

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 Advertising - AFN42956_1112
Project Name/Number: Long Term Care Advertising /AFN42956_1112

Filing at a Glance

Company: Mutual of Omaha Insurance Company
Product Name: Long Term Care Advertising - AFN42956_1112
State: Arkansas
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Advertisement
Date Submitted: 01/09/2013
SERFF Tr Num: MUTM-128841222
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num: KELLY KRUMWIED

Implementation
Date Requested:
Author(s): Melanie Worth, Kelly Krumwied
Reviewer(s): Donna Lambert (primary)
Disposition Date: 01/14/2013
Disposition Status: Approved
Implementation Date:

State Filing Description:

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

Project Name: Long Term Care Advertising
 Project Number: AFN42956_1112
 Requested Filing Mode:
 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: 01/14/2013
 State Status Changed: 01/14/2013
 Created By: Kelly Krumwied
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Kelly Krumwied

Filing Description:

NAIC #: 261-71412
 FEIN #: 47-0246511
 Mutual of Omaha Insurance Company
 Long Term Care Advertising
 AFN42956_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 form. 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

kk

Company and Contact

Filing Contact Information

Melanie Worth, Product & Advertising melanie.worth@mutualofomaha.com
 Compliance Analyst
 Mutual of Omaha 402-351-4260 [Phone]
 Mutual of Omaha Plaza 402-351-5298 [FAX]
 Omaha, NE 68175

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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	01/09/2013	66376138

SERFF Tracking #:

MUTM-128841222

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Company Tracking #:

KELLY KRUMWIED

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	01/14/2013	01/14/2013

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Disposition

Disposition Date: 01/14/2013

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Memorandum of Variability	Approved	Yes
Form	Letter	Approved	Yes

State: Arkansas
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Filing Company: Mutual of Omaha Insurance Company

Form Schedule

Lead Form Number: AFN42956_1112

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 01/14/2013	Letter	AFN42956_ 1112	ADV	Initial		0.000	AFN42956_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

1 [Your Licensed Company Name Here]

2 [Agent Name]

3 [Agent Address]

4 [Agent City, State, ZIP]

5 [Agent Phone Number]

6 [Agent Email]

There's no place like home

7 [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?

I am pleased to announce that ⁸[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 insurance coverage at lower 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.

Sincerely,

2 [Agent Name]

*An Independent Licensed Agent**

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 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. ⁹[Licensed Company Name], a licensed independent agency, is authorized to sell this insurance.



**MUTUAL OF OMAHA
INSURANCE 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:	Memorandum of Variability	Approved	01/14/2013
Comments:			
Attachment(s):			
VM-AFN42956_1112.pdf			

**VARIABLE MATERIAL FOR ADVERTISING FORM
AFN42956_1112**

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

Variable statements/fields	How or when used
1 [Your Licensed Company Name Required]	This is the agent's company name
2 [Agent Name]	This is the name of the agent that is contacting the association
3 [Agent Address]	This is the agent's address
4 [Agent City, State, ZIP]	This is the agent's city, state zip
5 [Agent Phone Number]	This is the agent's phone number.
6 [Agent Email]	This is the agent's email address
7 [Dear Prospect Name]	This is the name of the prospect
8 [Association Name]	This is the Association Name
9 [Licensed Company Name]	This is the agent's company name