

SERFF Tracking Number: MUTM-126307258 State: Arkansas
Filing Company: Assured Life Association State Tracking Number: 43515
Company Tracking Number: JAMIE LUCY
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Medicare Supplement Advertising - T01_196
Project Name/Number: Medicare Supplement Advertising/T01_196

Filing at a Glance

Company: Assured Life Association

Product Name: Medicare Supplement Advertising - T01_196 SERFF Tr Num: MUTM-126307258 State: Arkansas

TOI: MS051 Individual Medicare Supplement - Standard Plans SERFF Status: Closed-Filed State Tr Num: 43515

Sub-TOI: MS051.001 Plan A

Co Tr Num: JAMIE LUCY

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Author: Jamie Lucy

Disposition Date: 10/22/2009

Date Submitted: 09/16/2009

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Status of Filing in Domicile:

Project Number: T01_196

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/22/2009

Explanation for Other Group Market Type:

State Status Changed: 10/22/2009

Deemer Date:

Created By: Jamie Lucy

Submitted By: Jamie Lucy

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter under the supporting documentation tab.

Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com

Consultant

Regulatory Affairs

402-351-2476 [Phone]

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Mutual of Omaha Plaza 402-351-5298 [FAX]
 Omaha, NE 68175

Filing Company Information

Assured Life Association CoCode: 56499 State of Domicile: Colorado
 9777 South Yosemite, Suite 200 Group Code: Company Type: Fraternal Benefit Society
 Lone Tree, CO 80124 Group Name: State ID Number:
 (800) 995-5991 ext. [Phone] FEIN Number: 84-0356870

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assured Life Association	\$25.00	09/16/2009	30591988

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	10/22/2009	10/22/2009

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Disposition

Disposition Date: 10/22/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: T01_196

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 10/22/2009	T01_196	Advertising Postcard		Initial			T01_196.pdf

Supplement Medicare with Additional Insurance

**Call Today For A
Free Rate Quote!**

[Agent's Agency Name]

[Agent Name]

[Agent's Phone Number]

ASSURED LIFE ASSOCIATION MEDICARE SUPPLEMENT 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]

*[sex specific rate disclosure][appropriate state rate disclosure]

Underwritten by:



**ASSURED LIFE
ASSOCIATION**

A Fraternal Benefit Society

8000 E. Maplewood Ave., Ste. 105
Greenwood Village, CO 80111
www.DenverWoodmen.com

This is a solicitation of insurance and an insurance agent may contact you by telephone.

Neither Assured Life Association nor its Medicare supplement insurance certificates are connected with or endorsed by the U.S. government or the federal Medicare program. Medicare supplement insurance certificate forms MTA1, MTA2, MTA3, MTA4, MTA5, MTA6. These certificates have exclusions, reductions and limitations.

[Agent's Agency Name]

[Agent's Name]

[Agent's Address]

[Agent's City, State ZIP]

Medicare Supplement Insurance

***Some of the Best Rates
for the Most Popular Plans
in [State]***

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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Memorandum of Variability	Accepted for Informational Purposes	10/22/2009
Comments:			
Attachment:			
	T01_196 (MoV).pdf		

		Item Status:	Status
			Date:
Satisfied - Item:	cover letter	Accepted for Informational Purposes	10/22/2009
Comments:			
Attachment:			
	AR Letter - App.pdf		

VARIABLE MATERIAL FOR ADVERTISING FORM T01_196

The following information in the aforementioned advertisement is bracketed to denote variable material.

<u>Section</u>	<u>Explanation</u>
Medicare Supplement Insurance <i>Some of the Best Rates for the Most Popular Plans in [State]</i>	Input State where plans are approved.
Rate Chart <i>* The rate chart is "overprinted" on to each piece. The "Age" column will be removed from the states that are not age rated.</i>	Header Rows: 1. Column 1 – Input State or ZIP code(s) where plans are approved. 2. Columns 3 and 4 – Input plans to be solicited. Bottom Rows: 1. Column 2 – Input Age 65 or older* 2. Columns 3 and 4 – Input corresponding rate for plans chosen.
Rate Disclosure * [sex specific rate disclosure] <i>The rate chart is "overprinted" on to each piece. The sex specific disclosure will not appear on states that are not gender rated.</i>	If female rates are used, the disclosure will read "Female rates (male rates may be higher)." If male rates are used, the disclosure will read "Male rates (female rates generally lower)."
[appropriate state rate disclosure] <i>The appropriate disclosure will be listed for each state.</i>	AL, GA, IA, IL, NE, OH, VA – Sample base rates; [sex specific rate disclosure]; nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. AR – Sample base rates; rates are subject to change and vary by ZIP code. WV – Sample base rates; [sex specific rate disclosure]; nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change.
* The overprint section of this form is set up by the home office to assure that the correct and current rates are used.	



ASSURED LIFE
ASSOCIATION

ASSURED LIFE ASSOCIATION
GREENWOOD VILLAGE, CO

ADMINISTRATIVE OFFICE
3316 FARNAM STREET
OMAHA, NE 68175
1-800-995-5991

September 16, 2009

Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street
Little Rock, AR 72201-1904

NAIC #56499
FEIN #84-0356870
Assured Life Association
Medicare Supp Advertising
T01_196

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Carly Cole
Product and Advertising Compliance Consultant
Regulatory Affairs

Phone: 402-351-2476
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

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