

**State:** Arkansas **Filing Company:** Mutual of Omaha Insurance Company  
**TOI/Sub-TOI:** H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment  
**Product Name:** 2012 DI Aviation Exclusion Rider - 0NF7M  
**Project Name/Number:** 2012 DI Aviation Exclusion Rider/0NF7M

### Filing at a Glance

Company: Mutual of Omaha Insurance Company  
 Product Name: 2012 DI Aviation Exclusion Rider - 0NF7M  
 State: Arkansas  
 TOI: H03I Individual Health - Accidental Death & Dismemberment  
 Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment  
 Filing Type: Form  
 Date Submitted: 09/27/2012  
 SERFF Tr Num: MUTM-128698201  
 SERFF Status: Closed-Approved-Closed  
 State Tr Num:  
 State Status: Approved-Closed  
 Co Tr Num: GILBERT BURKET  
  
 Implementation: On Approval  
 Date Requested:  
 Author(s): Shelly Kaipust, Sofia Kuehn, Jan Serafini, Mary Gregg, Gilbert Burket, Krysia Gannon, Ellen Cochrane, Robyn Gonzales, Joanne Najdzin, Luther Mardock  
 Reviewer(s): Rosalind Minor (primary)  
 Disposition Date: 09/27/2012  
 Disposition Status: Approved-Closed  
 Implementation Date:  
  
 State Filing Description:

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## General Information

Project Name: 2012 DI Aviation Exclusion Rider  
Project Number: ONF7M  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile:  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 09/27/2012  
State Status Changed: 09/27/2012  
Created By: Ellen Cochrane  
Corresponding Filing Tracking Number:

Deemer Date:  
Submitted By: Ellen Cochrane

Filing Description:  
NAIC # 261-71412

Individual Accidental Death Insurance  
Aviation Exclusion Amendment Rider ONF7M  
Outline of Coverage M27838\_0912

We are filing the attached forms for review and approval. The rider is new and its purpose is to add an exclusion for aviation to our Accidental Death Insurance Policy 50AD-23960, which was previously approved by your state on April 20, 2011 under SERFF filing # MUTM-127127565.

We are also filing a revised outline of coverage. The only difference between this version and the previously approved Outline of Coverage M27838, which was approved on the same date as the policy, is the addition of the new exclusion. We request the outline of coverage be approved as variable to allow for coverage options which may be added to the policy.

This rider has no impact on the rates for the affected policies; therefore, we have not included an actuarial memorandum or rate schedule.

Thank you for your consideration of this filing. If I may be of assistance as you complete your review, please do not hesitate to contact me.

Sincerely,

Sofia Kuehn, HIA, ACS, AIRC, AIAA  
Senior Product and Advertising Compliance Analyst  
Corporate Compliance and Ethics

Phone: 402-351-8498  
Fax: 402-351-5298  
Email: sofia.kuehn@mutualofomaha.com

## Company and Contact

**State:** Arkansas **Filing Company:** Mutual of Omaha Insurance Company  
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**Filing Contact Information**

Gilbert Burket, Product & Advertising Compliance Analyst  
 Mutual of Omaha  
 Mutual of Omaha Plaza  
 Omaha, NE 68175  
 gilbert.burket@mutualofomaha.com  
 402-351-3707 [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:

**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	09/27/2012	63134088

SERFF Tracking #:

MUTM-128698201

State Tracking #:

Company Tracking #:

GILBERT BURKET

State:

Arkansas

Filing Company:

Mutual of Omaha Insurance Company

TOI/Sub-TOI:

H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment

Product Name:

2012 DI Aviation Exclusion Rider - ONF7M

Project Name/Number:

2012 DI Aviation Exclusion Rider/ONF7M

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/27/2012	09/27/2012

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## Disposition

Disposition Date: 09/27/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Aviation Exclusion Amendment Rider	Approved-Closed	Yes
Form	M27838_0912	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: 0NF7M

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/27/2012	0NF7M	POLA	Aviation Exclusion Amendment Rider	Initial:	63.100	0NF7M Aviation Exclusion Amendment Rider.pdf
2	Approved-Closed 09/27/2012	Outline of Coverage	OUT	M27838_0912	Initial:	45.000	M27838_0912 Outline.pdf

### Form Type Legend:

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

# MUTUAL OF OMAHA INSURANCE COMPANY

MUTUAL OF OMAHA PLAZA, OMAHA, NE 68175

## AVIATION EXCLUSION AMENDMENT RIDER

This rider is made a part of the policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy, this rider will control.

Rider Date (same as the *policy date* if no date is shown)

There is no additional premium for this rider.

## AVIATION EXCLUSION AMENDMENT

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The following exclusion is added to the EXCLUSIONS section of your policy:

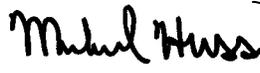
We will not pay benefits for death resulting from flying in an aircraft unless sustained as a passenger (not as a pilot, operator, or a member of the crew).

## TERMINATION

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This rider terminates when your policy terminates.

Mutual of Omaha Insurance Company

  
Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY  
MUTUAL OF OMAHA PLAZA  
OMAHA, NEBRASKA 68175  
(402) 342-7600

**ACCIDENT-ONLY INSURANCE COVERAGE**  
**THE POLICY PROVIDES LIMITED BENEFITS**

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES**

**OUTLINE OF COVERAGE FOR POLICY 50AD**

**READ YOUR POLICY CAREFULLY** – This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

**ACCIDENT-ONLY COVERAGE** – Policies of this category are designed to provide coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

**ACCIDENTAL DEATH BENEFIT** – If, while insured under this policy, an *insured person* sustains an *injury* which results in death within 365 days following the date of the *injury*, we will pay the Accidental Death Benefit shown on the policy schedule.

**[COMMON CARRIER ACCIDENTAL DEATH BENEFIT]** – [Your policy may contain a common carrier accidental death benefit.] If, while insured under this policy, an *insured person* sustains an *injury* while riding as a fare-paying passenger on a *common carrier* which results in death within 365 days following the date of the *injury*, we will pay a common carrier accidental death benefit. The common carrier accidental death benefit is shown on the policy schedule. This benefit is payable in addition to the accidental death benefit.]

**[AUTO/PEDESTRIAN ACCIDENTAL DEATH BENEFIT]** – [Your policy may contain an auto/pedestrian accidental death benefit] If, while insured under this policy, an *insured person* sustains an *injury*:

- (a) while driving or riding in any *private automobile*; or
- (b) when struck by any motor vehicle ordinarily operated on public streets and highways

and such *injury* results in death within 365 days following the date of *injury*, we will pay an auto/pedestrian accidental death benefit. The auto/pedestrian accidental death benefit is shown on the policy schedule. This benefit is payable in addition to the accidental death benefit.]

**EXCLUSIONS** – Your policy pays benefits only for loss resulting from *injuries*. We will not pay benefits for:

- (a) death that occurs while this policy is not in force;
- (b) death resulting directly or indirectly from disease or bodily infirmity;
- (c) death resulting from an act of declared or undeclared war;
- (d) death that occurs while serving in the armed forces;
- (e) death caused by intentionally self-inflicted *injury*, while sane or insane;
- (f) death caused by an *insured person's* suicide or attempted suicide, while sane or insane;
- (g) death resulting from an *insured person's* commission or attempted commission of a felony;
- (h) death resulting from an *insured person's* being intoxicated (as determined and defined by the laws of the jurisdiction in which the loss or cause of loss occurred; for the purposes of this exclusion, the laws governing the operation of motor vehicles while intoxicated will apply);
- (i) death resulting from an *insured person's* being under the influence of any controlled substance (except for narcotics given on the advice of a physician);
- (j) death resulting from a moving vehicle accident occurring while an *insured person* is engaged in a contest of speed, organized or not; or
- (k) death resulting from flying in an aircraft unless sustained as a passenger (not as a pilot, operator or a member of the crew).

**GUARANTEED RENEWABLE TO AGE 80** – Your policy is guaranteed renewable until you reach *age 80*. This means you have the right to continue your policy until you reach *age 80*. Unless there has been a *material misrepresentation*, we cannot cancel your policy during that time as long as you pay the required premium before the end of each grace period.

**PREMIUMS CAN CHANGE** – We may change the premium for your policy. However, we cannot make any premium change unless we make the same change to all policies of this form issued to persons of the same *class*. We will give you 30 days advance written notice before any premium change. Your premium will not increase during the first five years following the *policy date*.

SERFF Tracking #:

MUTM-128698201

State Tracking #:

Company Tracking #:

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/27/2012
Comments:			
Attachment(s):			
AR Read Cert.pdf			
AR Certif of Compliance with Rule 19 rev 06.24.2010.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/27/2012
Bypass Reason:	Not Required for this filing.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	09/27/2012
Bypass Reason:	Not required for this filing.		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	09/27/2012
Comments:	We have attached the Outline of coverage under the Forms Schedule Tab.		

**CERTIFICATION**

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
0NF7M	Aviation Exclusion Amendment Rider	63.1
M27838_0912	Outline of Coverage	45

Date: 9/27/2012



Daniel J. Kennelly  
Vice President , Chief Compliance and Ethics Officer

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: Mutual of Omaha Insurance Company

Form Number(s): ONF7M, M27838\_0912

I hereby certify, to the best of my knowledge and belief, that the filing above meets the requirements of  
Arkansas Rule and Regulation 19, Unfair Sex Discrimination In The Sale of Insurance.

  
\_\_\_\_\_  
Signature of Company Officer

Daniel J. Kennelly

\_\_\_\_\_  
Name

Vice President, Chief Compliance and Ethics Officer

\_\_\_\_\_  
Title

September 27, 2012

\_\_\_\_\_  
Date