

SERFF Tracking Number: PHYS-125349376 State: Arkansas  
Filing Company: Physicians Mutual Insurance Company State Tracking Number: 37347  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: LTC  
Project Name/Number: PMA2819/PMA2819

## Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: LTC SERFF Tr Num: PHYS-125349376 State: ArkansasLH  
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 37347  
Sub-TOI: LTC03I.001 Qualified Co Tr Num: State Status: Filed-Closed  
Filing Type: Advertisement Co Status: Reviewer(s): Marie Bennett, Harris Shearer  
Authors: Sonya Dickey, Sara Magee-Garcia Disposition Date: 05/22/2008  
Date Submitted: 11/06/2007 Disposition Status: Filed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: PMA2819 Status of Filing in Domicile: Not Filed  
Project Number: PMA2819 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: 05/22/2008 Deemer Date:  
State Status Changed: 05/22/2008  
Corresponding Filing Tracking Number: PMA2819  
Filing Description:  
RE: Long Term Care Advertisement  
Invitation to Contract  
Long Term Care Comparison Quoting Page: PMA2819

The above referenced material is being submitted for your review and approval.



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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$40.00	11/06/2007	16503280

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	05/22/2008	05/22/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status of Filing	Note To Reviewer	Sara Magee-Garcia	02/20/2008	02/20/2008

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## **Disposition**

Disposition Date: 05/22/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Form</b>	<b>PMA2819</b>		<b>Yes</b>

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**Note To Reviewer**

**Created By:**

Sara Magee-Garcia on 02/20/2008 10:34 AM

**Subject:**

Status of Filing

**Comments:**

Mr. Shearer,

I just wanted to check the status of this filing; as my marketing department is anxious to start using the form. Thank you for all of your assistance with this filing.

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## Form Schedule

**Lead Form Number:** PMA2819

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	PMA2819	Advertising	PMA2819	Initial		0	PMA2819.pdf

**VISTA Care Choices Long-Term Care Plan Builder**

Client: [            ]	Prepared by: [            ]
[    ], Age [    ], DOB [    ], [    ]	
Premium Mode: [            ]	Company: [            ]
State: [            ]	[            ]
Requested Effective Date: [            ]	[            ]
Targeted Assets: [            ]	[            ]
Premium Mode: [            ]	
Spouse: [            ]	
[    ], Age [    ], DOB [    ], [    ]	

	<u>Option # 1</u>	<u>Option # 2</u>	<u>Option # 3</u>
Insurance Policy:	P148 - Vista Care Choices Basic	P146 - Vista Care Choices	P146 - Vista Care Choices
Tax Qualified:	Yes	Yes	Yes
Facility Care Benefit:	[            ]	[            ]	[            ]
Home and Community Care Benefit:	[    ]	[            ]	[            ]
Elimination Period:	[    ]	[    ]	[    ]
Benefit Multiplier:	[    ]	[    ]	[    ]
Maximum Benefit:	[    ]	[    ]	[    ]
Shared Care Maximum Benefit:	[    ]	[    ]	[    ]
Inflation Protection:	[            ]	[            ]	[            ]
Optional Riders:	[            ]	[            ]	[            ]
	[            ]	[            ]	[            ]
	[            ]	[            ]	[            ]
	[            ]	[            ]	[            ]
	[            ]	[            ]	[            ]

**Monthly ABW Premiums**

Client [Monthly ABW] Premium	[    ]	[    ]	[    ]
[Medicare Supplement / LTC Discount 5% 1 <sup>st</sup> Year]	[    ]	[    ]	[    ]
[Client First Year Monthly ABW Premium]	[    ]	[    ]	[    ]
Spouse [Monthly ABW] Premium	[    ]	[    ]	[    ]
[Medicare Supplement / LTC Discount 5% 1 <sup>st</sup> Year]	[    ]	[    ]	[    ]
[Spouse First Year Monthly ABW Premium]	[    ]	[    ]	[    ]
Total [Monthly ABW] Premium	[    ]	[    ]	[    ]
[Medicare Supplement / LTC Discount 5% 1 <sup>st</sup> Year]	[    ]	[    ]	[    ]
[Total First Year Monthly ABW Premium]	[    ]	[    ]	[    ]

**Important Disclosures**

This is a proposal and is neither a contract nor an offer to contract. Refer to the actual policy, outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.

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## **Rate Information**

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