

SERFF Tracking Number: MUTM-128495900 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 - UL5494  
Project Name/Number: Medicare Supplement Advertising/UL5494

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement Advertising - UL5494 SERFF Tr Num: MUTM-128495900 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

Authors: Melanie Worth, Jamie Lucy

Reviewer(s): Stephanie Fowler

Disposition Date: 06/20/2012

Date Submitted: 06/20/2012

Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Medicare Supplement Advertising

Project Number: UL5494

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: 06/20/2012

State Status Changed: 06/20/2012

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

UL5494

UL5494-1 (Reply Card)

UE1611

SERFF Tracking Number: MUTM-128495900 State: Arkansas  
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Enclosed for review by your Department is a copy of the above-captioned advertising. The forms are new and are not intended to replace any previously approved forms. They 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 Melanie Worth  
Phone: 402-351-4260; Fax: 402-351-5298  
E-mail: advfilings@mutualofomaha.com

jl

State Narrative:

## Company and Contact

### Filing Contact Information

Melanie Worth, Product & Advertising Compliance Analyst  
mutualofomaha.com melanie.worth@mutualofomaha.com  
Mutual of Omaha 402-351-4260 [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:

SERFF Tracking Number: MUTM-128495900 State: Arkansas  
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(402) 351-6910 ext. [Phone] FEIN Number: 47-0322111

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**Filing Fees**

Fee Required? Yes  
Fee Amount: \$150.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$150.00	06/20/2012	60284644

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	06/20/2012	06/20/2012

*SERFF Tracking Number:* MUTM-128495900      *State:* Arkansas  
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## **Disposition**

Disposition Date: 06/20/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

### Lead Form Number: UL5494

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 06/20/2012	UL5494, UL5494-1	Advertising Letter, Reply Card		Initial		0.000	UL5494_FINA L.pdf
Filed-Closed 06/20/2012	UE1611	Advertising Carrier		Initial		0.000	UE1611_FIN AL.pdf



**AS A NEW MEDICARE BENEFICIARY, TAKE ADVANTAGE OF YOUR  
“OPEN ENROLLMENT PERIOD”**

[xxxxxPostal Barcodexxxxxxxxx]  
[xxxxxFirst and LastNamexxxx]  
[xxxxxAddress 1xxxxxxxxxxxxx]  
[xxxxxAddress 2xxxxxxxxxxxxx]  
[xxxxxAddress 3xxxxxxxxxxxxx]

**MEDICARE ALONE WILL ONLY  
COVER ABOUT 80% OF APPROVED  
MEDICAL EXPENSES. YOU ARE  
RESPONSIBLE TO PAY THE COSTS  
THAT MEDICARE DOES NOT COVER.**

Attention: [xxxFirstandlastnamexxx]

Did you know that Medicare alone will only cover about 80% of your approved medical expenses? This may come as an unpleasant surprise to many Medicare beneficiaries when they receive the bill for their first hospital stay.

Don't get caught by surprise. As a new Medicare beneficiary, you may select ADDITIONAL COVERAGE WITHOUT ANSWERING HEALTH QUESTIONS during your open enrollment period. **Act now and call [1-800-xxx-xxxx].**

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.

Complete and return the attached reply card today to receive your free, no obligation Medicare supplement insurance information kit. The kit has information on how you may:

- REDUCE YOUR HEALTH CARE COSTS ✓
- VIRTUALLY ELIMINATE CLAIMS PAPERWORK ✓
- KEEP YOUR CURRENT DOCTOR ✓
- HAVE THE FREEDOM TO CHOOSE ANY DOCTOR THAT ACCEPTS MEDICARE – NO REFERRALS\*\*NO NETWORKS ✓
- GET ADDITIONAL COVERAGE FOR THE EXPENSES MEDICARE MAY NOT PAY ✓

Everyone knows that medical care is expensive. What many don't realize is just how expensive their 20% may be. The free kit explains it all – and what your Medicare supplement insurance options are with United of Omaha Life Insurance Company.

You can request your free information kit by returning the attached reply card, by calling **[1-800-xxx-xxxx]** or by visiting [www.mutualseniorcare.com].

over, please ...

UL5494

**RETURN THIS FORM TO RECEIVE YOUR FREE INFORMATION KIT**



Please mail me a FREE United of Omaha Medicare supplement information kit. I understand there's no obligation.

[xxxxxFirst and LastNamexxxx]  
[xxxxxAddress 1xxxxxxxxxxxxx]  
[xxxxxAddress 2xxxxxxxxxxxxx]  
[xxxxxAddress 3xxxxxxxxxxxxx]

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

Phone No.\* (required): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email\*: \_\_\_\_\_

\*All phone numbers and email addresses are kept confidential.

## 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.

Act now to get your FREE, no obligation information kit. Complete and return the attached reply card or visit [[www.mutualseniorcare.com](http://www.mutualseniorcare.com)]. You may also call [1-800-xxx-xxxx].

Sincerely,



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

Medicare supplement insurance is underwritten by United of Omaha Life Insurance 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.** United of Omaha Life Insurance Company is licensed nationwide, except in NY and is solely responsible for its financial and contractual obligations. 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 OR: UM20R-21749, UM23R-21750, UM24R-21751 and UM30R-22581; in TX: UM20-21760, UM23-21761, UM24-21762 and UM30-22587; in WA: UM20R-24091, UM23R-24092, UM24R-24093; in WI: UM25. Not all policy forms may be available in every state. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent (in WA: producer) or write to the company. An outline of coverage is available upon request. In some states, Medicare supplement policies are available to those eligible for Medicare due to a disability, regardless of age. In TX: If you receive Medicare benefits because of a disability, you may apply for a Medicare supplement Plan A; regardless of your age. **IMPORTANT NOTICE – “A CONSUMER’S GUIDE TO HEALTH INSURANCE FOR PEOPLE ELIGIBLE FOR MEDICARE” MAY BE OBTAINED FROM YOUR LOCAL SOCIAL SECURITY OFFICE OR FROM UNITED OF OMAHA LIFE INSURANCE COMPANY.**

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

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

**This is a solicitation of insurance and a licensed agent (in WA: producer) may contact you by telephone to provide additional information.**



**UNITED OF OMAHA LIFE  
INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

Medicare supplement insurance is underwritten by United of Omaha Life Insurance 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.** United of Omaha Life Insurance Company is licensed nationwide, except in NY and is solely responsible for its financial and contractual obligations. 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 OR: UM20R-21749, UM23R-21750, UM24R-21751 and UM30R-22581; in TX: UM20-21760, UM23-21761, UM24-21762 and UM30-22587; in WA: UM20R-24091, UM23R-24092, UM24R-24093; in WI: UM25. Not all policy forms may be available in every state. In some states, Medicare supplement policies are available to those eligible for Medicare due to a disability, regardless of age. In TX: If you receive Medicare benefits because of a disability, you may apply for a Medicare supplement Plan A; regardless of your age.

**This is a solicitation of insurance and a licensed agent (in WA: producer) may contact you by telephone to provide additional information.**

119121



**UNITED OF OMAHA LIFE INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175

Presorted  
First-Class Mail  
U.S. Postage  
**PAID**  
TRANZACT

**SEALED MATERIALS**  
The enclosed documents are intended solely for the addressee listed and should be opened by the aforementioned only.

**[ IMPORTANT MEDICARE INFORMATION ENCLOSED ]**

[xxxxxPostal Barcodexxxxxxx] )  
[xxxxxFirst and LastNamexxxx] S  
[xxxxxAddress 1xxxxxxxxxxxx] )  
[xxxxxAddress 2xxxxxxxxxxxx] )  
[xxxxxAddress 3xxxxxxxxxxxx] )

[IMMEDIATE ATTENTION REQUESTED]

**Not connected with or endorsed by the United States government or the federal Medicare program.**

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## Supporting Document Schedules

	Item Status:	Status
<b>Satisfied - Item:</b> Memorandums of Variability	Filed-Closed	06/20/2012
<b>Comments:</b>		
<b>Attachments:</b>		
UL5494 MOV.pdf		
UE1611 MOV.pdf		

**VARIABLE MATERIAL FOR ADVERTISING FORM****Form Number: UL5494**

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

<b>Variable Location</b>	<b>Explanation</b>
[Attention: Sample A. Sample,] – opening of letter	One of the following options will be used: a) Attention: “Sample A. Sample” (for personalization) b) Dear Friend c) Hello “Sample A. Sample” (for personalization)
2 <sup>nd</sup> paragraph	Phone number is variable
Last paragraph on page 1	Phone number is variable and Or visit [www.mutualseniorcare.com” – website is variable – will only be filed and approved ads.
Signature, Licensed Agent Name, Title [John R. O’Malley] [Director, Marketing Services] [Licensed Insurance Agent] –Mid Section of Page 2	First and last name of the licensed agent. Agent’s position within the company. All solicitation letters will be signed by a licensed agent.

## VARIABLE MATERIAL FOR ADVERTISING FORM

### UE1611

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

Under logo treatment	The following statement will be in or out a) <b>Sealed Materials.</b> The enclosed documents are intended solely for the addressee listed and should be opened by the aforementioned only
Above address box	One of the following options will be used: a) <b>Important Medicare Information Enclosed</b> b) <b>Important Notice from United of Omaha for New Medicare Beneficiaries</b> c) Neither statement will appear
To the right of address box – above the box	The following statement will be in or out a) Immediate Attention Requested