

SERFF Tracking Number: UTAC-125900059 State: Arkansas  
Filing Company: Great American Life Insurance Company State Tracking Number: 40827  
Company Tracking Number: 4LTCIP-DEFINITION-END  
TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.001 Qualified  
Home & Home Health Care  
Product Name: Long Term Care Endorsement  
Project Name/Number: Long Term Care Endorsement/4LTCIP-DEFINITION-ENDORSEMENT

## Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Long Term Care Endorsement SERFF Tr Num: UTAC-125900059 State: ArkansasLH

TOI: LTC05I Individual Long Term Care - SERFF Status: Closed State Tr Num: 40827

Nursing Home & Home Health Care

Sub-TOI: LTC05I.001 Qualified Co Tr Num: 4LTCIP-DEFINITION- State Status: FEES PAID  
END

Filing Type: Form

Co Status: Reviewer(s): Harris Shearer

Author: Mary Barrett Disposition Date: 11/20/2008

Date Submitted: 11/12/2008 Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Long Term Care Endorsement

Status of Filing in Domicile: Pending

Project Number: 4LTCIP-DEFINITION-ENDORSEMENT

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/20/2008

Deemer Date:

State Status Changed: 11/13/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: GREAT AMERICAN® LIFE INSURANCE COMPANY

NAIC# 63312, FEIN# 13-1935920

Individual Long Term Care Insurance

NEW FORM NUMBER DESCRIPTION

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4LTCIP-DEFINITION-END Independent Caregiver Definition Endorsement

TO BE USED WITH APPROVED FORM  
4LTCIP0001-AR Long Term Care Policy  
-Approved 11/4/05

Dear Sir or Madam,

Enclosed for your review and approval is the referenced individual long-term care insurance form. This form will be used with our approved long-term care policy 4LTCIP0001-AR.

If there are any questions or comments, please call me at (800) 880-2745 extension 1553, fax me at (513) 564-3435 or email me at mbarrett@gafri.com.

Thank you in advance for your consideration.

Sincerely,

Mary Barrett, FLMI, AIRC, ALHC, HIA  
Senior Compliance Analyst

## Company and Contact

### Filing Contact Information

Mary Barrett, Senior Compliance Analyst mbarrett@gafri.com  
5508 Parkcrest Drive (800) 880-8824 [Phone]  
Austin, TX 78755-0580 (512) 451-0357[FAX]

### Filing Company Information

Great American Life Insurance Company CoCode: 63312 State of Domicile: Ohio  
11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance

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Company

P.O. Box 559002  
Austin, TX 78755-9002  
(800) 880-8824 ext. [Phone]

Group Name:  
FEIN Number: 13-1935920  
-----

State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: \$20.00 for rider/endorsement submission  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$20.00	11/12/2008	23877010

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Harris Shearer	11/20/2008	11/20/2008

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## **Disposition**

Disposition Date: 11/20/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	Independent Caregiver Defintion Endorsement		Yes

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## Form Schedule

Lead Form Number: 4LTCIP-DEFINITION-END

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	4LTCIP-DEFINITION-NS-END	Policy/Contract/Fraternal	Independent Caregiver Definition Endorsement Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		42	4LTCIP-DEFINITION-END.pdf



Long Term Care Administrative Offices: P.O. Box 559002 Austin, TX 78755-9002

## Independent Caregiver Definition Endorsement

This endorsement is added to and made a part of the attached long term care insurance Policy. It has the same Effective Date as the base Policy, shown on page 3 of the long term care insurance Policy. This endorsement is subject to all the terms and conditions of the base Policy it is attached to.

This endorsement amends the definition of Independent Caregiver as follows:

### Independent Caregiver

An individual who provides Home Health Care or Hospice Services and:

1. who holds an active state license and certificate appropriate to the level of care being provided and works independent of a licensed Home Health Care Agency. The licensure or certification must be in the state where care will be provided; or
2. if the state does not require licensure or certification, is an individual who has been chosen by You, has been qualified under the Independent Caregiver Certification Benefit, and has been approved by Us.

The Independent Caregiver must be approved by a Personal Care Advisor and approved by Us, regardless of the type of care or services being provided. Benefits will not be considered for any care or services rendered by an Independent Caregiver prior to Our approval.

The Independent Caregiver will be required to provide:

1. proof of certification or licensure, if applicable, and
2. daily records of the care and service provided, including the daily charges.

This endorsement is subject to all terms, provisions, definitions, limitations, and exclusions of the Policy except where specifically changed by this endorsement.

SIGNED FOR GREAT AMERICAN® LIFE INSURANCE COMPANY

Secretary

President



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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Certification/Notice	<b>Review Status:</b>	11/12/2008
<b>Comments:</b>			
<b>Attachment:</b>			
AR Certification.pdf			
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	11/12/2008
<b>Bypass Reason:</b>	Not applicable to endorsement submission.		
<b>Comments:</b>			
<b>Bypassed -Name:</b>	Health - Actuarial Justification	<b>Review Status:</b>	11/12/2008
<b>Bypass Reason:</b>	Not applicable to endorsement submission		
<b>Comments:</b>			
<b>Bypassed -Name:</b>	Outline of Coverage	<b>Review Status:</b>	11/12/2008
<b>Bypass Reason:</b>	Not applicable to endorsement submission		
<b>Comments:</b>			

## Arkansas Certification

This submission meets the provisions of Rule and Regulation 19, "Unfair sex discrimination in the sale of insurance" as well as all applicable requirements of this Department.

Handwritten signature in black ink, appearing to read "Mark J. Bisset".

\_\_\_\_\_  
Name and Title

November 12, 2008

Date