

MUTUAL OF OMAHA INSURANCE COMPANY  
UNITED WORLD LIFE INSURANCE COMPANY  
UNITED OF OMAHA LIFE INSURANCE COMPANY

# Premium Payment List Bill

Medicare Supplement



Mutual of Omaha





Mutual of Omaha

# Sales Opportunity

## Equal Employment Opportunity Commission (EEOC) ruling now allows:

- Employers to shift retirees from group benefits to individual plans for those retired workers turning age 65 who are eligible for Medicare.

Mutual of Omaha has taken administrative action so you can offer our products to such employers and their retirees.

**This opens the door to Medicare supplement sales through employers using list bill**



# Premium Payment via List Bill

## Whose Eligible?

Retirees of an employer who purchase our Medicare supplement product in which the employer and/or third party administrator submits the premiums to us for those retirees via list bill.

**Utilizing a list-bill account simplifies the Medicare supplement premium-paying process by allowing all participants (minimum of three) to be on one billing statement.**



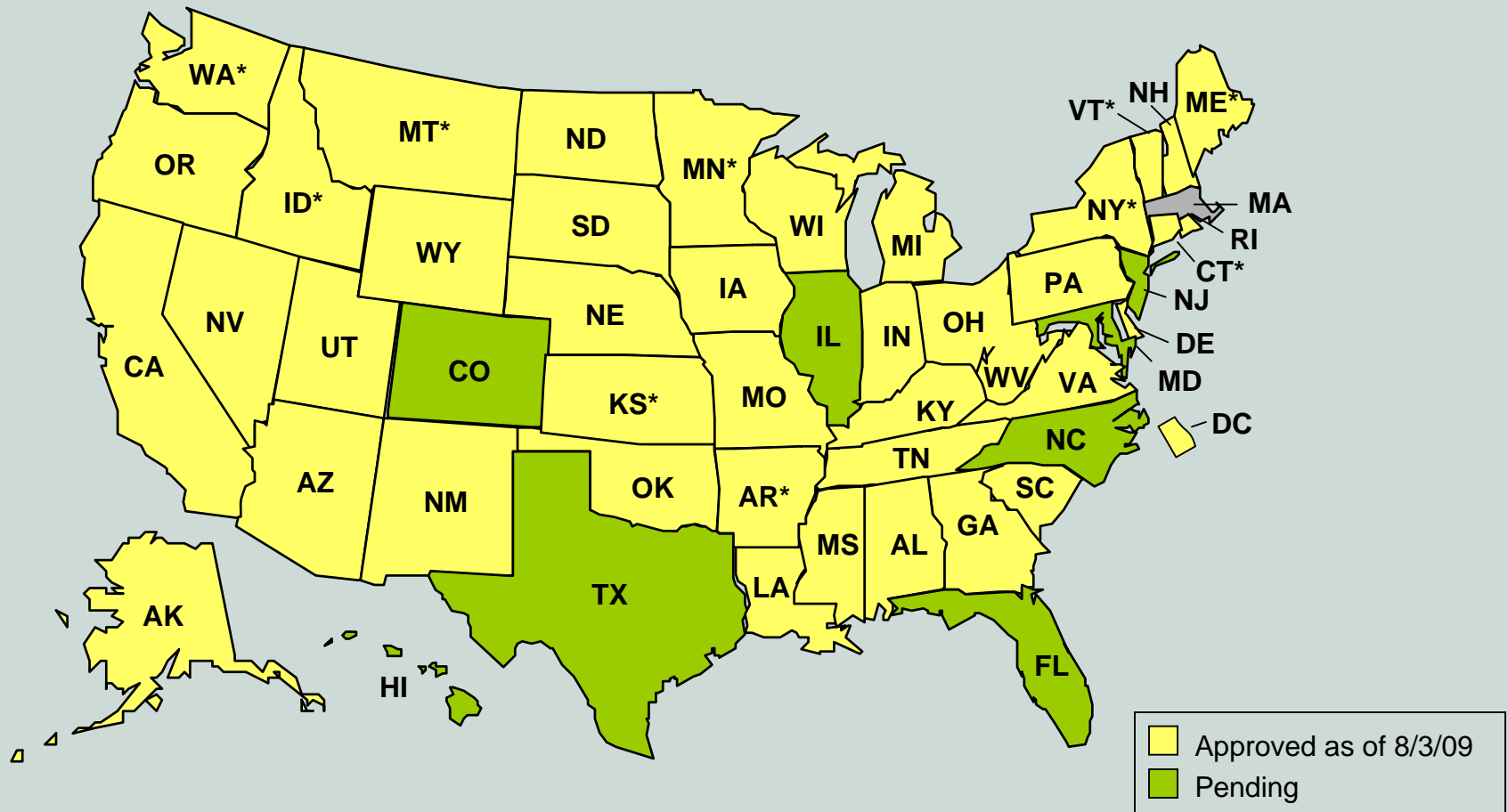
# Unisex Rates

Unisex rates must be offered in list bill situations

Unisex rates were filed in all states that did not currently have unisex rates.

**Our plan is to make unisex rates available in all states.**

# Unisex Rates State Approval Chart



\*States where unisex rates previously existed



# Establishing A List-Bill Account

## Seven Easy Steps:

**Step 1:** Complete the list-bill enrollment form **M27024**

**Step 2:** Mail or FAX the form to:

Mutual of Omaha  
3-VIP  
Mutual of Omaha Plaza  
Omaha, NE 68175-3205  
  
FAX: 1-866-613-8961

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**Medicare Supplement Premium Payment List-Bill Program**  
**List-Bill Enrollment Form**

This List-Bill Enrollment Form may be used for plans involving: (i) pension deductions; (ii) employer contributions and/or (iii) direct bill by a third-party list-bill administrator to individuals in this Medicare Supplement Premium Payment List-Bill Program (this "Program"). All Program participants will be on one bill.

The following sections must be completed to set up a list-bill group. Please print.

Name of Employer \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Nature of Business \_\_\_\_\_ SIC \_\_\_\_\_  
Date Business Was Established \_\_\_\_\_

Name of List-Bill Administrator \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_  
(if other than employer)  
E-mail Address \_\_\_\_\_ Facsimile No. (\_\_\_\_\_) \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Billing Address if Other Than Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**EMPLOYER/LIST-BILL ADMINISTRATOR ACKNOWLEDGEMENTS:**

Until further notice, the undersigned ("We," "Our") will honor the list-bill requests made by employees and/or retirees for payments to Mutual of Omaha Insurance Company, United of Omaha Life Insurance Company, and United World Life Insurance Company (collectively, "Mutual of Omaha").

By signing this List-Bill Enrollment Form, We acknowledge and agree that Mutual of Omaha will issue an individual policy to each approved applicant. Such individual contract is not part of a group health or life insurance plan and no group contract will be issued. Participation in this Program is completely voluntary. Any contribution to premiums or conduct beyond payroll deduction services by the employer may make this Program subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA) and may subject the employer to ERISA and other state and federal laws. An employer contributing to premiums paid by its employees and/or retirees should seek legal and tax guidance for compliance with applicable laws and regulations as they relate to this List-Bill Enrollment Form.

We agree to hold harmless and indemnify Mutual of Omaha from any and all liability, including attorneys' fees and costs, which it may incur due to contributions to premiums by the employer.

Signature of Authorized Representative of Employer or List-Bill Administrator\* \_\_\_\_\_  
Name of Employer or List-Bill Administrator (Please Print) \_\_\_\_\_  
Authorized Representative's Position or Title \_\_\_\_\_ Date \_\_\_\_\_

\*Signature of employer is required if employer will provide payroll/pension deduction services or if employer will make contributions to the premiums on behalf of its employees and/or retirees.

M27024 1 of 4



# Guarantee Issue

Retirees may be eligible for guarantee issue Medicare supplement policies depending on their existing coverage.

## Existing Coverage

This Section To be Completed by Producer:

1. What type of coverage do the proposed Program participants currently have?  
\_\_\_\_\_
2. Is the existing coverage an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays? If yes, answer questions (a) or (b) .....  Yes  No
  - (a) Are the retirees voluntarily leaving the group plan? .....  Yes  No
  - (b) Is the coverage ending? .....  Yes  No
3. Is the existing coverage a group Medicare supplement policy with individual certificates issued to retirees? If yes, answer questions (a) or (b) .....  Yes  No
  - (a) If yes, are the retirees voluntarily leaving the group plan? .....  Yes  No
  - (b) If yes, is the coverage ending? .....  Yes  No
4. Is the existing coverage an individual Medicare Supplement policy where the employer contributes in the form of a stipend to the retiree or by directly paying some or the entire premium? .....  Yes  No

If the answers to questions 2(b) or 3(b) are "Yes," please include a copy of the termination letter with this List-Bill Enrollment Form.



Page 2 of the list-bill enrollment form (**M27024**) contains a set of questions to help determine whether the participants are eligible.



# Establishing A List-Bill Account

**Step 3:** A customer service representative will contact you with the **group number** assigned to that list-bill account

**Step 4:** Indicate the **group number** on initial and all future Medicare supplement applications related to this group.

Group Number \_\_\_\_\_

**UNITED OF OMAHA LIFE INSURANCE COMPANY**  
A MUTUAL of OMAHA COMPANY  
**Application For Medicare Supplement Coverage**

Mgr./Commission Code (Required Field For Brokerage)	District Sales Manager/Assoc. Marketer	Application Reviewed By
PLAN INFORMATION (to be completed by Producer)		
<b>NOTE: For ALL sections, ONLY complete the Applicant B information if to be insured.</b>		
<u>Applicant</u>	<u>Applicant B</u>	
Policy Form	Policy Form	
Requested Effective Date	Requested Effective Date	
Premium Collected \$	Premium Collected \$	



# Processing a List-Bill Account

**Step 5:** Submit the applications to Mutual of Omaha through the normal process

**Step 6:** Three weeks before the premium due date, Mutual of Omaha will send a statement listing all participants to the program administrator

**Step 7:** The administrator remits the amount due for all participants by the due date and coordinates participants' premium payments if applicable

# Maintaining a List-Bill Account



**Maintaining a list-bill account is simple as well.**

You are able to:

- ✓ Add individuals to the list-bill account
- ✓ Remove someone from the list-bill account
- ✓ Cancel the entire list-bill account



# Sales Materials

## Special Forms

**M27024**- List-Bill Enrollment Form

**M27005**- Premium Payment List-Bill Administrator Guide

Application Booklets\*:

Company	Supp	Select
Mutual	<b>M27013_ "State"</b>	<b>M27014_ "State"</b>
United World	<b>W27015_ "State"</b>	<b>W27016_ "State"</b>
United of Omaha	<b>U8186_ "State"</b>	<b>U8187_ "State"</b>

Brochures: Same as individual product, except in OH

\* *Contains the application pack and unisex outline*



# Helpful Hints:

- Materials should only be ordered once a list-bill account has been established
- It is recommended that orders be placed at least 2-3 weeks in advance to assure the materials are delivered and available on time (*DON'T WAIT TO THE LAST MINUTE*)
- Outlines will not be available to order individually, they're available only in the application booklet. They may be viewed and downloaded from Sales Professional Access *Forms and Materials*
- As with all Medicare supplement sales, the Buyers Guide (HCFA02110\_0109) must be given to each individual in the group

# Sales Professional Access (Forms and Materials)



View and download materials under a new “Product Name” category:

**Premium Payment List Bill- Med Supp, or  
Premium Payment List Bill- Med Select**

The screenshot shows a web application interface for "Forms & Materials". On the left is a "Home Navigation" menu with links for "Software Download", "Customer Access Search", "Client Downloads", "Forms & Materials", and "E-Mail". The main content area is titled "Forms Views" and lists various categories like "Career Agents", "Agency Mgmt", "Broker Producers", etc. Below this is the "Forms & Materials" section, which includes a search form. The form has several required fields: "1. Select Company\*" (with "United of Omaha" selected), "2. Select Search Options" (with "Service" set to "New Business", "State" set to "Ohio", and "Product Type" set to "Medicare Supplement"). The "Product Name" field is highlighted with a red oval and has a blue arrow pointing to it. To the right of the main form is an "Advanced Search Options" section with fields for "Form Number" and "Text in Description". At the bottom of the form are "Lookup" and "Reset" buttons. The footer of the page says "Powered by iPipeline.com" and "Local intranet".



# Sales Opportunity

Another Opportunity to  
Boost Sales  
in the  
Medicare Supplement Market