



## Med Supp/Dental Marketing Credits Reimbursement Form

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.

- Leads you purchase from a vendor
- Postage for mailings
- Office equipment that assist you with our electronic tools (computer, laptop, tablet or smart phone)
- Website development
- Professional training or designation expenses
- Conference fees
- 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 Mutual of Omaha to 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 credit reimbursements via direct deposit, you must complete and submit the ACH form on the next page. Submitting it once sets up all future reimbursements to be direct deposited.

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

**Fax**  
Med Supp Marketing  
402-351-1921

**Email**  
marketingcredits@mutualofomaha.com

#### For Mutual of Omaha Use Only

Current Balance:	\$	Account Code:	805100-36860
Remaining Balance:	\$	Amount Requested:	\$
Date:		Authorization Signature:	

MUTUAL of OMAHA INSURANCE COMPANY  
Mutual of Omaha Plaza  
Omaha, NE 68175  
402 342 7600  
mutualofomaha.com

Please mark one

New (Initial set up of ACH Payment)

Change (For any changes in bank account information)

**Letter of ACH Authorization**  
*Medicare Supp/Dental 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.

I have attached a voided check for verification purposes.

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 for initial set up with your marketing credit reimbursement request.**