Mutual of Omaha
Mutual of Omaha Plaza
Omaha, NE 68175

State Employee Wellness and Benefits
Received

DEC - 7 2012

GPIP-P121201222404000153 157294-245
**PERSONAL & CONFIDENTIAL**
STATE OF NEBRASKA
KRIS BOURKE
ADMINISTRATIVE SERVICES/EMPLOYEE BENEFITS
301 CENTENNIAL MALL S, PO BOX 94952
LINCOLN NE 68509-4952

**Group ID:** G00091L8
**Bill Group ID:** 001A
**Due Date:** 01/01/2013
**Omaha Group Office**

Did you know you can calculate your premiums online? **Employer Access**, our secure plan administration website, at **mutualofomaha.com/employeraccess** allows you to enter counts and volumes to automatically calculate and even pay your premium online. You can also request reports and get plan specific documents on the site. Not signed up yet? Visit mutualofomaha.com/employeraccess to register.

Prefer to send your payment via mail? Remember to include the following to ensure proper credit to your account:
- The Premium Remittance Slip below
- Your Group ID and Bill Group ID on your check
- Completed Account Summary and Billing Detail pages with current information

For your convenience, use the enclosed envelope to submit your payment.

DETACH HERE AND RETURN THIS SLIP AND BILLING DETAIL WITH YOUR PAYMENT

***Billing Statement*** ***Premium Remittance Slip*** ***Invoice Number: 000266069883***

*Please make check or money order payable to **Mutual of Omaha**. Return this premium remittance with your payment to ensure proper credit.*

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**STATE OF NEBRASKA**
**KRIS BOURKE**
**ADMINISTRATIVE SERVICES/EMPLOYEE BENEFITS**
**301 CENTENNIAL MALL S, PO BOX 94952**
**LINCOLN NE 68509-4952**

**Group ID:** G00091L8
**Bill Group ID:** 001A
**Due Date:** 01/01/2013
**Omaha Group Office**

MUTUAL OF OMAHA
PAYMENT PROCESSING CENTER
PO BOX 2147
OMAHA NE 68103-2147

**TOTAL AMOUNT DUE:** $ _____

126144 G00091L8001A6 99999999990 99999999990

| | | | |
|---|---|---|---|
| **Group ID:** | **G00091L8** | **Due Date:** | **01/01/2013** |
| **Bill Group ID:** | **001A** | **Billing Date:** | **11/30/2012** |
| **Invoice Number:** | **000266069883** | **Coverage Period From:** | **01/01/2013** |
| **Omaha Group Office** | | **Through:** | **01/31/2013** |

## ACCOUNT SUMMARY

| | | |
|---|---|---|
| OUTSTANDING BALANCES | _____ | * |
| CURRENT PREMIUM DUE | _____ | * |
| TOTAL DUE | _____ | * |

*Enter CURRENT PREMIUM and ADJUSTMENTS DUE from the Billing Detail.
Add to this number any OUTSTANDING BALANCE for TOTAL DUE.

**PLEASE RETURN THIS ENTIRE DOCUMENT WITH YOUR REMITTANCE**

PLEASE NOTE:

Visit mutualofomaha.com/employeraccess, our secure plan administration website, to calculate your premiums, request reports and get plan specific documents. You can even pay your premium online if you wish. To register, visit mutualofomaha.com/employeraccess.

Have a question for us? Contact your dedicated service team at 1-800-369-3809 between 7:00 a.m. and 7:00 p.m. CT. For your convenience, information may be sent via email to gps.central@mutualofomaha.com or faxed to 402-997-1998.

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PLEASE RETURN THIS ENTIRE DOCUMENT WITH YOUR REMITTANCE TO ENSURE PROPER CREDIT.

| | | | |
|---|---|---|---|
| **Group ID:** | **G00091L8** | **Due Date:** | **01/01/2013** |
| **Bill Group ID:** | **001A** | **Billing Date:** | **11/30/2012** |
| **Invoice Number:** | **000266069883** | **Coverage Period From:** | **01/01/2013** |
| **Omaha Group Office** | | **Through:** | **01/31/2013** |

## BILLING DETAIL

| PLAN | | | | CURRENT LIVES | CURRENT VOLUME | RATE | CURRENT PREMUM |
|---|---|---|---|---|---|---|---|
| CLASS AX01 | | | | | | | |
| LIFE | | | | | | .098/1,000 | |
| | RETROACTIVE | # MOS. | | | | | |
| | TOTALS | | | | | | |
| CLASS AX01 | | | | | | | |
| Dep Life High Option | | | | | | 4.13 | |
| | RETROACTIVE | # MOS. | | | | | |
| | TOTALS | | | | | | |
| CLASS AX01 | | | | | | | |
| Dep Life High Option age 70+ | | | | | | 11.32 | |
| | RETROACTIVE | # MOS. | | | | | |
| | TOTALS | | | | | | |
| CLASS AX01 | | | | | | | |
| Dep Life Low Option age 70+ | | | | | | 5.66 | |
| | RETROACTIVE | # MOS. | | | | | |
| | TOTALS | | | | | | |
| CLASS AX01 | | | | | | | |
| Dep Life | | | | | | 2.11 | |
| | RETROACTIVE | # MOS. | | | | | |
| | TOTALS | | | | | | |

PLEASE RETURN THIS ENTIRE DOCUMENT WITH YOUR REMITTANCE TO ENSURE PROPER CREDIT.

| | | | |
|---|---|---|---|
| **Group ID:** | **G00091L8** | **Due Date:** | **01/01/2013** |
| **Bill Group ID:** | **001A** | **Billing Date:** | **11/30/2012** |
| **Invoice Number:** | **000266069883** | **Coverage Period From:** | **01/01/2013** |
| **Omaha Group Office** | | **Through:** | **01/31/2013** |

## BILLING DETAIL

| PLAN | | | | CURRENT LIVES | CURRENT VOLUME | RATE | CURRENT PREMUM |
|---|---|---|---|---|---|---|---|
| CLASS AX01 | | | | | | | |
| Supp AD&D | | | | | | .031/1,000 | |
| | RETROACTIVE | # MOS. | | | | | |
| | TOTALS | | | | | | |
| CLASS AX01 | | | | | | | |
| Life Vol Supp | | | | | | Age Banded | |
| | RETROACTIVE | # MOS. | | | | | |
| | TOTALS | | | | | | |
| CLASS AX05 | | | | | | | |
| Life AX05 | | | | | | 0.10/1,000 | |
| | RETROACTIVE | # MOS. | | | | | |
| | TOTALS | | | | | | |
| CLASS AX05 | | | | | | | |
| Dep Life AX05 | | | | | | .82 | |
| | RETROACTIVE | # MOS. | | | | | |
| | TOTALS | | | | | | |
| CLASS AX05 | | | | | | | |
| Supp AD&D | | | | | | .031/1,000 | |
| | RETROACTIVE | # MOS. | | | | | |
| | TOTALS | | | | | | |

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| | | | |
|---|---|---|---|
| **Group ID:** | **G00091L8** | **Due Date:** | **01/01/2013** |
| **Bill Group ID:** | **001A** | **Billing Date:** | **11/30/2012** |
| **Invoice Number:** | **000266069883** | **Coverage Period From:** | **01/01/2013** |
| **Omaha Group Office** | | **Through:** | **01/31/2013** |

## BILLING DETAIL

| PLAN | | | | CURRENT LIVES | CURRENT VOLUME | RATE | CURRENT PREMUM |
|---|---|---|---|---|---|---|---|
| CLASS AX05 | | | | | | | |
| Life Vol Supp | | | | | | Age Banded | |
| | RETROACTIVE | # MOS. | | | | | |
| | TOTALS | | | | | | |
| CLASS RX04 | | | | | | | |
| Life RX04 | | | | | | .12/1,000 | |
| | RETROACTIVE | # MOS. | | | | | |
| | TOTALS | | | | | | |

TOTAL CURRENT PREMIUM AND ADJUSTMENTS DUE _____ *

* Please enter this amount on the Current Premium Due line of the ACCOUNT SUMMARY on page 1.
Add this to the OUTSTANDING BALANCE for TOTAL DUE.

**********
CLASS LISTING
**********

| | |
|---|---|
| AX01 | All other eligible State of Nebraska employees |
| AX05 | All elgb NE Dept of Labor actv ees electing the plan < to 7-1-91 |
| RX04 | All eligible Nebraska Department of Labor retirees |

PLEASE RETURN THIS ENTIRE DOCUMENT WITH
YOUR REMITTANCE TO ENSURE PROPER CREDIT.