

SERFF Tracking Number: MUTM-127166144 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 48762
Company Tracking Number: JAMIE LUCY
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Long Term Care Advertising - MC34074_0311
Project Name/Number: Long Term Care Advertising/MC34074_0311

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: Long Term Care Advertising - SERFF Tr Num: MUTM-127166144 State: Arkansas
MC34074_0311

TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Filed-Closed State Tr Num: 48762

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: JAMIE LUCY

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Harris Shearer,
Stephanie Fowler

Author: Jamie Lucy

Disposition Date: 05/31/2011

Date Submitted: 05/13/2011

Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Long Term Care Advertising

Status of Filing in Domicile:

Project Number: MC34074_0311

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/31/2011

State Status Changed: 05/31/2011

Deemer Date:

Created By: Jamie Lucy

Submitted By: Jamie Lucy

Corresponding Filing Tracking Number:

Filing Description:

NAIC #261-71412

FEIN #47-0246511

Mutual of Omaha Insurance Company

Long Term Care Advertising

MC34074_0311

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.

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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,

Corporate Compliance and Ethics Division
For Questions, please contact Carly Cole
Phone: 402-351-2476; Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

jl

Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com
Consultant
Mutual of Omaha 402-351-2476 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
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) 351-6910 ext. [Phone] FEIN Number: 47-0246511

Filing Fees

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

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$50.00	05/13/2011	47550489

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	05/31/2011	05/31/2011

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Disposition

Disposition Date: 05/31/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Memorandum of Variability	Filed	Yes
Form	Highlight Sheet	Filed	Yes

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Form Schedule

Lead Form Number: MC34074_0311

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 05/31/2011	MC34074_0311	Advertising	Highlight Sheet	Initial		0.000	MC34074_0311.pdf



Mutual Care[®] at Work

Long-Term Care Insurance for Businesses with 10 or More Employees

Employer-Paid Coverage

You design the Mutual Care at Work program that best suits your business and pay the cost of coverage for your employees.

<p>Option 1: Modified Guarantee Issue</p> <p>Minimum of 10 insured employees*</p>	<p>Employees</p> <ul style="list-style-type: none"> • Modified guarantee issue (3 insurability questions) • 10% premium allowance 	<p>Spouses</p> <ul style="list-style-type: none"> • Simplified issue (6 insurability questions) • 10% premium allowance 	<p>All Other Participants</p> <ul style="list-style-type: none"> • Full underwriting • 5% premium allowance
<p>Option 2: Simplified Issue</p> <p>Minimum of 10 insured employees</p>	<p>Employees & Spouses</p> <ul style="list-style-type: none"> • Simplified issue (6 insurability questions) • 10% premium allowance 		<p>All Other Participants</p> <ul style="list-style-type: none"> • Full underwriting • 5% premium allowance
<p>Option 3: Full Underwriting</p> <p>Minimum of 3 insured employees</p>	<p>Employees, Spouses & All Other Participants</p> <ul style="list-style-type: none"> • Full underwriting • 5% premium allowance 		

*Must be 100% of the employee group to which the offer is made

Note:

- Spouses must be employed 30+ hours per week to be eligible for simplified issue underwriting
- All other participants include spouses not employed full time, children age 18 and older, parents, in-laws, siblings, grandparents, all step equivalents plus employees and spouses age 65 and older

Voluntary Coverage

You can offer the Mutual Care at Work program to your employees on a voluntary basis. Each employee chooses the amount of coverage that best suits his or her needs and pays the cost of the coverage.

<p>Option 1: Simplified Issue</p> <p>Minimum of 10 insured employees</p>	<p>Employees & Spouses</p> <ul style="list-style-type: none"> • Simplified issue (6 insurability questions) • 10% premium allowance 	<p>All Other Participants</p> <ul style="list-style-type: none"> • Full underwriting • 5% premium allowance
<p>Option 2: Full Underwriting</p> <p>Minimum of 3 insured employees</p>	<p>Employees, Spouses & All Other Participants</p> <ul style="list-style-type: none"> • Full underwriting • 5% premium allowance 	

Note:

- Spouses must be employed 30+ hours per week to be eligible for simplified issue underwriting
- All other participants include spouses not employed full time, children age 18 and older, parents, in-laws, siblings, grandparents, all step equivalents plus employees and spouses age 65 and older

Executive Carve-Out

You also can choose to pay for coverage for a select group of employees (i.e. all managers) and make the program available to remaining employees on a voluntary basis.

<p>Option 1: Modified Guarantee Issue</p> <p>Minimum of 10 insured employees*</p>	<p>Funded Employees</p> <ul style="list-style-type: none"> • Modified guarantee issue (3 insurability questions) • 10% premium allowance 	<p>Voluntary Employees & Spouses</p> <ul style="list-style-type: none"> • Simplified issue (6 insurability questions) • 10% premium allowance 	<p>All Other Participants</p> <ul style="list-style-type: none"> • Full underwriting • 5% premium allowance
<p>Option 2: Simplified Issue</p> <p>Minimum of 10 insured employees</p>	<p>Funded Employees, Voluntary Employees & Spouses</p> <ul style="list-style-type: none"> • Simplified issue (6 insurability questions) • 10% premium allowance 		<p>All Other Participants</p> <ul style="list-style-type: none"> • Full underwriting • 5% premium allowance
<p>Option 3: Full Underwriting</p> <p>Minimum of 3 insured employees</p>	<p>Funded Employees, Voluntary Employees, Spouses & All Other Participants</p> <ul style="list-style-type: none"> • Full underwriting • 5% premium allowance 		

*Must be 100% of the employee group to which the offer is made

Note:

- Spouses must be employed 30+ hours per week to be eligible for simplified issue underwriting
- All other participants include spouses not employed full time, children age 18 and older, parents, in-laws, siblings, grandparents, all step equivalents plus employees and spouses age 65 and older

Program Details at a Glance			
	Modified Guarantee Issue	Simplified Issue	Full Underwriting
Insurability Questions	3	6	Full application
Premium Allowance	10%	10%	5%
Maximum Monthly Benefit Options	\$1,500 to \$4,500 (in increments of \$500)	\$1,500 to \$9,000 (in increments of \$500)	\$1,500 to \$15,000 (in increments of \$500)
Maximum Lifetime Benefit	\$150,000	\$400,000	\$500,000
Coverage Increase Options	No additional underwriting required for increases within program limits. Full underwriting required for increases outside program limits.	No additional underwriting required for increases within program limits. Full underwriting required for increases outside program limits.	Increases may or may not be allowed based on individual underwriting results.
Additional Premium Allowances Available	15% Married or 10% Two-Person Household	35% Spouse or 15% Married or 10% Two-Person Household	15% Preferred (good health) and 35% Spouse or 15% Married or 10% Two-Person Household

Note:

- More than one program option can be selected for a group depending on funding and desired program limits
- To qualify as employer-paid coverage, you must fund the minimum benefit level

Long-Term Care Insurance underwritten by:

MUTUAL OF OMAHA INSURANCE COMPANY

Mutual of Omaha Plaza
Omaha, NE 68175-0001
[1-800-775-6000]
mutualofomaha.com

This is a solicitation of insurance. Policy forms LTC09M-5ML, LTC09M-10ML (or state equivalent). In FL: LTC09M-5ML-FL, LTC09M-10ML-FL. In ID: LTC09M-5ML-ID, LTC09M-10ML-ID. In NC: LTC09M-5ML-NC, LTC09M-10ML-NC. In OK: LTC09M-5ML-OK, LTC09M-10ML-OK. In OR: LTC09M-5ML-OR, LTC09M-10ML-OR. In PA: LTC09M-5ML-PA, LTC09M-10ML-PA. In WA: LTC09M-5ML-WA, LTC09M-10ML-WA. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. An insurance agent may contact you by telephone (in WA: producer).

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Memorandum of Variability	Filed	Date: 05/31/2011
Comments:		
Attachment: MC34074_0311 MOV.pdf		

**VARIABLE MATERIAL FOR ADVERTISING FORM
MC34074_0311**

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

Section

[1-800-775-6000]

Explanation

The phone number is variable in case it changes in the future.