

# Long-Term Care Marketing Credits

## Reimbursement Form



To request that Mutual of Omaha debit your marketing credits and reimburse you for applicable expenses, complete and submit this form with paid invoices or receipts for any of the following items:

- Conference fees
- Postage for mailings
- Website development
- Office equipment that assists you with our electronic tools (computer, laptop, tablet or smartphone)
- Professional training or designation expenses
- Leads you purchase from a vendor (submit the prospecting piece with this request.)
- Advertising fees (submit a copy of the advertisement with this request.)

### Contact Information (Please print):

Name \_\_\_\_\_ Production # \_\_\_\_\_

Mailing Address (not a P.O. Box) Street/City/State/ZIP \_\_\_\_\_

Email (required for notification of receipt) \_\_\_\_\_

**By signing this form, you are requesting that Mutual of Omaha debit your Mutual of Omaha marketing credits account.**

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Make Deposit Payable to \_\_\_\_\_

#### All payments must be direct deposit.

If you are not currently receiving your marketing credits via direct deposit, you will need to complete and submit the ACH form on the next page. You need only submit the ACH form once. Once set up all future reimbursements will be direct deposited.

**Please submit this form along with your expenses documentation to [jackie.cooper@mutualofomaha.com](mailto:jackie.cooper@mutualofomaha.com).**

For Home Office Use Only		
Account	Requested Amount	Date:
805010-35194 (LTC)	\$	Signature:
		Remaining Balance: \$
		Total Payment: \$

**If you have any questions, please call Sales Support at 800-693-6083 (7:30 a.m. to 5:30 p.m. CST).**



Mutual of Omaha Insurance Company  
3300 Mutual of Omaha Plaza  
Omaha, NE 68175

## Letter of ACH Authorization

### *Long-Term Care Marketing Credits*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tax ID \_\_\_\_\_

This letter authorizes Mutual of Omaha to make this and all future payments to the following bank account for amounts owed to me under my marketing credit account. I will also accept an email notice for these payments to the following email address \_\_\_\_\_.

I understand that by submitting this form once, all of my future marketing credit reimbursements will be paid through ACH.

I agree that I will make Mutual of Omaha aware of any changes to this banking information as well as any changes to this agreement.

Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_

Bank Address \_\_\_\_\_ Account Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account Number \_\_\_\_\_

Please indicate the type of account:

☐

Checking

☐

Savings

Name \_\_\_\_\_

Signature \_\_\_\_\_

**SUBMIT THIS FORM ONLY ONCE with your marketing credit reimbursement request.**