



Mutual of Omaha Insurance Company

3300 Mutual of Omaha Plaza
Omaha, NE 68175
mutualofomaha.com

DATE

Policyowner Name
Policyowner Address
Omaha, NE 68175

Coverage ID:

Dear <<CORR.POLICYOWNER.NAME>> ,

Thank you for choosing us 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 a Medicare Supplement policy. The enrollment period begins on the first day of your birth month on <<CORR.DATE>> and ends 60 days after on <<CORR.DATE.MISC>>.

During this time, you may change your Medicare Supplement coverage to a new plan of equal or lesser benefits with any company offering Medicare Supplement coverage in Nevada. The only requirement is that you have an in-force Medicare Supplement plan.

If you have any questions about this letter, or if we can serve you in any way, please contact us at <<CORR.COMPANY.PHONENUM1>> 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

<<CORR CORR ID>>