

SERFF Tracking Number: MUTM-127835995 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 50305
Company Tracking Number: KELLY KRUMWIED
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: Medicare Supplement Advertising - AFN44163
Project Name/Number: Medicare Supplement Advertising/AFN44163

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement Advertising - AFN44163 SERFF Tr Num: MUTM-127835995 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 50305

Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: KELLY KRUMWIED State Status: Filed-Closed
Filing Type: Advertisement Reviewer(s): Stephanie Fowler
Author: Kelly Krumwied Disposition Date: 11/22/2011
Date Submitted: 11/21/2011 Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Project Number: AFN44163

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Kelly Krumwied

Filing Description:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 11/22/2011

State Status Changed: 11/22/2011

Created By: Kelly Krumwied

Corresponding Filing Tracking Number:

NAIC #: 261-69868

FEIN #: 47-0322111

United of Omaha Life Insurance Company

Medicare Supplement Advertising

Webpage: AFN44163

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not

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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.

Thank you for the review of this filing.

Sincerely,

Corporate Compliance and Ethics Division
For Questions, please contact Carly Cole
Phone: 402-351-2476; Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

kk

Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com
Consultant
Mutual of Omaha 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) 351-6910 ext. [Phone]	FEIN Number: 47-0322111	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00

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Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	11/21/2011	53921420

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	11/22/2011	11/22/2011

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Disposition

Disposition Date: 11/22/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: AFN44163

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 11/22/2011	AFN44163	Advertising	Webpage	Initial		0.000	AFN44163.pdf



Medicare Supplement Insurance from **United of Omaha Life Insurance Company**



Your Medicare Supplement Quote

- ▶ Medicare supplement insurance from a company you know and trust
- ▶ You choose the plan that best meets your needs



Request your **free copy** of **A Guide to Health Insurance for People with Medicare**

by the Centers for Medicare and Medicaid Services and the National Association of Insurance Commissioners.

Find your Medicare supplement plan in just three easy steps.

- 1 Enter your information below to determine your rate
- 2
- 3

*** Required Fields**

Age *

Gender * Male Female

State *

ZIP *

Do you use tobacco? *

Yes No

See Your Rates ▶

✓ Protected Privacy ✓ Risk Free ✓ No Obligation

Many factors determine rates. Your actual rate may be higher or lower than what's shown. Contact an agent for your specific information.

This is a solicitation of insurance and an insurance agent may contact you by telephone.

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. THIS IS A LIMITED POLICY DESIGNED TO COVER ONLY THOSE EXPENSES WHICH MEDICARE DOES NOT COVER.

Medicare supplement insurance policy forms UM20, UM21, UM22, UM23, UM24, UM30 or state equivalent (in NC, UM20-21719NC, UM23-21720NC, UM24-21721NC, UM30-22567NC; in OK, UM20-21746, UM23-21747, UM24-21748, UM30-22579; in OR, UM20-21610, UM23-21613, UM24-21614, UM30-22543) are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. These policies have exclusions and limitations. An outline of coverage is available upon request. United of Omaha is licensed nationwide except in NY. In some states, if you receive Medicare benefits because of a disability, you may apply for a Medicare supplement insurance policy (all Plans in ME) regardless of your age. The Guide to Health Insurance for People with Medicare is also available from your state Department of Insurance or the Centers of Medicare and Medicaid Services. There is no cost or obligation for this booklet. In NC, premiums are based on attained age, which means they increase each year with age. Premiums may also change based on class.



Medicare Supplement Insurance



Find your Medicare supplement plan in just three easy steps.

- 1
- 2
- 3 See your rates

✓ Protected Privacy ✓ Risk Free ✓ No Obligation

Your Medicare Supplement Quote

Your Information

Age	Gender	State	ZIP	Tobacco	Edit My Information	How to read the chart
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Your Plans and Rates

These are our available Medicare supplement plans and monthly rates in your state.

Print
E-mail

[Learn More >](#)

Monthly Rates	Plan A	Plan Name	Plan Name	Most Popular	Plan Name	Plan Name
	Rate** per month					
Basic Benefits	✓	✓	✓	✓	✓	✓
Skilled Nursing Facility Coinsurance		✓	✓	✓	✓	✓
Medicare Part A Deductible		✓	✓	✓	✓	50%
Medicare Part B Deductible		✓		✓		
Medicare Part B Excess Charges				✓	✓	
Foreign Travel Emergency		✓	✓	✓	✓	✓

**AGE, SEX, TOBACCO USAGE, ZIP CODE.

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This is a solicitation of insurance and an insurance agent may contact you by telephone.

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Medicare supplement insurance policy forms UM20, UM21, UM22, UM23, UM24, UM30 or state equivalent (in NC, UM20-21719NC, UM23-21720NC, UM24-21721NC, UM30-22567NC; in OK, UM20-21746, UM23-21747, UM24-21748, UM30-22579; in OR, UM20-21610, UM23-21613, UM24-21614, UM30-22543) are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. These policies have exclusions and limitations. An outline of coverage is available upon request. United of Omaha is licensed nationwide except in NY. In some states, if you receive Medicare benefits because of a disability, you may apply for a Medicare supplement insurance policy (all Plans in ME) regardless of your age. The Guide to Health Insurance for People with Medicare is also available from your state Department of Insurance or the Centers of Medicare and Medicaid Services. There is no cost or obligation for this booklet. In NC, premiums are based on attained age, which means they increase each year with age. Premiums may also change based on class.



Medicare Supplement Insurance



Simply, complete the form to schedule an appointment with a professional Mutual of Omaha insurance agent and to request your **free copy** of:



A Guide to Health Insurance for People with Medicare

by the Centers for Medicare and Medicaid Services and the National Association of Insurance Commissioners.

Free

Find your Medicare supplement plan in just three easy steps.

- 1
- 2
- 3 [Learn more](#)

* Required Fields

First Name *

Last Name *

Address *

City *

State *

ZIP *

Phone *

E-mail *

Current Customer? * Yes No

Media Code [where is this?](#)

[Complete My Request](#) ▶

✓ Protected Privacy ✓ Risk Free ✓ No Obligation

This is used as a source of leads for the solicitation of insurance. By completing this form you are requesting to have an insurance agent contact you by telephone to provide additional information.

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Memorandum of Variability	Filed-Closed	11/22/2011
Comments:		
Attachment:		
AFN44163 (MoV).pdf		

VARIABLE MATERIAL FOR ADVERTISING FORM AFN44163

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

Section	Explanation
<p>[(800) 293-3006] to the right of the logo in the header.</p>	<p>This phone number may vary based on promotional campaigns.</p>
 <p>half way down the page, below the photo, on the left hand side on the 1st and 3rd pages.</p>	<p>Will be updated with a photo of the most current “Guide to Health Insurance for People with Medicare”</p>
<p>Your Information</p> <p>[Age Gender State Zip Tobacco] Edit My Information</p> <p>half way down the page, below the photo, on the left hand side</p> <p>and</p> <p>** [AGE, SEX, TOBACCO USAGE, ZIP CODE]</p> <p>directly below the rate chart on page 2.</p>	<p>These sections will be entered by the potential client on the 1st page and then populated onto the rate page (page 2).</p> <p>Please note: All the fields will show, but some fields may not affect rate quote. Individual state’s rate guidelines will be used to determine rate quote.</p> <p>and</p> <p>The responses to the questions on the quote page will provide the information used to calculate the rate for each plan.</p> <p>(Only the options used in each state will be listed. If Age, Sex, Tobacco Usage and/or ZIP code are not rating factors in the state, they will not be listed below the rate chart.)</p>
<p>[Plan Name] [Rate**/month]</p> <p>header for each plan listed in the Rate Chart (middle of the page).</p>	<p>All available plans in the state will be displayed and the applicable benefits will be indicated with a ✓ mark in the column.</p> <p>Corresponding rates for the plans listed will be shown, based on the potential client’s answers on the previous page.</p> <p>Please note: Insurance companies must offer Plan A in all states.</p>
 <p>header for the most popular plan listed in the Rate Chart.</p>	<p>The most popular plan available for that state will be highlighted with the “Most Popular” header and highlighted section.</p>
 <p>page 2, above the Rate Chart</p>	<p>The option will only be available for campaigns that utilize the approved e-mail options.</p>

Media Code

[where is this?](#)

blue box for potential client contact information.

This question will not be visible if the potential client didn't receive the web address in a direct mailing.

Current * Yes No
Customer?

blue box for potential client contact information.

This question is being tested and if not successful, would not be visible in the future.