

Med Supp Prospecting Material Overprint Order Form



INSTRUCTIONS

Step 1: Choose the items you want – postcard, self-mailer, color flyer, newspaper ad – and type or print the information using block letters.

Step 2: Fax this order form to the number below.

Step 3: Please allow three-four weeks for printing and shipping your order.

Before printing, we'll send you one PDF to review your information for accuracy.

ABOUT YOU

Your Name _____

E-mail Address (to review your overprint) _____

Fax Number (only if you don't use e-mail) _____

Daytime Phone Number _____ Producer Number _____

SHIPPING DIRECTIONS

Ship items to:

Company _____

Attention _____

Street Address (cannot ship to a P.O. box) _____

City, State, ZIP _____

If there is a mail date or publication deadline (for newspaper ad), please indicate it here _____

PROSPECTING ITEMS

What are you ordering? (Not available in all states; call if you are unsure)

Postcard (9"x 6" only)

Self-mailer with reply card

Four-color rate flyer (fits 8 1/2" x 11")

Black and white newspaper ad

item # _____

Quantity (100 - 5,000) _____

dimensions width _____ height _____

OVERPRINT INFORMATION

Rates (doesn't apply to some newspaper ads)

We'll provide the rates based on the information you provide here. Where applicable, only female nontobacco rates are advertised because they're lower and space is limited.

State	Age(s) (limit 3)	Med supp plan(s) (limit 2)	ZIP codes for ZIP-rated states
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**Questions on Orders:
Call 800-673-6493, ext. 2186, for Jo Becerra
Fax form to: 402-351-2456, attn: Jo**

Contact

How do you want your audience to contact you?

Company name _____

Your name _____

Local and/or toll-free phone number (required) _____

E-mail address (optional) _____

Mailing Address on Reply Card

Applies to self-mailer only.

Company _____

Name _____

Street Address _____

City, State, ZIP + 4-Digit Extension _____

POSTAGE METHOD

Applies only to the rate postcard and self-mailer with reply card. Please choose one of the following. Contact your local post office for permit information.

 No postage-reply information needed **Bulk Rate Permit**

<input type="checkbox"/> Presort Standard or <input type="checkbox"/> Presort First Class	Permit #	City of Origin
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Presort standard indicia imprinted to show postage prepayment.

 BRM (Business Reply Mailing Permit)

Permit #	City of Origin	Unique business reply plus 4-digit ZIP extension*
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* Usually begins with 9. If business reply mail is received at the post office without the proper unique business reply plus 4-digit extension, your mail could be delayed indefinitely.

For an annual permit fee, BRM allows the permit holder to receive First-Class Mail and Priority Mail back from customers by paying postage only on the mail returned. The BRM permit holder guarantees payment of First-Class Mail postage plus a per piece charge for pieces returned by the USPS.

 Courtesy Reply Mail (CRM)

Courtesy reply mail (CRM) consists of the correct address and barcode to take advantage of automated USPS processing. It differs from business reply mail (BRM) in that no fees are required and the respondent is responsible for applying the correct postage before mailing back the card or envelope.

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Medicare Supplement Insurance Policies



We've got you covered.

GO PLAY!

UC6526

We offer you the friendly customer service, financial value and security you seek. So, you can relax and have some fun.

Compare and Save on Your United of Omaha Medicare Supplement Policy

[State, ZIP Codes or ZIP Codes Beginning With]	Age	Monthly Premium* Plan [Name]
	[Age]	[Rate]
	[Age]	[Rate]

*[Appropriate state rate disclosure]

Free Rate Quote

For your no-obligation rate quote— including any discount — on a United of Omaha Medicare supplement insurance policy, contact your licensed insurance agent today!

[Name]

[Phone Number]

[E-mail Address]



Medicare supplement insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha 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 UM1, UM2, UM3, UM4, UM5 or state equivalent. These policies have exclusions, limitations and reductions. For cost and complete details of coverage contact your United of Omaha insurance agent. This is a solicitation of insurance and an insurance agent will contact you.



UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL *of* OMAHA COMPANY

Mutual of Omaha Plaza

Omaha, NE 68175

mutualofomaha.com

Medicare Supplement Insurance

Low rates *plus* superior service

equal a great value for you.

Turn over for details!