARE*</b> 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
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$137.50 a day	Up to \$137.50 a day	\$0	Up to \$137.50 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs	\$0	All costs
<b>BLOOD</b> First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
<b>HOSPICE CARE</b> 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 \$155 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
<b>MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
<b>Part B Excess Charges</b> (above Medicare Approved Amounts)	\$0	100%	\$0	80%	20%
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
<b>CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0	\$0	\$0

**PARTS A AND B**

<b>HOME HEALTH CARE—MEDICARE APPROVED SERVICES</b> Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

**PLANS F and G**  
**PARTS A and B (continued)**

<b>Services</b>	<b>Medicare Pays</b>	<b>Plan F Pays</b>	<b>You Pay</b>	<b>Plan G Pays</b>	<b>You Pay</b>
<b>HOME HEALTH CARE—AT HOME</b> 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**

<b>FOREIGN TRAVEL—NOT COVERED BY MEDICARE</b> 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

**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**
<b>Basic Benefits</b>	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>Skilled Nursing Facility Coinsurance</b>			X	X	X	X	X	X	X	X	X	X	50%	75%
<b>Part A Deductible</b>		X	X	X	X	X	X	X	X	X	X	X	50%	75%
<b>Part B Deductible</b>			X			X					X			
<b>Part B Excess</b>						100%		80%		100%	100%			
<b>Foreign Travel Emergency</b>			X	X	X	X		X	X	X	X			
<b>At-Home Recovery</b>				X				X		X	X			
<b>Preventive Care NOT Covered By Medicare</b>					X						X			
<b>Out-of-Pocket Annual Limit</b>													\$4,620***	\$2,310***

\* 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 \$2,000 deductible. Benefits from high deductible Plans F and J will not begin until out-of-pocket expenses exceed \$2,000. 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.

### **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 than 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.

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: Neil Sandhoefner

402-351-6969

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.

\* 2 X \$50 = \$ 100.00

\*\*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.**