

SERFF Tracking Number: MUTM-127195493 State: Arkansas  
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 48977  
Company Tracking Number: VERONICA BOOTH  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: ML11874\_0411 - Long Term Care Advertising  
Project Name/Number: Long Term Care Advertising/ML11874\_0411

## Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: ML11874\_0411 - Long Term Care Advertising SERFF Tr Num: MUTM-127195493 State: Arkansas

TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Filed-Closed State Tr Num: 48977

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: VERONICA BOOTH

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Harris Shearer,  
Stephanie Fowler

Author: Veronica Booth

Disposition Date: 06/06/2011

Date Submitted: 06/03/2011

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: ML11874\_0411

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: 06/06/2011

State Status Changed: 06/06/2011

Deemer Date:

Created By: Veronica Booth

Submitted By: Veronica Booth

Corresponding Filing Tracking Number:

Filing Description:

NAIC #261-71412

FEIN #47-0246511

Mutual of Omaha Insurance Company

Long-Term Care Advertising

ML11874\_0411

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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This advertisement is a prospecting marketing piece that will be sent to a business owner/employer of a company/business to see if they are interested in adding our Long-Term Care insurance to their benefit package. The Long-Term Care product that will be offered to their employees is an individual product and not a group product.

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.

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

vb

## Company and Contact

### Filing Contact Information

Veronica Booth, Senior Policy Drafting & Regulatory Assistant  
Mutual of Omaha  
Mutual of Omaha Plaza  
Omaha, NE 68175  
veronica.booth@mutualofomaha.com  
402-351-4737 [Phone]  
402-351-5298 [FAX]

### Filing Company Information

Mutual of Omaha Insurance Company  
Mutual of Omaha Plaza  
Omaha, NE 68175  
(402) 351-6910 ext. [Phone]  
CoCode: 71412  
Group Code: 261  
Group Name:  
FEIN Number: 47-0246511  
State of Domicile: Nebraska  
Company Type: Health Insurance  
State ID Number:

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## Filing Fees

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

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Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$50.00	06/03/2011	48354232

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	06/06/2011	06/06/2011

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## Disposition

Disposition Date: 06/06/2011

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-Closed	Yes
Form	Letter	Filed-Closed	Yes

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## Form Schedule

**Lead Form Number: ML11874\_0411**

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed-	ML11874_0	Advertising Letter	Initial		0.000	ML11874_04
Closed	411					11.pdf
06/06/2011						

## [Your Licensed Company Name Required]

[Agent Name]

[Agent Address]

[Agent City, State, ZIP]

[Agent Phone Number]

[Agent E-mail]

# Are you protecting your most valuable business asset?

The success of your business depends on your employees. You hire the best people. Provide an environment where they can thrive and grow. And compensate them fairly for their time and talent so they'll stay with you for years to come.

But did you know a long-term care situation has the potential to derail your plans?

When an employee suffers a long-term illness or injury, he or she not only will experience a reduction in income due to the inability to work, but also may face paying the high cost of long-term care services. If a family member needs care, the employee may have to miss work, decrease work hours or take an extended leave of absence to provide care.

Long-term care insurance may help. Mutual of Omaha Insurance Company offers the Mutual Care at Work long-term care insurance program to help you protect your employees and your business. It provides funds to help employees pay for the care they need. And, because coverage also is available to family members, it may eliminate the need for an employee to become a full-time caregiver. And that's good for your business.

Adding long-term care insurance to your employee benefits package is easy. You may offer coverage to all employees or a select few. And you may pay for the coverage using business dollars or simply make it available to employees on a voluntary basis at no cost to you. The choice is yours.

If you'd like to learn more about how Mutual Care at Work long-term care insurance may help protect your most valuable business asset, contact me today.

Sincerely,

[Agent Name]

*An Independent Licensed Agent*

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Long-term care insurance is underwritten by Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175 [1-800-776-6000]. Policy forms LTC09M-5ML, LTC09M-10ML (or state equivalent). 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. This is a solicitation of insurance. 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. You may be contacted by telephone by an insurance agent (in WA: producer).



**MUTUAL OF OMAHA  
INSURANCE COMPANY**

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> Memorandum of Variability	Filed-Closed	<b>Date:</b> 06/06/2011
<b>Comments:</b>		
<b>Attachment:</b>		
VM-ML11874_0411.pdf		

**VARIABLE MATERIAL FOR ADVERTISING FORM  
ML11874\_0411**

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

<u>Section</u>	<u>Explanation</u>
[1-800-775-6000]	The phone number is variable in case it changes in the future.
[Agent Name] [Agent Phone Number] [Agent Email]	Agent name sending the letter. Agent Phone Number will be the agent's phone number. Agent Email will be the agent's email address.