

SERFF Tracking Number: MUTM-126503966 State: Arkansas  
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 44897  
Company Tracking Number: JAMIE LUCY  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Long Term Care Advertising - ML11870  
Project Name/Number: Long Term Care Advertising/ML11870

## Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: Long Term Care Advertising - SERFF Tr Num: MUTM-126503966 State: Arkansas  
ML11870

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-  
Disapproved

State Tr Num: 44897

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: JAMIE LUCY

State Status: Disapproved-Closed

Filing Type: Advertisement

Author: Jamie Lucy

Reviewer(s): Marie Bennett

Date Submitted: 02/17/2010

Disposition Date: 06/14/2010

Disposition Status: Disapproved

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Long Term Care Advertising

Project Number: ML11870

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/14/2010

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: 06/14/2010

Created By: Jamie Lucy

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jamie Lucy

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]

Mutual of Omaha Plaza

402-351-5298 [FAX]

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Omaha, NE 68175

### Filing Company Information

Mutual of Omaha Insurance Company CoCode: 71412 State of Domicile: Nebraska  
Mutual of Omaha Plaza Group Code: 261 Company Type: Health Insurance  
Omaha, NE 68175 Group Name: State ID Number:  
(402) 351-6420 ext. [Phone] FEIN Number: 47-0246511

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### Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$50.00	02/17/2010	34247029

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Marie Bennett	06/14/2010	06/14/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Marie Bennett	03/10/2010	03/10/2010			

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
OBJECTION LETTER	Note To Filer	Marie Bennett	05/12/2010	05/12/2010

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## Disposition

Disposition Date: 06/14/2010

Implementation Date:

Status: Disapproved

Comment: SINCE A RESPONSE WAS NOT RECEIVED TO OUR OBJECTION LETTER NOR THE NOTE TO FILER, THE REFERENCED ADVERTISEMENT IS DISAPPROVED FOR USE IN ARKANSAS.

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	cover letter		Yes
<b>Form</b>	Prospecting Letter		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 03/10/2010  
Submitted Date 03/10/2010  
Respond By Date 04/09/2010

Dear Carly Cole,

This will acknowledge receipt of the captioned filing.

Objection 1

- Prospecting Letter, ML11870 (Form)

Comment: Comment: State in the advertising piece that the consumer must meet all Medicaid eligibility requirements including income limits.

Please feel free to contact me if you have questions.

Sincerely,

Marie Bennett

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**Note To Filer**

**Created By:**

Marie Bennett on 05/12/2010 03:38 PM

**Last Edited By:**

Marie Bennett

**Submitted On:**

06/14/2010 11:27 AM

**Subject:**

OBJECTION LETTER

**Comments:**

TO DATE WE HAVE NOT RECEIVED A RESPONSE TO OUR OBJECTION. DO YOU WISH TO WITHDRAW THIS FILING? IF A RESPONSE IS NOT RECEIVED BY 5/19/10, THE FILING WILL BE DISAPPROVED.

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## Form Schedule

**Lead Form Number: ML11870**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	ML11870	Advertising Prospecting Letter	Initial		0.000	ML11870.pdf

## [Your Licensed Company Name Required]

[Agent Name]

[Agent Address]

[Agent City, State, ZIP]

[Agent Phone Number]

[Agent E-mail]

# What's all the talk about long-term care partnerships?

You've probably heard people talking about a long-term care partnership program in our state. This partnership between the state and private insurance companies is designed to encourage citizens to take personal responsibility for their retirement planning because the future of public support through Medicaid is uncertain.

Here's how it works: The long-term care partnership program allows Medicaid and private long-term care insurance companies to work together to provide benefits for covered long-term care services while helping people protect the assets they worked a lifetime to accumulate. What does this mean for you?

- When you purchase a long-term care insurance policy that meets the state's guidelines, you will be allowed to protect a portion of the assets you might otherwise have to "spend down" to meet Medicaid eligibility requirements.
- Asset protection is on a dollar-for-dollar basis. That means if you purchase a long-term care insurance policy that pays \$100,000 in benefits, you will be allowed to keep \$100,000 in personal assets and still be eligible for Medicaid.
- Your long-term care insurance policy pays first. After all benefits have been paid under your policy, you may be allowed to transition to Medicaid.

### Ensuring you receive accurate information

In order to ensure people receive accurate, up-to-date information on this important issue, the state requires insurance agents to complete a special training course and periodic refresher courses in order to market long-term care insurance policies to their clients.

I'm pleased to report that I have completed the training and can assist you with your long-term care insurance needs. If you would like more information about how our state's partnership program may benefit you, please call me. I'll be happy to provide a no-cost review of your long-term care options.

Sincerely,

[Agent Name]

*An Independent Licensed Agent*

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This is a solicitation of insurance. Long-term care insurance is underwritten by Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175-0001. Policy forms: LTC09M, LTC09M-AG, LTC09M-5ML, LTC09M-10ML (or state equivalent) In ID: LTC09M-ID, LTC09M-AG-ID, LTC09M-5ML-ID, LTC09M-10ML-ID, In NY: LTC09M-NY, LTC09M-AG-NY, LTC09M-5ML-NY, LTC09M-10ML-NY, In OK: LTC09M-OK, LTC09M-AG-OK, LTC09M-5ML-OK, LTC09M-10ML-OK, In OR: LTC09M-[AG, -5ML, -10ML]-OR, In PA: LTC09M-PA, LTC09M-AG-PA, LTC09M-5ML-PA, LTC09M-10ML-PA, In TX: LTC09M-TX, LTC09M-AG-TX, LTC09M-5ML-TX, LTC09M-10ML-TX, In WA: LTC09M-WA, LTC09M-AG-WA, LTC09M-5ML-WA, LTC09M-10ML-WA. These policies have exceptions, limitations and reductions. You may be contacted by telephone by an insurance agent.



**MUTUAL OF OMAHA  
INSURANCE COMPANY**

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## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** cover letter

**Comments:**

**Attachment:**

AR Letter App.pdf

# MUTUAL of OMAHA

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MUTUAL of OMAHA INSURANCE COMPANY  
Mutual of Omaha Plaza  
Omaha, NE 68175  
402 342 7600



February 17, 2010

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

NAIC #261-71412  
FEIN #47-0246511  
Mutual of Omaha Insurance Company  
Long-Term Care Advertising  
ML11870

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 wording such as Your Licensed Company Name Required, Agent Name, Agent Address, Agent Phone Number and Agent E-mail in brackets be considered variable.

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](mailto:advfilings@mutualofomaha.com)

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