

SERFF Tracking Number: MUTM-126911629 State: Arkansas
Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 47346
Company Tracking Number: KELLY KRUMWIED
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 Sub-TOI: MS08I.001 Plan A 2010
Product Name: Medicare Supplement Advertising - T04_431
Project Name/Number: Medicare Supplement Advertising /T04_431

Filing at a Glance

Company: Government Personnel Mutual Life Insurance Company

Product Name: Medicare Supplement Advertising - T04_431 SERFF Tr Num: MUTM-126911629 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 47346

Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: KELLY KRUMWIED State Status: Filed-Closed

Filing Type: Advertisement Reviewer(s): Stephanie Fowler
Author: Kelly Krumwied Disposition Date: 12/01/2010
Date Submitted: 11/18/2010 Disposition Status: Filed-Closed
Implementation Date: Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Project Number: T04_431

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/01/2010

Deemer Date:

Submitted By: Kelly Krumwied

Filing Description:

Please see cover letter under supporting documentaton tab.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/01/2010

Created By: Kelly Krumwied

Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

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

Consultant

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Regulatory Affairs 402-351-2476 [Phone]
 Mutual of Omaha Plaza 402-351-5298 [FAX]
 Omaha, NE 68175

Filing Company Information

Government Personnel Mutual Life Insurance CoCode: 63967 State of Domicile: Texas
 Company
 PO Box 659567 Group Code: Company Type: Life & Health
 San Antonio, TX 99999 Group Name: State ID Number:
 (800) 929-4765 ext. [Phone] FEIN Number: 74-0651020

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| Government Personnel Mutual Life Insurance Company | \$50.00 | 11/18/2010 | 42069209 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------------|------------------|------------|----------------|
| Filed-Closed | Stephanie Fowler | 12/01/2010 | 12/01/2010 |

SERFF Tracking Number: MUTM-126911629 *State:* Arkansas
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Disposition

Disposition Date: 12/01/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: T04_431

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------------|-------------|----------------------|-----------|---------|----------------------|-------------|-------------|
| Filed 12/01/2010 | T04_431 | Advertising Postcard | | Initial | | | T04_431.pdf |

Free yourself from the high cost of health care.

Although Medicare pays a lot of your health care expenses, you must pay deductibles, copayments and coinsurance. You might want more coverage than Medicare alone. A Government Personnel Mutual Life Insurance Company (GPM Life) Medicare supplement policy may help liberate you from many of those charges.

Compare Our 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] |

For Your Rate Quote, Call...

[Line 1]

[Line 2]

[Line 3]

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



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

Neither Government Personnel Mutual Life Insurance Company (GPM Life) nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Medicare supplement insurance policy forms MTP20, MTP22, MTP23, MTP24, MTP25, MTP31 are underwritten by Government Personnel Mutual Life Insurance Company, 2211 NE Loop 410, San Antonio, Texas 78217. These policies have exclusions, reductions and limitations.

[Agent's Agency Name]

[Agent's Name]

[Agent's Address]

[Agent's City, State ZIP]

*Compare Medicare
Supplement Rates
and Save*

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Supporting Document Schedules

| | | Item Status: | Status Date: |
|--------------------------|--------------|---------------------|-------------------------|
| Satisfied - Item: | Cover Letter | Filed | 12/01/2010 |
| Comments: | | | |
| Attachment: | | | |
| AR Letter - App.pdf | | | |

| | | Item Status: | Status Date: |
|--|---------------------------|---------------------|-------------------------|
| Satisfied - Item: | Memorandum of Variability | Filed | 12/01/2010 |
| Comments: | | | |
| Attachment: | | | |
| T04_431 (MoV)-new use eff 11-18-10.pdf | | | |



GPM LIFE

Government Personnel Mutual Life Insurance Company
San Antonio, TX

Administrative Office
3316 Farnam Street
Omaha, NE 68175
1-800-995-5991

November 18, 2010

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

NAIC #63967
FEIN #74-0651020
Government Personnel Mutual Life Insurance Company
Medicare Supplement Advertising
T04_431

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.

This is an ad that will be used to advertise a sample monthly premium. The ad contains a grid with variable fields (see the Memorandum of Variability) that apply to the rating structure for your state. The agent/independent producer would choose which sample rate they would like to advertise by selecting a plan and any other corresponding variable information. The agent/producer would contact the administrative office to request the ad be set up and printed. The administrative office will be responsible for assuring that the correct and current rates and disclosures are used.

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

Sincerely,

For questions, please contact Carly Cole
Phone: 402-351-2476; Fax: 402-351-5298
Email: advfilings@mutualofomaha.com

kk

VARIABLE MATERIAL FOR ADVERTISING FORM

T04_431

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

| Section | Explanation |
|---|--|
| <p>[State, ZIP Codes or ZIP Codes beginning with] <i>1st column of the rate chart</i></p> | <p>The State, ZIP code or ZIP codes being marketed will be shown.</p> |
| <p>[age] <i>2nd column of the rate chart</i></p> | <p>Up to 3 ages, between <65 to 90> may be shown. (The “age” column will be removed from states that are not age rated.)</p> |
| <p>Monthly Premium* Plan [name] <i>Header of the 3rd column of the rate chart</i></p> | <p>Up to 2 of our approved Medicare Supplement plans will be shown.</p> |
| <p>[\$rate] <i>3rd column, second, third and fourth row of the rate chart</i></p> | <p>Up to 3 of the currently approved rate(s) for the plan(s), age(s) and ZIP code(s) will be shown.</p> |
| <p>[sex specific rate disclosure] <i>directly below the rate chart</i></p> | <p>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).” (Neither option will be printed on states that are not gender rated.)</p> |
| <p>[appropriate state rate disclosure] <i>directly below the rate chart</i></p> | <p>AL, DE, IN, GA, IA, IL, IN, KS, KY, LA, MI, MO, MS, ND, NE, NH, NM, NV, OH, OK, OR, PA, SC, UT, VA, WI, WY - nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. RI, SD, TN, WV - nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change. AR, CA - Nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. CT - Rates are subject to change and vary by ZIP code. VT - Rates are subject to change.</p> |
| <p>[Line 1]</p> | <p>Either the Agency Name or the Agent’s Name will appear.</p> |
| <p>[Line 2]</p> | <p>Any one of the following variables relating to the agent may appear: Agency Name, Agent Name, Address, City/State, Telephone, Cell Phone or Toll-Free Number.</p> |
| <p>[Line 3]</p> | <p>Any one of the following variables relating to the agent may appear: Agency Name, Agent Name, Address, City/State, Telephone, Cell Phone or Toll-Free Number.</p> |

PLEASE NOTE: The overprint section of this form is set-up by the administrative office to assure that the correct and current rates and disclosures are used.