

State: Arkansas **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care - AFN42666_1112
Project Name/Number: Long Term Care/AFN42666_1112

Filing at a Glance

Company: Mutual of Omaha Insurance Company
Product Name: Long Term Care - AFN42666_1112
State: Arkansas
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Advertisement
Date Submitted: 11/26/2012
SERFF Tr Num: MUTM-128782354
SERFF Status: Closed-Filed-Closed
State Tr Num:
State Status: Filed-Closed
Co Tr Num: KRISTIN MILLER

Implementation: On Approval
Date Requested:
Author(s): Shelly Kaipust, Melanie Worth, Kristin Miller
Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 12/12/2012
Disposition Status: Filed-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.001 Qualified
Product Name: Long Term Care - AFN42666_1112
Project Name/Number: Long Term Care/AFN42666_1112

General Information

Project Name: Long Term Care	Status of Filing in Domicile:
Project Number: AFN42666_1112	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: 12/12/2012
	State Status Changed: 12/12/2012
Deemer Date:	Created By: Kristin Miller
Submitted By: Kristin Miller	Corresponding Filing Tracking Number:

Filing Description:
 NAIC #: 261-71412
 FEIN #: 47-0246511
 Mutual of Omaha Insurance Company
 Long-Term Care Advertising
 AFN42666_1112

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 forms. 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.

Thank you for the review of this filing.

Sincerely,

For Questions, please contact Melanie Worth
 Phone: 402-351-4260; Fax: 402-351-5298
 E-mail: advfilings@mutualofomaha.com

km

Company and Contact

Filing Contact Information

Kristin Miller, Product & Advertising Compliance Specialist	kristin.miller@mutualofomaha.com
Mutual of Omaha	402-351-3046 [Phone]
Mutual of Omaha Plaza	402-351-5298 [FAX]
Omaha, NE 68175	

State: Arkansas **Filing Company:** Mutual of Omaha Insurance Company
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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:
 Per Company: No

Company	Amount	Date Processed	Transaction #
Mutual of Omaha Insurance Company	\$50.00	11/26/2012	65167280

SERFF Tracking #:

MUTM-128782354

State Tracking #:

Company Tracking #:

KRISTIN MILLER

State:

Arkansas

Filing Company:

Mutual of Omaha Insurance Company

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	12/12/2012	12/12/2012

SERFF Tracking #:

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Disposition

Disposition Date: 12/12/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Memo of Variability	Filed-Closed	Yes
Form	Letter	Filed-Closed	Yes

State: Arkansas
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Filing Company: Mutual of Omaha Insurance Company

Form Schedule

Lead Form Number: AFN42666_1112

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed-Closed 12/12/2012	Letter	AFN42666_ 1112	ADV	Initial			AFN42666_1112 (brackets).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



There's No Place Like Home

1
Dear [Prospect Name],

Your home is the center of your life. It's where your kids grew up. And it's where they'll keep coming for family dinners and holiday get-togethers. Your home is where you're most comfortable. And it's where you plan to stay.

If you're like most people, you don't want to live in a nursing home. Did you know a long-term care insurance policy actually may help keep you out of a nursing home by allowing you to get the care you need right in your own home?

2
I am pleased to announce that [Association Name] has teamed up with Mutual of Omaha Insurance Company, allowing me to offer you long-term care insurance to meet your individual needs. As an association member, you are eligible to apply for individual coverage at reduced premiums that are not available to the general public.

Let me show you how a long-term care insurance policy from Mutual of Omaha Insurance Company can help you stay at home so you can continue living life on your own terms. Contact me today. I'll be happy to provide a no-cost assessment of your long-term care needs. And as always, there's no obligation to buy.

3[AGENT NAME]
4[PHONE NUMBER]
5[ADDRESS]
6[CITY, STATE, ZIP]
7[E-MAIL ADDRESS]
8[WEBSITE ADDRESS]

P.S.: Some people mistakenly believe long-term care insurance is too expensive. Many of our customers tell us that a policy turned out to be more affordable than they thought. Be sure to ask me about a variety of premium allowances that can significantly lower your cost.

Long-term care insurance is underwritten by Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175-0001, 1-800-775-6000. Policy forms: LTC09M-AG (or state equivalent). In ID, LTC09M-AG-ID; in NC: LTC09M-AG-NC, in OK, LTC09M-AG-OK; in OR, LTC09M-AG-OR; in PA: LTC09M-AG-PA; in WA, LTC09M-AG-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.

This is a solicitation of insurance. By responding you are requesting a licensed insurance agent* to contact you by telephone to receive more information.

*WA residents: All instances of the term "agent" should be replaced with "producer"

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Memo of Variability	Filed-Closed	12/12/2012
Comments:			
Attachment(s):			
VM-AFN42666_1112.pdf			

**VARIABLE MATERIAL FOR ADVERTISING FORM
AFN42666_1112**

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

Variable statements/fields	How or when used
1 [Prospect Name]	This is the name of the prospect
2 [Association Name]	This will be the name of the association the prospect is associated with
3 [Agent Name]	This is the name of the agent that is contacting the association
4 [Phone Number]	This is the agent's phone number.
5 [Address]	This is the agent's address
6 [City, State ZIP]	This is the agent's city, state zip
7 [Email address]	This is the agent's email address
8 [Website address]	This is the agent's web address. This is an optional variable field.