

State: Arkansas **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010
Product Name: GROUP MEDICARE SUPPLEMENT PLANS
Project Name/Number: ADVERTISING/FM12-616

Filing at a Glance

Company: UnitedHealthcare Insurance Company
Product Name: GROUP MEDICARE SUPPLEMENT PLANS
State: Arkansas
TOI: MS08G Group Medicare Supplement - Standard Plans 2010
Sub-TOI: MS08G.001 Plan A 2010
Filing Type: Advertisement
Date Submitted: 08/20/2012
SERFF Tr Num: UHLC-128647675
SERFF Status: Closed-Filed-Closed
State Tr Num:
State Status: Filed-Closed
Co Tr Num: FM12-616
Implementation: On Approval
Date Requested:
Author(s): Michelle Ambach, Tammy Frederick, Bobbie Walton, Lisa Muhammad
Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 08/21/2012
Disposition Status: Filed-Closed
Implementation Date:
State Filing Description:

State: Arkansas **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010
Product Name: GROUP MEDICARE SUPPLEMENT PLANS
Project Name/Number: ADVERTISING/FM12-616

General Information

Project Name: ADVERTISING Status of Filing in Domicile: Not Filed
 Project Number: FM12-616 Date Approved in Domicile:
 Requested Filing Mode: File & Use Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Large
 Group Market Type: Association Overall Rate Impact:
 Filing Status Changed: 08/21/2012
 State Status Changed: 08/21/2012 Deemer Date:
 Created By: Tammy Frederick Submitted By: Lisa Muhammad
 Corresponding Filing Tracking Number: FM12-616

Filing Description:

Submitted for your review is advertising for use in connection with the AARP group health insurance plans. The enclosed advertising is new and does not replace any previously submitted advertisement. The material included within this filing is an Invitation to Inquire.

Company and Contact

Filing Contact Information

Susan Cipollo, Director Susan_J_Cipollo@uhc.com
 680 Blair Mill Rd. 215-902-8444 [Phone]
 Horsham, PA 19044 215-902-8813 [FAX]

Filing Company Information

UnitedHealthcare Insurance CoCode: 79413 State of Domicile: Connecticut
 Company Group Code: 707 Company Type: Life and
 185 Asylum Street Group Name: Health
 Hartford, CT 06103 FEIN Number: 36-2739571 State ID Number:
 (860) 702-5000 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$350.00
 Retaliatory? No
 Fee Explanation: \$50.00 X 7 = \$350.00
 Per Company: No

| Company | Amount | Date Processed | Transaction # |
|------------------------------------|----------|----------------|---------------|
| UnitedHealthcare Insurance Company | \$350.00 | 08/20/2012 | 61832033 |

SERFF Tracking #:

UHLC-128647675

State Tracking #:

Company Tracking #:

FM12-616

State:

Arkansas

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI:

MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010

Product Name:

GROUP MEDICARE SUPPLEMENT PLANS

Project Name/Number:

ADVERTISING/FM12-616

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------------|------------------|------------|----------------|
| Filed-Closed | Stephanie Fowler | 08/21/2012 | 08/21/2012 |

State: Arkansas **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010
Product Name: GROUP MEDICARE SUPPLEMENT PLANS
Project Name/Number: ADVERTISING/FM12-616

Disposition

Disposition Date: 08/21/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------------------------|--------------------------|----------------------|---------------|
| Supporting Document | STATEMENT OF VARIABILITY | Filed-Closed | Yes |
| Form | Letter | Filed-Closed | Yes |
| Form | Large Print Ad | Filed-Closed | Yes |
| Form | Print Ad | Filed-Closed | Yes |
| Form | Small Print Ad | Filed-Closed | Yes |
| Form | Self-Mailer | Filed-Closed | Yes |
| Form | Business Reply Card | Filed-Closed | Yes |
| Form | Postcard | Filed-Closed | Yes |

State: Arkansas

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010

Product Name: GROUP MEDICARE SUPPLEMENT PLANS

Project Name/Number: ADVERTISING/FM12-616

Form Schedule

Lead Form Number: LA25923ST

| Item No. | Schedule Item Status | Form Number | Form Type | Form Name | Action/ Action Specific Data | Readability Score | Attachments |
|----------|----------------------------|------------------|-----------|---------------------|------------------------------|-------------------|-------------------------|
| 1 | Filed-Closed 08/21/2012 | LA25923ST | ADV | Letter | Initial: | 45.000 | LA25923ST.pdf |
| 2 | Filed-Closed 08/21/2012 | AS2722ST | ADV | Large Print Ad | Initial: | 45.000 | AS2722ST.pdf |
| 3 | Filed-Closed 08/21/2012 | AS2723ST | ADV | Print Ad | Initial: | 45.000 | AS2723ST_FILING.pdf |
| 4 | Filed-Closed 08/21/2012 | AS2724ST | ADV | Small Print Ad | Initial: | 45.000 | AS2724ST.pdf |
| 5 | Filed-Closed 08/21/2012 | CA25203ST | ADV | Self-Mailer | Initial: | 45.000 | CA25203ST_FILING.pdf |
| 6 | Filed-Closed 08/21/2012 | CA25203STBR C | ADV | Business Reply Card | Initial: | 45.000 | CA25203STBRC_FILING.pdf |
| 7 | Filed-Closed 08/21/2012 | CA25205ST | ADV | Postcard | Initial: | 45.000 | CA25205ST.pdf |

Form Type Legend:

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

SERFF Tracking #:

UHLC-128647675

State Tracking #:

Company Tracking #:

FM12-616

State:

Arkansas

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI:

MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010

Product Name:

GROUP MEDICARE SUPPLEMENT PLANS

Project Name/Number:

ADVERTISING/FM12-616

| | | | |
|-------------|--|------------|----------------|
| POLA | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | SCH | Schedule Pages |
|-------------|--|------------|----------------|



Give Yourself Options with a Medicare Supplement Insurance Plan

Dear Neighbor,

Having an Option Can Give You Peace of Mind

Sometimes just having another option is helpful. It can give you the peace of mind you need. With a Medicare supplement insurance plan, you can choose any doctor as long as he or she accepts Medicare patients. Plus, you have the option to see specialists, generally without referrals. That extra freedom to choose can set your mind at ease.

Consider an AARP Medicare Supplement Insurance Plan

When you're shopping for a Medicare supplement insurance plan, take a look at AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare). You can choose from a variety of plans with competitive rates. And like all Medicare supplement plans, your coverage travels with you anywhere you go in the U.S.

Let's Review Your Options Together

As a licensed insurance agent authorized to offer AARP Medicare Supplement Insurance Plans, I'll work with you, at your convenience. I'll answer your questions to help you find a plan that fits your needs.

Contact me today to learn more [or RSVP for an upcoming meeting]!

[<Meeting Date>, <Meeting Time>
<Location>
<Address>
<City>, <ST> <ZIP>]

[<Meeting Date>, <Meeting Time>
<Location>
<Address>
<City>, <ST> <ZIP>]



<Agent NameXXXXXXXXXXXX>

[Licensed insurance agent contracted with UnitedHealthcare]

☎ <XXX-XXX-XXXX>

<contact@email.comxxxxxxxxxxxxxxxxxxxx>

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states plans may be available to persons under age 65 who are eligible for Medicare by reason of disability or end-stage renal disease.

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

This is a solicitation of insurance. An agent/producer may contact you.

AARP does not employ or endorse agents, brokers or producers.

Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

LA25923ST

Need a Little Freedom?

When it comes to your health, freedom to choose can be very important to you. That's why it's valuable to have health insurance that:

- Lets you choose any doctor who accepts Medicare patients
- Travels with you anywhere you go in the U.S.
- Gives you a choice of specialists, generally without needing referrals

With a Medicare supplement insurance plan, that's the kind of freedom you get.



Let's Find Freedom Together

Start by getting more information. As a licensed insurance agent authorized to offer AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), I'll review plans with you and answer your questions to help you find a plan that fits your needs.

CALL [TO RSVP] TODAY!

[<Meeting Date>, <Meeting Time>
<Location>
<Address>
<City>, <ST> <ZIP>]

[<Meeting Date>, <Meeting Time>
<Location>
<Address>
<City>, <ST> <ZIP>]

<Agent NameXXXXXXXXXXXX>

[Licensed insurance agent contracted with UnitedHealthcare]

☎ <XXX-XXX-XXXX>

<contact@email.comXXXXXXXXXXXXXXXXXX>



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AS2722ST

FREEDOM of CHOICE

As a licensed agent authorized to offer AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare). I can help you find the right plan for you — with the freedom to choose any doctor that accepts Medicare patients.

CALL ME TODAY!

<Agent NameXXXXXXXXXXXXXX>

[Licensed insurance agent contracted with
UnitedHealthcare]



<1-800-272-2146>

<contact@email.comXXXXXXXXXXXXXXXXXXXXXX>

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Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

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Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

Enjoy the Freedom of Choice



A Medicare supplement insurance plan gives you the freedom to choose your own doctors. Anywhere in the U.S., you can receive medical care from any doctor who accepts Medicare patients. And generally, you don't need referrals to see specialists. How's that for freedom of choice?

Learn More!

As a licensed insurance agent authorized to offer AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), I can answer your questions so you can choose the plan that's right for you. **Contact me today to learn more [or RSVP for an upcoming meeting]!**

[<Meeting Date>, <Meeting Time>
<Location>
<Address>
<City>, <ST> <ZIP>]

[<Meeting Date>, <Meeting Time>
<Location>
<Address>
<City>, <ST> <ZIP>]



<Agent NameXXXXXXXXXXXXXXXX>

[Licensed insurance agent contracted with UnitedHealthcare]

☎ <XXX-XXX-XXXX>

<contact@email.comXXXXXXXXXXXXXXXXXXXX>

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Not connected with or endorsed by the U.S. Government or the federal Medicare program.

This is a solicitation of insurance. An agent/producer may contact you.

AARP does not employ or endorse agents, brokers or producers.

Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

AS2724ST

<Agency Namexxxxxxxxxxxxxxxxxxxxxxxx>
<Address 1xxxxxxxxxxxxxxxxxxxxxxxx>
<City, St Zipxxxxxxxxxxxxxxxxxxxxxxxx>



Been Looking for
a Little More Freedom Lately?

<Recipient Namexxxxxxxxxxxxxxxxxxxxxxxx>
<Recipient Address 1xxxxxxxxxxxxxxxx>
<Recipient City, St Zipxxxxxxxxxxxxxxxx>

CA25203ST

AARP | Medicare Supplement Plans
insured by **UnitedHealthcare**
Insurance Company



**Find Freedom
of Choice**

With a Medicare
Supplement Insurance Plan

Dive Into an AARP Medicare Supplement Insurance Plan



When it comes to your health, freedom to choose your own doctors who accept Medicare patients can be very important to you. Maybe that's why so many Medicare beneficiaries choose to enroll in Medicare supplement insurance plans. That's a little freedom that can mean a lot.

Let's Explore Together

As a licensed insurance agent authorized to offer AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), I'll help you find a plan that fits your needs and explain these important plan highlights:

- Competitive rates that help manage your out-of-pocket costs
- Variety of plans available

And as with all Medicare supplement plans:

- Coverage that travels with you anywhere in the U.S.
- Virtually no claim forms to file
- See specialists without referrals

Start by Getting More Information

Let's start a conversation. I'll answer your questions to help you find a plan that fits your needs. **Contact me today to learn more [or RSVP for an upcoming meeting]!**

[<Meeting Date>, <Meeting Time>
<Location>
<Address>
<City>, <ST> <ZIP>]

[<Meeting Date>, <Meeting Time>
<Location>
<Address>
<City>, <ST> <ZIP>]



<Agent NameXXXXXXXXXXXXXX>

[Licensed insurance agent contracted with UnitedHealthcare]

 <1-800-272-2146>

<contact@email.comXXXXXXXXXXXXXXXXXXXXXX>

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Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. [XXX] [CITY], [ST]

POSTAGE WILL BE PAID BY ADDRESSEE

<Agency NameXXXXXXXXXXXXXXXXXXXXX>

<Address 1XXXXXXXXXXXXXXXXXXXXX>

<City, St ZipXXXXXXXXXXXXXXXXXXXXX>

YES! I would like more information about AARP® Medicare Supplement Insurance Plans.

(Please complete this card, detach and mail.)

Name _____

Address _____

City _____ State _____ ZIP _____

Date of Birth _____ Medicare (Part B) Effective Date _____

Phone _____ E-mail Address _____

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

This is a solicitation of insurance. An agent/producer may contact you.

By returning this card, you agree that an authorized representative or licensed insurance agent/producer from UnitedHealthcare may contact you by phone, e-mail or mail to answer your questions or provide additional information about Medicare supplement insurance or Part D plans. Insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents). AARP does not employ or endorse agents, brokers or producers.

CA25203STBRC

<Agency Namexxxxxxxxxxxxxxxxxxxxxxxx>
<Address 1xxxxxxxxxxxxxxxxxxxxxxxx>
<City, St Zipxxxxxxxxxxxxxxxxxxxxxxxx>



Jump at the
Chance to

CHOOSE

<Recipient Namexxxxxxxxxxxxxxxxxxxxxxxx>
<Recipient Address 1xxxxxxxxxxxxxxxxxxxxxxxx>
<Recipient City, St Zipxxxxxxxxxxxxxxxxxxxxxxxx>

CA25205ST

CHOOSE Your Own Doctor

With a Medicare Supplement Insurance Plan

When it comes to your health, freedom to choose your own doctors who accept Medicare patients can be very important to you. A Medicare supplement insurance plan *gives* you that freedom. Plus, your coverage travels with you anywhere you go in the U.S. That little bit of freedom can mean a lot.

Call today [to join me at an upcoming meeting. RSVP today]!

[<Meeting Date>, <Meeting Time>
<Location>
<Address>
<City>, <ST> <ZIP>]

Start by Getting More Information

If you're on Medicare Parts A and B or you are about to be, let's talk. As a licensed insurance agent authorized to offer AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), I can help you find a plan that fits your needs.



<Agent NameXXXXXXXXXXXXXXXXXX>

[Licensed insurance agent contracted with UnitedHealthcare]

 **<XXX-XXX-XXXX>**

<contact@email.comXXXXXXXXXXXXXXXXXXXXXX>

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Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.



Medicare Supplement Plans
insured by **UnitedHealthcare Insurance Company**

SERFF Tracking #:

UHLC-128647675

State Tracking #:

Company Tracking #:

FM12-616

State:

Arkansas

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI:

MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010

Product Name:

GROUP MEDICARE SUPPLEMENT PLANS

Project Name/Number:

ADVERTISING/FM12-616

Supporting Document Schedules

| | | Item Status: | Status Date: |
|---------------------------|--------------------------|--------------|--------------|
| Satisfied - Item: | STATEMENT OF VARIABILITY | Filed-Closed | 08/21/2012 |
| Comments: | | | |
| Attachment(s): | | | |
| SOV Freedom to Choose.pdf | | | |

Statement of Variability

(All components are Invitations to Inquire)

Large Advertisement: AS2722ST

| Variable | Description |
|---|--|
| CALL [TO RSVP] TODAY! | The words "to RSVP" would be included if a meeting is planned. If no meeting is planned, those words would be removed, leaving "Call today!" |
| [<Meeting Date>, <Meeting Time> <Location> <Address> <City>, <ST> <ZIP>] | Meeting times and locations will vary. If no meeting is planned, all of this text would be removed. |
| <Agent NameXXXXXXXXXXXX> <XXX-XXX-XXXX> <contact@email.comXXXXXXXXXXXXXXXXXXXX> | Each agent/producer will include his or her own name, telephone number and email address. |
| [Licensed insurance agent contracted with UnitedHealthcare] | This line of text would be removed if the agent's name/contact information is not included. |

Small Advertisement: AS2723ST

| Variable | Description |
|---|---|
| <Agent NameXXXXXXXXXXXX> <XXX-XXX-XXXX> <contact@email.comXXXXXXXXXXXXXXXXXXXX> | Each agent/producer will include his or her own name, telephone number and email address. |
| [Licensed insurance agent contracted with UnitedHealthcare] | This line of text would be removed if the agent's name/contact information is not included. |

Flier: AS2724ST

| Variable | Description |
|---|---|
| Contact me today to learn more [or RSVP for an upcoming meeting]! | The words "or RSVP for an upcoming meeting" would be included only if a meeting is planned. If no meeting is planned, those words would be removed. |
| [<Meeting Date>, <Meeting Time> <Location> <Address> <City>, <ST> <ZIP>] | Meeting times and locations will vary. If no meeting is planned, all of this text would be removed. |

| | |
|---|---|
| <Agent NameXXXXXXXXXXXX> <XXX-XXX-XXXX> <contact@email.comxxxxxxxxxxxxxxxxxxxx> | Each agent/producer will include his or her own name, telephone number and email address. |
| [Licensed insurance agent contracted with UnitedHealthcare] | This line of text would be removed if the agent's name/contact information is not included. |

Postcard: CA25205ST

| Variable | Description |
|--|---|
| <i>Return Address:</i> <Agency Namexxxxxxxxxxxxxxxxxxxx> <Address 1xxxxxxxxxxxxxxxxxxxx> <City, St Zipxxxxxxxxxxxxxxxxxxxx> | The name and address of the insurance agent who is mailing this postcard. |
| <i>Mailing Address:</i> <Recipient Namexxxxxxxxxxxxxxxxxxxx> <Recipient Address 1xxxxxxxxxxxx> <Recipient City, St Zipxxxxxxxxxxxx> | The name and address of the person to whom we are mailing this postcard. |
| Contact me today to learn more [or RSVP for an upcoming meeting]! | The words "or RSVP for an upcoming meeting" would be included only if a meeting is planned. If no meeting is planned, those words would be removed. |
| [<Meeting Date>, <Meeting Time> <Location> <Address> <City>, <ST> <ZIP>] | Meeting times and locations will vary. If no meeting is planned, all of this text would be removed. |
| <Agent NameXXXXXXXXXXXX> <XXX-XXX-XXXX> <contact@email.comxxxxxxxxxxxxxxxxxxxx> | Each agent/producer will include his or her own name, telephone number and email address. |
| [Licensed insurance agent contracted with UnitedHealthcare] | This line of text would be removed if the agent's name/contact information is not included. |

Self-Mailer Brochure: CA25203ST

| Variable | Description |
|--|--|
| <i>Return Address:</i> <Agency Namexxxxxxxxxxxxxxxxxxxx> <Address 1xxxxxxxxxxxxxxxxxxxx> <City, St Zipxxxxxxxxxxxxxxxxxxxx> | Each agent will use his/her own name and address. |
| <i>Mailing Address:</i> <Recipient Namexxxxxxxxxxxxxxxxxxxx> <Recipient Address 1xxxxxxxxxxxx> <Recipient City, St Zipxxxxxxxxxxxx> | The name and address of the person to whom the agent is mailing this brochure. |

| | |
|---|---|
| Contact me today to learn more [or RSVP for an upcoming meeting]! | The words "or RSVP for an upcoming meeting" would be included only if a meeting is planned. If no meeting is planned, those words would be removed. |
| [<Meeting Date>, <Meeting Time> <Location> <Address> <City>, <ST> <ZIP>] | Meeting times and locations will vary. If no meeting is planned, all of this text would be removed. |
| <Agent NameXXXXXXXXXXXX> <XXX-XXX-XXXX> <contact@email.comXXXXXXXXXXXXXXXXXXXX> | Each agent/producer will include his or her own name, telephone number and email address. |
| [Licensed insurance agent contracted with UnitedHealthcare] | This line of text would be removed if the agent's name/contact information is not included. |

Business Reply Card: CA25203STBRC

| Variable | Description |
|---|---|
| BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. [XXX] [CITY], [ST] | The permit number, city and state will vary by each agent's location (mailing address). |
| <i>Mailing Address:</i> <Agency NameXXXXXXXXXXXXXXXXXXXX> <Address 1XXXXXXXXXXXXXXXXXXXX> <City, St ZipXXXXXXXXXXXXXXXXXXXX> | The name and address of the insurance agent who is mailing the brochure and who will receive this Reply Card. |

Letter: LA25923ST

| Variable | Description |
|---|---|
| Contact me today to learn more [or RSVP for an upcoming meeting]! | The words "or RSVP for an upcoming meeting" would be included only if a meeting is planned. If no meeting is planned, those words would be removed. |
| [<Meeting Date>, <Meeting Time> <Location> <Address> <City>, <ST> <ZIP>] | Meeting times and locations will vary. If no meeting is planned, all of this text would be removed. |
| <Agent NameXXXXXXXXXXXX> <XXX-XXX-XXXX> <contact@email.comXXXXXXXXXXXXXXXXXXXX> | Each agent/producer will include his or her own name, telephone number and email address. |
| [Licensed insurance agent contracted with UnitedHealthcare] | This line of text would be removed if the agent's name/contact information is not included. |