

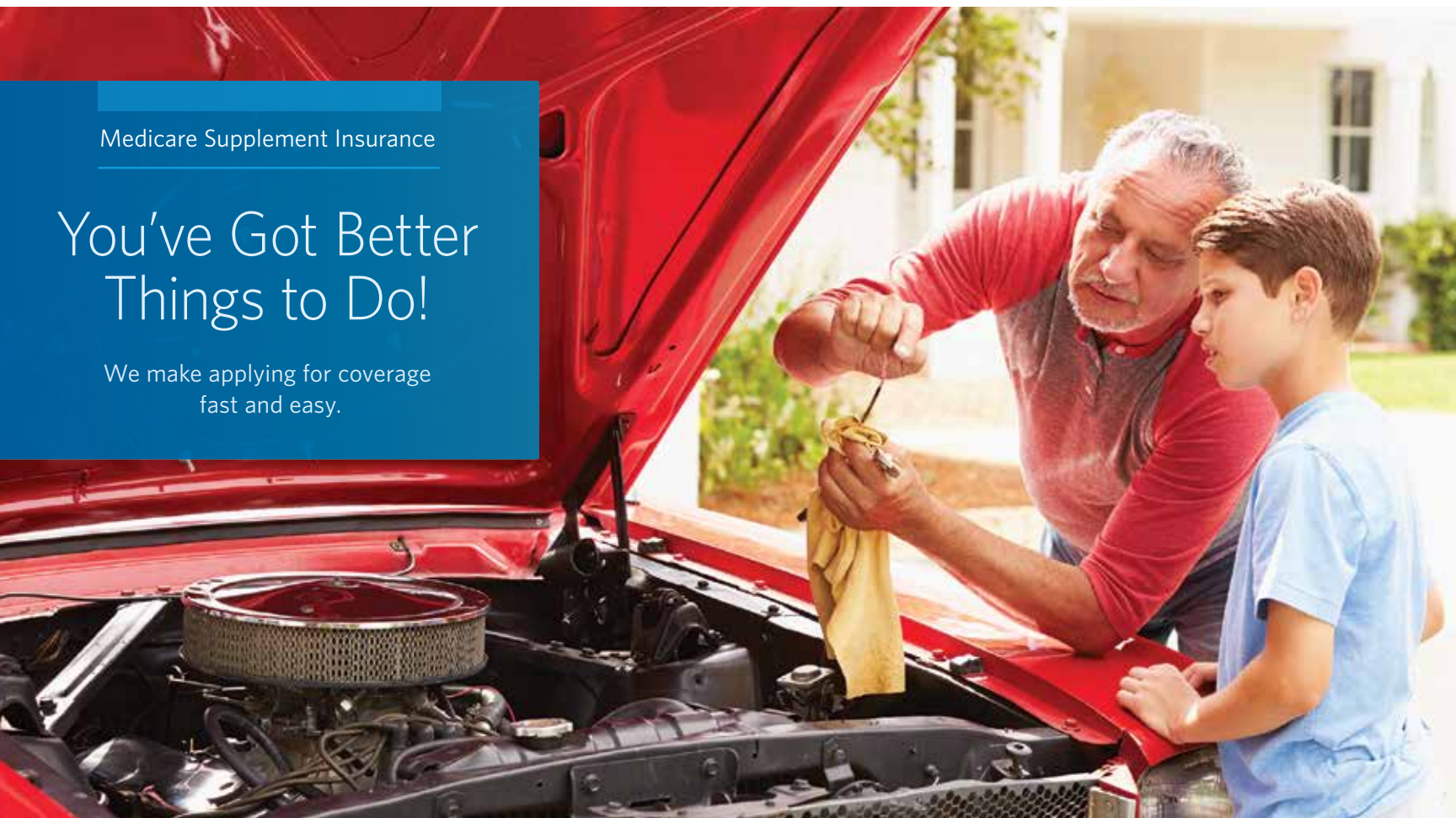
[Agent's Agency Name]  
[Agent's Name]  
[Agent's Address]  
[Agent's City, State, ZIP]

[CONSUMER'S NAME]  
[CONSUMER'S ADDRESS]  
[CONSUMER'S CITY, STATE ZIP CODE]

Medicare Supplement Insurance

# You've Got Better Things to Do!

We make applying for coverage fast and easy.



## See How Easy It Can Be

Applying for Medicare supplement insurance doesn't have to be complicated. Our online application makes it quick and easy so you can get back to better things.

Apply online at  
[\[MedSuppBasics.com/123456\]](http://MedSuppBasics.com/123456)

## Compare Our Rates

Whether you're shopping for your first Medicare supplement insurance policy or wondering if you could save on your current premiums, we think you'll like our rates.



[State ZIP codes or ZIP codes beginning with ###]	[Age]	Monthly Premium*	
		[Plan Name]	[Plan Name]
	[Age]	[Rate]	[Rate]
	[Age]	[Rate]	[Rate]
	[Age]	[Rate]	[Rate]

\*[Sample base rates; female rates (male rates may be higher);  
 [nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible.]

### Get an online premium quote.

To get your personalized premium quote and apply for coverage, go to:

[\[MedSuppBasics.com/123456\]](http://MedSuppBasics.com/123456)

### Or contact me directly.

I'll be happy to provide your personalized premium quote and answer any questions.



**[Agent's Agency Name]**  
 [Agent's Name]  
 [Agent's Phone Number]  
 [Agent's Email Address]  
 [CA Insurance License #]



Underwritten by  
 Mutual of Omaha Insurance Company

**This is a solicitation of insurance and an insurance agent/producer will contact you. Not connected with or endorsed by the U.S. government or the federal Medicare program.** Medicare supplement insurance policies are underwritten by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy Forms MM20, MM21, MM22, MM23, MM24, MM25, MM30, MM34, MM35, MM36 or state equivalent (in CA, MM20-24250, MM24-24251, MM25-24252, MM34-24916, MM35-24917, MM36-25627; in MT, MM20A-25645, MM22C-25761, MM25G-25647, MM35N-25649, MM36G-25648; in OK: MM20-25664, MM24-25665, MM25-25666, MM35-25668, MM36-25667; in PA, MM20-24978, MM21-24980, MM22-24982, MM23-24984, MM24-24986, MM25-24988, MM34-24990, MM35-24992, MM36-25765; in VA, MM20-25669, MM24-25670, MM25-25671, MM35-25673, MM36-25672, app MA6026-44). Not all policy forms may be available in every state. Select policy forms are only available to individuals who become eligible for Medicare prior to January 1, 2020. AN OUTLINE OF COVERAGE IS AVAILABLE UPON REQUEST. The Guide to Health Insurance for People with Medicare is also available from your state Department of Insurance or the Centers for Medicare and Medicaid Services. This policy contains exclusions and limitations. For costs and complete details of coverage, contact your agent/producer or office. Call toll-free 1-800-228-7104. In some states, if you receive Medicare benefits because of a disability, you may apply for a Medicare supplement insurance policy regardless of your age. GA residents: THIS IS A LIMITED POLICY DESIGNED TO COVER ONLY THOSE MEDICARE-APPROVED EXPENSES WHICH MEDICARE DOES NOT COVER.