

Med Supp Marketing Credits Reimbursement



To request Mutual of Omaha debit your marketing credits account 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 Med supp mailings
- Website development
- Office supplies that assist you with our electronic tools (computer, laptop, tablet or smart phone)
- Med supp leads you purchase from a vendor (Submit the prospecting piece with this request.)
- Radio ad placement fee (Submit the radio ad script or audiofile with this request.)
- Newspaper ad placement fee (Submit the newspaper ad 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 Mutual of Omaha to debit your Mutual of Omaha marketing credits account.

Signature _____ Phone _____ Date _____

Make Check/Deposit Payable to: _____

How would you like to receive your marketing credit reimbursement?

Check in the mail. Please allow five-seven business days.

Direct deposit to your bank account. *(If you are not currently set up to receive your marketing credit reimbursements via direct deposit and wish to, complete and submit the ACH form on the next page. You need only submit the ACH form once to be set up for all future reimbursements.)*

Please submit this form along with your expenses documentation by one of the following methods:

Mail
Mutual of Omaha
Med Supp Marketing
3rd Floor
Mutual of Omaha Plaza
Omaha, NE 68175

Fax
Med Supp Marketing
402.351.1921

Email
medsuppmarketingcredits@mutualof
omaha.com

For Office Use Only

Current Balance: \$ _____

Account Code: _____

Remaining Balance: \$ _____

Amount Requested: \$ _____

Date: _____

Authorization Signature: _____



Letter of ACH Authorization

Medicare Supplement 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.