

**State:** Arkansas **Filing Company:** United of Omaha Life Insurance Company  
**TOI/Sub-TOI:** MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010  
**Product Name:** Medicare Supplement Advertising - AFN44914\_U00  
**Project Name/Number:** Medicare Supplement Advertising/AFN44914\_U00

## Filing at a Glance

Company: United of Omaha Life Insurance Company  
Product Name: Medicare Supplement Advertising - AFN44914\_U00  
State: Arkansas  
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010  
Sub-TOI: MS08I.012 Multi-Plan 2010  
Filing Type: Advertisement  
Date Submitted: 08/24/2012  
SERFF Tr Num: MUTM-128658365  
SERFF Status: Closed-Filed-Closed  
State Tr Num:  
State Status: Filed-Closed  
Co Tr Num: KRISTIN MILLER

Implementation  
Date Requested:  
Author(s): Melanie Worth, Kristin Miller  
Reviewer(s): Stephanie Fowler (primary)  
Disposition Date: 08/28/2012  
Disposition Status: Filed-Closed  
Implementation Date:

State Filing Description:

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## General Information

Project Name: Medicare Supplement Advertising  
 Project Number: AFN44914\_U00  
 Requested Filing Mode:  
 Explanation for Combination/Other:  
 Submission Type:  
 Overall Rate Impact:

Status of Filing in Domicile:  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Individual  
 Individual Market Type:  
 Filing Status Changed: 08/28/2012  
 State Status Changed: 08/28/2012  
 Created By: Kristin Miller  
 Corresponding Filing Tracking Number:

Deemer Date:  
 Submitted By: Kristin Miller

Filing Description:  
 NAIC #: 261-69868  
 FEIN #: 47-0322111  
 COMPANY NAME GOES HERE  
 Medicare Supplement Advertising  
 Microsite Page: AFN44914\_U00

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.

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

km

## Company and Contact

### Filing Contact Information

Kristin Miller, Product & Advertising Compliance Specialist	kristin.miller@mutualofomaha.com
Mutual of Omaha	402-351-3046 [Phone]
Mutual of Omaha Plaza	402-351-5298 [FAX]
Omaha, NE 68175	

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**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? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

Company	Amount	Date Processed	Transaction #
United of Omaha Life Insurance Company	\$50.00	08/24/2012	61983043

SERFF Tracking #:

MUTM-128658365

State Tracking #:

Company Tracking #:

KRISTIN MILLER

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	08/28/2012	08/28/2012

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## Disposition

Disposition Date: 08/28/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Memo of Variability	Filed-Closed	Yes
Form	Microsite Page	Filed-Closed	Yes

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## Form Schedule

### Lead Form Number: AFN44914\_U00

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1	Filed-Closed 08/28/2012	AFN44914_UO O	ADV	Microsite Page	Initial:		AFN44914_U00.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



## Medicare Supplement Insurance

**Looking for Medicare Supplement?**

Request your free booklet and learn more about Medicare supplement insurance from **United of Omaha Life Insurance Company.**

Call **(800) 931-7188**

or fill out our form:



**Current Customer?**

Yes

No

**This is a solicitation of insurance. By responding, you are requesting a licensed insurance agent\* to contact you by telephone.**

**Complete My Request**



[Privacy Policy](#)

[Terms of Use](#)

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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: UM20-21610, UM20R-21749, UM23-21613, UM23R-21750, UM24-21614, UM24R-21751, UM30-22543 and UM30R-22581; in TX: UM20-21760, UM23-21761, UM24-21762 and UM30-22587; in WA: UM20-24075, UM20R-24091, UM23-24076, UM23R-24092, UM24-24077 and 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 and limitations and terms under which the policy may be continued in force, see your agent\* 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.

\*WA residents: The term "agent" is considered "producer" in your state.

**This is a solicitation of insurance and a licensed agent\* may contact you by telephone to provide additional information.**

AFN44914\_UOO

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Memo of Variability	Filed-Closed	08/28/2012
Comments:			
Attachment(s):			
AFN44914_UOO _MoV_.pdf			

**VARIABLE MATERIAL FOR ADVERTISING FORM  
AFN44914\_UOO**

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

SECTION/LOCATION	EXPLANATION
<p><b>HEADLINE:</b> On the left side of the page under the picture.</p>	<p>The headlines will be one of the phrases listed below:</p> <ol style="list-style-type: none"> <li>1. Looking for Medicare Supplement Insurance?</li> <li>2. Looking for Medigap coverage?</li> <li>3. Turning 65 soon?</li> <li>4. Looking for affordable Medicare supplement insurance rates in [state]?</li> <li>5. Learn more about your Medicare supplement insurance options</li> <li>6. Enhance your Medicare supplement insurance protection</li> <li>7. Supplement your Medicare insurance protection</li> <li>8. Find the right Medicare supplement plan for you</li> <li>9. The right Medicare supplement plan for your needs</li> <li>10. Learn more about your Medicare supplement insurance options</li> <li>11. Boost your Medicare supplement insurance protection</li> </ol>
<p>Image of the booklet– Lower left hand side.</p>	<p>One of the following will be used:</p> <ol style="list-style-type: none"> <li>1.  <b>Free</b></li> <li>2.  <b>Free</b></li> </ol>  <b>Free</b>
<p><b>“Current Customer”:</b> located toward bottom within customer fill in box</p>	<p>This variable field will either be:</p> <ol style="list-style-type: none"> <li>1. Left in to test response of this question with the default on “No”, or</li> <li>2. Will not show if not testing this response</li> </ol>
<p><b>[Complete My Request]</b> button</p>	<p>One of the following will be used:</p>

- |  |  |
|--|--|
|  | <ol style="list-style-type: none"><li>1. Complete My Request</li><li>2. Send Request</li><li>3. Take the next step</li><li>4. Ready to get started?</li><li>5. Ask about insurance today</li><li>6. Request more info</li><li>7. Contact Us</li><li>8. Start Now</li><li>9. Request A Quote</li><li>10. Get Your Free Quote</li><li>11. Get Started Now</li><li>12. Connect with Us</li><li>13. Removed completely to test not having this call-to-action on this page</li></ol> |
|--|--|