

SERFF Tracking Number: MUTM-128319562 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number:
Company Tracking Number: JAMIE LUCY
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: Medicare Supplement Advertising - UC8139
Project Name/Number: Medicare Supplement Advertising/UC8139

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement Advertising - UC8139 SERFF Tr Num: MUTM-128319562 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num:
Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: JAMIE LUCY State Status: Filed-Closed
Filing Type: Advertisement Reviewer(s): Stephanie Fowler
Author: Jamie Lucy Disposition Date: 05/02/2012
Date Submitted: 05/01/2012 Disposition Status: Filed-Closed
Implementation Date Requested: Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising
Project Number: UC8139
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 05/02/2012
State Status Changed: 05/02/2012
Created By: Jamie Lucy
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jamie Lucy

Filing Description:

NAIC #261-69868

FEIN #47-0322111

United of Omaha Life Insurance Company

Direct Response Mail Advertising

Medicare Supplement Advertising

UC8139

UC8139-1 (Reply Card)

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

jl

State Narrative:

Company and Contact

Filing Contact Information

Philip Boll, Product & Advertising Compliance Analyst philip.boll@mutualofomaha.com

Mutual of Omaha 402-351-2449 [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

SERFF Tracking Number: MUTM-128319562 State: Arkansas
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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	05/01/2012	58818931

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	05/02/2012	05/02/2012

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Disposition

Disposition Date: 05/02/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: UC8139

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed- Closed 05/02/2012	UC8139, UC8139-1	Advertising Letter, Reply Card		Initial		0.000	UC8139_Brackets.pdf

IMPORTANT INFORMATION FOR NEW MEDICARE BENEFICIARIES

Medicare alone will only cover about 80% of your medical expenses. YOU are responsible to pay the costs that Medicare does not cover.

As a NEW Medicare beneficiary, you have a limited time to secure the additional coverage you may need, without answering health questions or taking a physical exam. [Call toll-free [1-800-865-2674] now for FREE INFORMATION.] There is no obligation.

If you are new to Medicare, you'll want to request this FREE Information right away.

Open enrollment lasts for six months and begins on the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B. During the Open Enrollment Period for new Medicare beneficiaries, you can get additional coverage and benefits from United of Omaha Life Insurance Company (United of Omaha) without answering health questions and without taking a physical exam. That's why it's important for you to get this FREE INFORMATION right away.

Your **FREE INFORMATION KIT** not only will explain some of the limitations of Medicare that you may not be aware of ... it also will give you details about affordable coverage that may give you the peace of mind you deserve – while providing the additional coverage you need.

Because Medicare pays only a portion of your doctor and hospital bills, chances are you'll want to consider additional coverage. And when it comes to Medicare supplement plans, every company offers you a selection from the SAME group of standardized plans.

The differences are often found in their plan rates, the level of service they provide, and how responsive they are to your specific needs.

Coverage is also available to persons under age 65 who are eligible for Medicare due to a disability.

So why choose United of Omaha?

When you have a United of Omaha Medicare supplement insurance policy, you get the reputation of Mutual of Omaha, which has been providing quality service for over 100 years. You can trust United of Omaha for outstanding strength, value and service.

over, please ...

[www.medsupquote.com]

UC8139

Get your FREE Information Kit with absolutely NO OBLIGATION.



Send my FREE United of Omaha Medicare Supplement Information Kit. I understand there is no obligation.



Please make address corrections as needed.

Please complete the information below and return this form in the postage-paid envelope provided.
Phone No.: (____) _____
Email: _____

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.

With a United of Omaha Medicare supplement plan ...

- **You'll have the freedom** to choose any doctor, hospital, or specialist for your care. You can keep your current doctor, there are no referrals and no networks.
- **You'll get additional coverage** for many of the expenses that Medicare does not pay.
- **You'll have a choice** of plans that fits your needs ... and your budget.

Best of all, you'll always get the outstanding service you expect from the experienced and reliable folks at United of Omaha ... a name you know you can trust.

The first step is to request your United of Omaha FREE Information Kit with absolutely no obligation. [Just call toll-free [1-800-865-2674].]

At United of Omaha, we take your health, and your health care seriously and want to be sure you have access to the coverage you need – at a price you can afford.

Please take a moment now to complete and return the attached reply form, requesting your FREE Information Kit. [Or call toll free to request this FREE information: [1-800-865-2674].]

Either way, there's no obligation. I look forward to hearing from you.

Sincerely,


John R. O'Malley
Director, Marketing Services
and Licensed Agent

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

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 and UM30 (or state equivalent). In NC: UM20-21719NC, UM23-21720NC, UM24-21721NC and UM30-22567NC; in OK: UM20-21746, UM23-21747, UM24-21748 and UM30-22579; in WI: UM25 (or state equivalent). Not all policy forms may be available in every state. In ME and WI coverage is also available to persons under age 65 who are eligible for Medicare due to a disability.

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



**UNITED OF OMAHA LIFE
INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Memorandum of Variability	Filed-Closed	Date: 05/02/2012
Comments:		
Attachment:		
UC8139 MOV.pdf		

VARIABLE MATERIAL FOR ADVERTISING FORM
Form Number: UC8139 and UC8139-1

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

UC8139

1) “ Call toll free” – last sentence of first paragraph on first page.

One of the following options will be used:

- a) Call toll-free [1-800-865-2674] now for FREE INFORMATION.
- b) Call toll-free [1-800-865-2674] now for FREE INFORMATION or to apply now.

2) [www.medsupquote.com]– Web address on bottom of first page.

A current and approved Medicare Supplement web address will be used.

3) “Just call toll-free” – bolded paragraph, middle of back page

One of the following options will be used:

- a) Just call toll-free [1-800-865-2474] for more information.
- b) Just call toll-free [1-800-865-2474] from more information or to apply now.

4) “Or call toll-free to request..” – middle of back page above signature block.

One of the following options will be used:

- a) Or call toll-free to request this FREE information: [1-800-865-2474].
- b) Just call toll-free [1-800-865-2474] from more information or to apply now.

5) 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.

UC8139-1

6) Picture of the Free Guide - Left side of tear off card.

One of the following options will be used:

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

7) “Please complete the information below:”-Right side of 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.