MONTH DAY YEAR

NAME.FULL ADDRESS.LINE ADDRESS.LINE ADDRESS.LINE CITY STATE ZIP

Coverage ID: POLICY.NUMBER

Dear POLICYOWNER.NAME,

Thank you for choosing Omaha Insurance Company for your Medicare Supplement insurance needs. We're sincerely grateful to have you as our customer and appreciate your business.

Our records show that your birthday is within the next two months. A 60-day Open Enrollment period is provided to Nevada state residents who have an Omaha Insurance Company Medicare Supplement policy. The enrollment period begins on the first day of your birth month on DATE and ends 60 days after on DATE.

During this time, you may change your Medicare Supplement coverage to a new plan of lesser benefits with Omaha Insurance Company. The only requirement is that you have an inforce Omaha Insurance Company Medicare Supplement plan.

If you have any questions about this letter, or if we can serve you in any way, please contact us at 1-800-775-6000 between the hours of 7:00 a.m. and 5:30 p.m. Central Time Monday through Thursday or Friday 7:00 a.m. and 5:00 p.m. Central Time.

Sincerely,

Policyowner Services