

SERFF Tracking Number: UTAC-125449042 State: Arkansas
 Filing Company: Great American Life Insurance Company State Tracking Number: 37957
 Company Tracking Number: LTC4 BROCHURE
 TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.001 Qualified
 Home & Home Health Care
 Product Name: Flexible Benefit LTC Brochure
 Project Name/Number: Flexible Benefit LTC Brochure/Flex LTC BR 108; FLEX STC BR 108; GA FLEX Mini 108

Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Flexible Benefit LTC Brochure SERFF Tr Num: UTAC-125449042 State: ArkansasLH
 TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care SERFF Status: Closed State Tr Num: 37957
 Sub-TOI: LTC05I.001 Qualified Co Tr Num: LTC4 BROCHURE State Status: Filed-Closed
 Filing Type: Advertisement Co Status: Reviewer(s): Marie Bennett, Harris Shearer
 Authors: Alycia Sumbera, Joyce Kostakis Disposition Date: 05/02/2008
 Date Submitted: 01/23/2008 Disposition Status: Filed
 Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Flexible Benefit LTC Brochure Status of Filing in Domicile: Pending
 Project Number: Flex LTC BR 108; FLEX STC BR 108; GA FLEX Mini 108 Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments: Pending Approval
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 05/02/2008
 State Status Changed: 05/02/2008 Deemer Date:
 Corresponding Filing Tracking Number:
 Filing Description:
 Forms submitted for approval:
 Flexible Benefit Long Term Care Brochure FLEX LTC BR 108
 Flexible Benefit Short Term Care Brochure FLEX STC BR 108
 Flexible Benefit Long Term Care Mini Brochure GA FLX MINI 108

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Dear Sir or Madam,

Enclosed for your review and approval along with the appropriate filing fee and transmittal is the above referenced individual long-term care insurance brochures. The forms are new and do not replace any forms previously approved by your department. Please be advised that the brochures will be used to advertise policy form 4LTCIP0001-AR which was approved for use on 2/14/06.

If you should have any questions regarding this submission, please feel free to call me toll-free at 1-800-880-2745, extension 2058 or fax me at (512) 451-0357. My email address is asumbera@gafri.com.

Thank you in advance for your consideration.

Alycia Sumbera

Company and Contact

Filing Contact Information

Alycia Sumbera, Compliance Analyst asumbera@gafri.com
5508 Parkcrest Drive (866) 459-4272 [Phone]
Austin, TX 78731 (512) 451-0357[FAX]

Filing Company Information

Great American Life Insurance Company CoCode: 63312 State of Domicile: Ohio
5508 Parkcrest Drive Group Code: 84 Company Type: Insurance
Company

P.O. Box 26580

Austin, TX 78755-0580
(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: \$25.00
Retaliatory? Yes
Fee Explanation: advertising fee
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$25.00	01/23/2008	17629584

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	05/02/2008	05/02/2008

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Disposition

Disposition Date: 05/02/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter		Yes
Form	Flexible Benefit LTC Brochure		Yes
Form	Flexible Benefit Short Term Care Brochure		Yes
Form	Flexible Benefit LTC Mini Brochure		Yes

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Form Schedule

Lead Form Number: FLEX LTC BR 108

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	FLEX LTC BR 108	Advertising	Flexible Benefit LTC Brochure	Initial		0	FLEX LTC BR 108.pdf
	FLEX STC BR 108	Advertising	Flexible Benefit Short Term Care Brochure	Initial		0	FLEX STC BR 108.pdf
	GA FLEX MINI 108	Advertising	Flexible Benefit LTC Mini Brochure	Initial		0	GA FLEX MINI 108.pdf



FlexibleBenefitLTC[®]

LONG TERM CARE INSURANCE

Helping Individuals and Families

Maintain Their **Independence**

and **Quality of Life** When

Long Term Care is Needed.

Tax Qualified Policy

Help Protect Your Independence and Financial Security

■ Keep Your Options Open

FlexibleBenefitLTC will help keep your options open if you need long term care. By paying for care in a wide variety of settings, the policy will help **maintain your freedom of choice** in determining how and where you receive care. And because of the extensive benefits provided for home health care, the coverage can help you **remain in the comfort and privacy of your own home**.

■ Waiver of Premium Benefit

We will waive your premium on a monthly basis as soon as you begin receiving benefits for home health care, adult day care, the monthly cash benefit alternative, assisted living facility care, nursing home care, or hospice care.

■ Personal Care Advisor

FlexibleBenefitLTC pays for a professional, local personal care advisor to develop a personal plan of care for you, helping to remove this responsibility from others. The personal care advisor will assist in arranging services, monitoring your progress, and modifying the plan of care as necessary. The services of a personal care advisor are optional, and are provided at no cost to you or your policy.¹

■ Caregiver Certification

This benefit pays for the training and state certification (if necessary) of an individual of your choice, including a **family member**, to become a **paid independent caregiver**.^{2,3}

■ Caregiver Training

This benefit pays for the training of a volunteer caregiver to care for you in your home.^{2,4} This individual may be a family member or friend, and may reside with you.

■ Respite Care

If you are receiving care from an unpaid primary caregiver, such as a family member or friend, this benefit pays for a period of relief (respite) for your primary caregiver.^{4,5}

¹ The elimination period, if any, does not apply.

² Pays up to 10 times the maximum daily benefit for home health care.

³ Requires the approval of a personal care advisor, Great American Life, and your licensed health care practitioner, if applicable. The elimination period, if any, does not apply.

⁴ Requires the approval of a personal care advisor. The elimination period, if any, does not apply.

⁵ Pays up to 30 days per calendar year for care in your home, an assisted living facility, or a nursing home.

■ **Home Health Care** – The policy pays for both professional and basic home health care services.

- **Professional services** include a variety of care services that are performed by licensed professionals (such as a registered or vocational nurse, physical therapist, or nutritional specialist). Professional services are not required to be provided through a home health care agency, and may be provided by a qualified family member.
- **Basic services** include **home health aide** services (such as helping you perform activities of daily living) and **homemaker** services (such as housekeeping, meal preparation, shopping for food and other necessities, and transportation).

If you use the services of a personal care advisor, basic services may be provided by an **independent caregiver**. With this feature, the policy provides you with the **freedom to choose the individual who will be providing your care.**¹

- For home health aide services, the independent caregiver may be a **family member or friend, and may reside with you.**
- For homemaker services, the independent caregiver may be a friend and may reside with you, but may not be a family member.

If you do not use the services of a personal care advisor, basic services must be provided through a home health care agency.

■ **Adult Day Care** – This benefit pays for care in an adult day care center.

■ **Monthly Cash Benefit Alternative** – This benefit provides a monthly cash payment, directly to you, that may be used for any assistance or care that you decide is best for your situation. The cash payment equals 10 times the policy's maximum daily benefit for home health care, and may be used for care provided by **family members, friends,** or other individuals chosen by you. The cash payment may be used anywhere in the world.

Importantly, in **addition** to the cash payment, this alternative pays for the costs of **professional home health care services**, such as therapists or nurses.² This combination of benefits means that you may have the cash needed to employ a private caregiver of your choice, and still receive professional health care services at home which may enable you to remain at home during a period of care. The Monthly Cash Benefit Alternative is paid in lieu of all other policy benefits.

As new types of long term care services are developed in the future, the Monthly Cash Benefit Alternative will provide you with the flexibility to pay for other forms of care that may be appropriate for your situation.

Should you elect to have an inflation protection option on your policy, the amounts payable under the Monthly Cash Benefit Alternative will increase each policy year in accordance with the inflation protection option you have selected.

¹ The independent caregiver requires the approval of a personal care advisor and Great American Life.

² The Monthly Cash Benefit Alternative (including professional home health care services) will not exceed the home health care maximum daily benefit times the number of days in the month. Benefits for professional home health care services are available only in the United States or Canada.

■ **Assisted Living Facility Care** – This benefit pays for care in an assisted living facility. Regardless of the name, any facility that meets the policy’s definition of an assisted living facility will qualify. This may include an adult foster care facility, congregate care facility, basic care facility, residential care facility, or personal care home.

■ **Nursing Home Care** – This benefit pays for care in a nursing home.

■ **Bed Reservation** – This benefit pays to reserve your bed for up to 30 days per year if you are receiving benefits and are temporarily absent from an assisted living facility or nursing home.¹

■ **Monthly Home Care** (Additional Premium Required)

Because the charges for home health care services may vary from day-to-day, this option makes your home health care and adult day care benefits available on a **monthly total** rather than a **daily basis**. This means that the daily maximum no longer applies and you may use the entire benefit as needed during the month.

■ **Enhanced Home Health Care** (Additional Premium Required)

With this option, the policy provides three additional benefits:

- **Therapeutic Device.** Pays for the rental or purchase of special devices to be used at home. Examples: hospital-style beds, wheelchairs, infusion pumps, respirators.²
- **Home Modification.** Pays for minor modifications to your home to enhance your ability to perform everyday activities. Examples: ramps, grab bars, handrails.²
- **Medical Alert System.** Pays for the purchase or rental of a communication system installed in your home for the purpose of calling for assistance in the event of a medical emergency.^{2,3}

■ **Waiver of Elimination Period For Home Health Care, Adult Day Care, and Monthly Cash Benefit Alternative** (Additional Premium Required)

This option provides first day coverage for home health care, adult day care, and the monthly cash benefit, regardless of the elimination period selected for other benefits. This enables you to save premium dollars by selecting an elimination period for care in a facility, while having first day coverage for care at home.

■ **Full Restoration of Benefits** (Additional Premium Required)

If you receive benefits during a period of care and then recover,⁴ this option provides for all benefits paid from your policy to be restored. Your policy would then have its full benefit values available for any additional periods of care you may need. This feature may be of importance for policies with a lower lifetime maximum benefit.

■ **Premium Rate Guarantee Period** (Additional Premium Required. Not available in all states.)

The policy contains a guarantee that your premium will not increase during the first three years. When you apply for coverage, the policy also provides you with the option of extending the Premium Rate Guarantee Period from four years up to 20 years.

¹ 30 days for an assisted living facility and 30 days for a nursing home, per calendar year.

² Requires the approval of a Personal Care Advisor. The Elimination Period, if any, does not apply. Pays up to 50 times your home health care daily benefit.

³ If the system is rented, the policy pays a monthly benefit of up to one-half your home health care daily benefit.

⁴ You have not been eligible for benefits for 180 consecutive days. See outline of coverage.

BENEFITS FOR COUPLES

■ 30% Couples Discount

This discount is provided for married couples when both spouses apply together and are issued coverage.

■ Dual Waiver of Premium (Additional Premium Required)

With this option, whenever the premium is being waived for your spouse's policy, Great American Life will also waive the premium for your policy.

■ Survivorship Paid Up Policy (Additional Premium Required)

When one spouse dies, this optional benefit provides extra security for the surviving spouse by permanently waiving the premium on his or her policy. There are two options to choose from:

- **Survivorship (10/10 Option).** The surviving spouse's policy will be paid up for life if: (1) both spouses live at least 10 years, and (2) there are no claims during the first 10 years of either policy.
- **Full Survivorship (Full Option).** Regardless of claims paid, and regardless of whether both spouses live for 10 years, the surviving spouse's policy will be paid up for life when his or her policy has been in force at least 10 years.

INFLATION PROTECTION OPTIONS¹ (Additional Premium Required)

Great American Life offers a wide variety of options to provide protection from the rising costs of long term care.

■ Simple Benefit Increase

Every dollar benefit amount increases **5% per year for life** based on the **original** dollar benefit amount, regardless of claims.²

■ Compound Benefit Increase

Every dollar benefit amount increases **5% per year for life**, based on the **current** dollar benefit amount, regardless of claims.²

In order to provide you with additional flexibility and premium savings, you may also select one of the following variations of Compound Benefit Increase:

- **2 Times Maximum.** Benefits increase 5% per year until they have **doubled**.
- **3 Times Maximum.** Benefits increase 5% per year until they have **tripled**.

■ Guaranteed Purchase Option

Each three years, you will be given the opportunity to increase every dollar benefit by 16% of the amount initially selected. Regardless of your health or claims, this offer will be made until you reach age 85, or until you decline two offers. Premiums for the additional coverage will not be due until you accept the increase offer, and will be based on attained age.

¹ Some options are not available in all states.

² The increases will occur even if you are receiving benefits under the policy, including the Waiver of Premium Benefit.

■ How Do You Qualify for Benefits Under the Policy?

To be eligible for benefits provided under the policy, we must receive a plan of care that specifies what care is needed. The care must be needed because you have been certified within the last 12 months by a licensed health care practitioner as:

1. requiring the presence of another person due to the inability to perform at least two Activities of Daily Living (eating, dressing, bathing, transferring, toileting, continence) for a period expected to be at least 90 days. The other person must be present within arm's reach in order to assist, supervise, or prevent injury by physical intervention; or
2. requiring continual supervision, which may include cueing by verbal prompting, gestures, or other demonstrations, by another person to protect the Insured Person from threats to his or her health or safety, due to a Severe Cognitive Impairment.

If you meet the benefit eligibility requirements shown above, you will have met the requirements under federal law to be considered a chronically ill individual. Meeting these requirements are necessary in order for the policy to qualify for favorable tax treatment under federal law.

■ Pre-Existing Conditions Are Covered

There is no exclusion for pre-existing conditions.

■ What Isn't Covered?

The policy will not pay benefits when an insured person is eligible for confinement, treatment, services or care:

1. resulting from alcoholism, drug addiction, or chemical dependency, unless as a result of medication prescribed by a doctor;¹ or
2. arising out of suicide (while sane or insane),² attempted suicide, or intentionally self-inflicted injury; or
3. provided in a government facility (unless otherwise required by law); payable under Medicare or would be payable except for application of a deductible or coinsurance amount; payable under other governmental programs (except Medicaid); for which no charge is normally made in the absence of insurance. We will

reduce our benefits payable by the dollar amount paid from the governmental health care plan or law to the extent that the combination of our coverage and governmental coverage equals but does not exceed the charges for covered services. Or

4. received outside the United States or Canada; or
5. for which benefits are payable under any state or federal workers' compensation, employer's liability, or occupational disease law; or
6. that are prohibited by federal law, including those governing economic and trade sanctions;³ or
7. rendered by a member of an insured person's immediate family, unless:
 - a. he or she is a regular employee of an organization which is providing the treatment, service, or care; and
 - b. the organization receives the payment for the treatment, service, or care; and
 - c. he or she receives no compensation other than the normal compensation for employees in his or her job category. Or
8. resulting from:
 - a. participation in a felony, riot, or insurrection; or
 - b. a service-related injury or illness directly related to active duty in the armed forces or units auxiliary thereto.

The exclusion regarding a member of an insured person's immediate family will not apply to:

1. the Monthly Cash Benefit Alternative provision; and
2. the independent caregiver provision for services other than homemaker services or companion services.

The exclusion regarding confinement, treatment and services or care outside the United States or Canada will not apply to the Monthly Cash Benefit Alternative provision. Coverage will be provided in accordance with the terms of the policy for mental conditions, including Alzheimer's disease, Parkinson's disease, and senile dementia.

■ Guaranteed Renewable

This means that the policyowner has the right to continue this policy as long as the premiums are paid on time. Premium rates may be changed on a Rating Class basis.⁴

■ 30 Day Free Look

If the policyowner is dissatisfied with the policy in any way, and returns it within 30 days after receiving it, he or she will receive a full refund of premium paid.

¹ In Louisiana, item 1 above is changed to state: "1. For alcoholism or drug addiction; or". In South Dakota, only the treatment of alcoholism or drug abuse can be excluded from coverage. In Maryland and Tennessee, "resulting from alcoholism or drug addiction, unless as a result of medication prescribed by a doctor; or". In Vermont, not applicable.

² In Missouri, while sane.

³ In Maryland, not applicable.

⁴ Rating Class means a population segment classified by actuaries as having similar insurance risk characteristics, such as issue age, rate classification, or other criteria.

Design a Plan That Is Right for You!

FlexibleBenefitLLC

1. Maximum Daily Benefit.

Nursing Home Care..... \$

Assisted Living Facility Care..... 50% 75% 100%

Home Health Care and Adult Day Care..... 50% 75% 100% 125%

2. Benefit Period (Days).

365 Days 550 Days 730 Days 915 Days 1,095 Days 1,280 Days Unlimited

1,460 Days 1,645 Days 1,825 Days 2,190 Days 2,555 Days 2,920 Days

3. Maximum Lifetime Benefit² (Pool of Dollars). \$ OR Unlimited

4. Elimination Period³ (Days). 30 Days 60 Days 100 Days 180 Days 365 Days

5. Benefit Increase Option.

5% Simple 5% Compound 3X Guaranteed Purchase

5% Compound 5% Compound 2X None

6. Standard Benefits.

Waiver of Premium Independent Caregiver Hospice Care Assisted Living Facility Care

Personal Care Advisor Certification Monthly Cash Nursing Home Care

Home Health Care Adult Day Care Benefit Alternative Bed Reservation

Caregiver Training Respite Care

7. Optional Benefits.

Monthly Home Care Limited Premium Payment Period:

Enhanced Home Health Care Single Pay 5 Years 10 Years

Waiver of Elimination Period for Home Health Care, 15 Years 20 Years Paid Up at Age 65

Adult Day Care, and Monthly Cash Benefit Alternative

Extended Premium Rate Guarantee Period.

Return of Premium: Total Number of Years (4 to 20 Years)

Full Less Benefits Paid Graded Full Restoration of Benefits

Nonforfeiture Benefit — Shortened Benefit Period
(See Outline of Coverage for details.)

8. Optional Benefits for Couples.

Dual Waiver of Premium

Survivorship Paid Up:

10/10 Full

¹ Some options are not available in all states. See Outline of Coverage.

² Nursing Home Maximum Daily Benefit times the number of days chosen.

³ The number of days of covered care that you must pay for before your policy begins to pay benefits.



Great American Life has the
Strength and Experience
needed to meet your **Long Term Care**
needs, both **Today** and **Tomorrow**.

Great American Life is part of the American Financial Group, one of the largest insurance organizations in the country, representing thirty insurance companies and serving the needs of people in all 50 states. Great American Life is rated **A (Excellent)** by A.M. Best Company based on consolidated financial condition and operating performance. Great American Life has a history going back to 1872, and is ranked among the top 12 percent of all U.S. stock insurance companies.

(Based on asset size as of December 31, 2005. The A.M. Best Rating & Analysis 2006 is not a recommendation of the specific policy provisions, rates, or practices of Great American Life.)

Home Office: Cincinnati, Ohio

Long Term Care Administrative Office:

P. O. Box 559002 • Austin, Texas 78755 • 1-866-830-0607



FlexibleBenefitLTC is a Tax Qualified policy designed to meet federal standards, and may qualify you for federal and/or state tax benefits. Please consult with your tax advisor for assistance. Coverage as described in the brochure is provided only through the issuance of a policy, and is subject to the approval of your application.

This brochure provides a summary of the policy's features, and is not intended to cover every aspect of the policy. Please refer to the outline of coverage for additional information. Benefits are subject to the policy's eligibility for the payment of benefits provision; the elimination period, if applicable; the maximum daily benefit; and the maximum lifetime benefit. Your policy will describe your coverage in detail and will be the sole basis of making benefit determination.

Policy Form Series 4LTCIP0001 and 4LTCIP0002.

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Great American Life is part of the American Financial Group, one of the largest insurance organizations in the country. Great American Life is rated **A (Excellent)** by A.M. Best Company¹ based on consolidated financial condition and operating performance. Headquartered in Cincinnati, Ohio, Great American Life has a history going back to 1872, and is ranked among the **top 12 percent** of all U.S. stock insurance companies.²

Please refer to the outline of coverage for additional information. Your policy will describe your coverage in detail and will be the sole basis of making benefit determination. Long Term Care Administrative Offices: P. O. Box 559002, Austin, Texas 78755-9002.

This is a **Tax Qualified policy**, and may qualify you for federal and/or state tax benefits. Please consult with your tax advisor for assistance.

This policy offers a **30 Day Free Look**. If for any reason you are dissatisfied, and return the policy within 30 days after receiving it, you will receive a full refund.

This policy is **Guaranteed Renewable**, which means that the policyowner has the right to continue this policy as long as the premiums are paid on time. Premium rates may be changed on a Rating Class basis.³

A Nonforfeiture Benefit–Shortened Benefit Period rider is available with this policy.

¹ The A.M. Best Rating & Analysis 2006 is not a recommendation of the specific policy provisions, rates, or practices of Great American Life.

² Based on asset size as of December 31, 2005.

³ Rating Class means a population segment classified by actuaries as having similar insurance risk characteristics, such as issue age, rate classification, or other criteria.

FlexibleBenefitLTC[®]

Short Term Care Plan

INSURANCE POLICY

Providing Affordable Protection
From the Financial Costs of
Home Health Care, Assisted Living
and Nursing Facility Care in the
Event of an Illness or Injury

Tax Qualified Policy

If you understand the need for long term care insurance but find the premiums too expensive, the **ShortTermCare Plan** from Great American Life may be right for you! The **ShortTermCare Plan** is a comprehensive, Tax Qualified, long term care insurance policy, but rather than providing coverage for several years or longer, the plan provides coverage for up to 24 months of care.¹ As a result, the **ShortTermCare Plan** provides valuable protection at a price that is much more affordable than traditional coverage.

While each person's needs are unique, many long term care situations are resolved in less than two years, especially when recovering from an injury or certain illnesses. The best time to purchase this coverage may be today, while you are younger and generally in better health.

■ **Comprehensive Coverage.** The **ShortTermCare Plan** provides extensive benefits for care in the home and in a variety of other settings, including adult day care centers, assisted living facilities, and nursing homes. In addition, the policy contains a monthly cash benefit alternative provision that permits consideration of other care arrangements that may be appropriate to your situation.

This brochure provides a summary of the policy's features, and is not intended to cover every aspect of the policy. Benefits are subject to the policy's eligibility for the payment of benefits provision; the elimination period, if applicable; the maximum daily benefit; and the maximum lifetime benefit.

■ **Amount of Benefits.** You may select a daily benefit maximum of \$50 to \$250, and a benefit period of 12, 18, or 24 months.² The policy provides a pool of dollars (from \$18,250 to \$182,500) that may be used for any type of covered care.

■ **Qualifying for Benefits.** You are eligible for benefits when a health care professional: 1) certifies you are either unable to perform two or more of the activities of daily living³ or have a severe cognitive impairment, and 2) submits a Plan of Care for you. These provisions are regulated by federal law, as the policy receives favorable tax treatment.

■ **When Benefits Begin.** Benefits begin as soon as you are eligible and have met the elimination period.⁴ The elimination period needs to be satisfied only **once** during the lifetime of the policy.

■ **Home Health Care.** The policy pays for both professional and basic home health care services.

- **Professional services** include a variety of care services that are performed by licensed professionals (such as a registered or vocational nurse, physical therapist, or nutritional specialist). Professional services are not required to be provided through a home health care agency, and may be provided by a qualified family member.

- **Basic services** include **home health aide** services (such as helping you perform activities of daily living) and **homemaker** services (such as housekeeping, meal preparation, shopping for food and other necessities, and transportation).

If you use the services of a personal care advisor, basic services may be provided by a paid **independent caregiver**. For home health aide services, the independent caregiver may be a family member or friend, and may reside with you. For homemaker services, the independent caregiver may be a friend and may reside with you, but may not be a family member.

If you do not use the services of a personal care advisor, basic services must be provided through a home health care agency.

¹ You may select a benefit period of 12, 18, or 24 months.

² In Arizona, Georgia, Maryland, Oregon, and South Dakota, 24 months required.

³ For a period expected to be at least 90 days. Activities of Daily Living include: eating, dressing, bathing, transferring, toileting, and continence.

⁴ The number of days you select (either 60 or 100) to receive covered care before your policy begins to pay.

- **Monthly Cash Benefit Alternative.** This benefit provides a monthly cash payment, directly to you, that may be used for any assistance or care that you decide is best for your situation. The cash payment equals 10 times the policy's maximum daily benefit for home health care, and may be used for care provided by **family members, friends**, or other individuals chosen by you. The cash payment may be used anywhere in the world.

In addition to the cash payment, this alternative pays for **professional home health care services**, including therapists and nurses. This combination of benefits enables you to employ a private caregiver of your choice, and still receive professional health care services at home. The Monthly Cash Benefit Alternative is paid in lieu of other policy benefits.¹

- **Personal Care Advisor.** When care is needed, it is often necessary to make difficult decisions and arrangements. The policy pays for a local, professional care advisor to assist in arranging services, monitoring progress, and modifying the plan of care when needed. These services are optional and are provided at no cost.
- **Caregiver Training.** The policy pays for the training of a volunteer caregiver (including a family member) to care for you in your home.²
- **Caregiver Certification.** The policy pays for the training and certification (if required) for an individual of your choice, including a family member, to become a paid **independent caregiver**.^{2,3}

¹ The Monthly Cash Benefit Alternative (including professional home health care services) will not exceed the home health care maximum daily benefit times the number of days in the month. Benefits for professional home health care services are available only in the United States or Canada.

- **Adult Day Care.** This benefit pays for care in an adult day care center.

- **Assisted Living Facility Care.** This benefit pays for care in an assisted living facility. Regardless of the name, any facility meeting the policy's definition will qualify.

- **Nursing Home Care.** This benefit pays for care in a nursing home.

- **Hospice Care.** This benefit pays for up to 180 days⁴ of hospice care.

- **Bed Reservation.** This benefit pays to reserve your bed for up to 30 days per year if you are receiving benefits and are temporarily absent from an assisted living facility or nursing home.

- **Waiver of Premium.** Your premium is waived on a monthly basis as soon as you begin receiving benefits for home health care, adult day care, the monthly cash benefit alternative, assisted living facility care, nursing home care, or hospice care.

- **Couples Discount.** The policy provides married couples with a **30%** premium discount when both spouses apply together and are issued coverage, or a **15%** discount when one spouse is issued coverage.

² With personal care advisor's approval, pays up to 10 times your maximum daily benefit for home health care. The elimination period, if any, does not apply.

³ Also requires approval of Great American Life and your licensed health care practitioner, if applicable.

⁴ In Wisconsin, 365 days.

OPTIONAL BENEFITS

- 1. Monthly Home Care.**⁵ This option makes your home health care benefits available on a **monthly total** basis rather than a daily maximum.
- 2. Inflation Protection.**⁵ As the costs of health care continue to increase, the policy offers a choice of inflation protection options. All benefit amounts are increased based on the inflation option selected.
- 3. Waiver of Elimination Period for Home Care.**⁵ This option provides first day coverage for home care, adult day care, and monthly cash benefit alternative, regardless of the elimination period selected for other benefits.

⁵ Additional premium required.

⁶ In Louisiana, "For alcoholism or drug addiction; or". In South Dakota, only the treatment of alcoholism or drug abuse can be excluded from coverage. In Maryland and Tennessee, "resulting from alcoholism or drug addiction, unless as a result of medication prescribed by a doctor; or". In Vermont, not applicable.

What Isn't Covered? The policy will not pay benefits when an insured person is eligible for confinement, treatment, services or care: 1) resulting from alcoholism, drug addiction, or chemical dependency, unless as a result of medication prescribed by a doctor;⁶ or 2) arising out of suicide (while sane or insane),⁷ attempted suicide, or intentionally self-inflicted injury; or 3) provided in a government facility (unless otherwise required by law); payable under Medicare or would be payable except for application of a deductible or coinsurance amount; payable under other governmental programs (except Medicaid); for which no charge is normally made in the absence of insurance. We will reduce our benefits payable by the dollar amount paid from the governmental health care plan or law to the extent that the combination of our coverage and governmental coverage equals but does not exceed the charges for covered services. Or 4) received outside the United States or Canada; or 5) for which benefits are payable under any state or federal workers' compensation, employer's liability, or occupational disease law; or 6) that are prohibited by federal law, including those governing economic and trade sanctions;⁸ or 7) rendered by a member of an insured person's immediate family, unless: (a) he or she is a regular employee of an organization which is providing the treatment, service, or care; and (b) the organization receives the payment for the treatment, service, or care; and (c) he or she receives no compensation other than the normal compensation for employees in his or her job category. Or 8) resulting from: (a) participation in a felony, riot, or insurrection; or (b) a service-related injury or illness directly related to active duty in the armed forces or units auxiliary thereto.⁹ The exclusion regarding a member of an insured person's immediate family will not apply to: 1) the Monthly Cash Benefit Alternative provision; and 2) the independent caregiver provision for services other than homemaker services or companion services. The exclusion regarding confinement, treatment and services or care outside the United States or Canada will not apply to the Monthly Cash Benefit Alternative provision. Coverage will be provided in accordance with the terms of the policy for mental conditions, including Alzheimer's disease, Parkinson's disease, and senile dementia.

Coverage is provided only through the issuance of a policy and is subject to the approval of your application. Policy Form Series 4LTCIP0001 and 4LTCIP0002.

⁷ In Missouri, while sane.

⁸ In Maryland, not applicable.

⁹ In Oklahoma, 8) (b), injury sustained or sickness contracted while in the service of the Armed Forces of any country after the Effective Date of the policy.



Great American Life has the **Strength and Experience** needed to meet your **Long Term Care** needs, both **Today** and **Tomorrow**.

Great American Life is part of the American Financial Group, one of the largest insurance organizations in the country. Great American Life is rated **A (Excellent)** by A.M. Best Company based on consolidated financial condition and operating performance. Headquartered in Cincinnati, Ohio, Great American Life has a history going back to 1872, and is ranked among the **top 12 percent** of all U. S. stock insurance companies.

Long Term Care Administrative Office:
P. O. Box 559002, Austin, Texas 78755-9002

(Based on asset size as of December 31, 2005. The A. M. Best Rating & Analysis 2006 is not a recommendation of the specific policy provisions, rates, or practices of Great American Life.)

- **FlexibleBenefitLTC** is a **Tax Qualified** policy, and may provide you federal and/or state tax benefits. Consult with your tax advisor for assistance.
- The policy provides a **30 Day Free Look**. If for any reason you are dissatisfied, and return the policy within 30 days after receiving it, you will receive a full refund.
- The policy is **Guaranteed Renewable** which means the policyowner has the right to continue the policy as long as premiums are paid on time. Premium rates may be changed on a Rating Class basis.¹

Please refer to the outline of coverage for additional information. Your policy will describe your coverage in detail and will be the sole basis of making benefit determination.

¹ *Rating Class means a population segment classified by actuaries as having similar insurance risk characteristics, such as issue age, rate classification, or other criteria.*

FlexibleBenefitLTC[®]

Long Term Care Insurance

Helping Individuals and Families

Maintain Their **Independence**

and **Quality of Life** When

Long Term Care is Needed.

Tax Qualified Policy

- **Comprehensive Coverage.** The policy provides extensive benefits for care in the home and in a variety of other settings, including adult day care centers, assisted living facilities, and nursing homes. In addition, the policy contains a monthly cash benefit alternative provision that permits consideration of other care arrangements that may be appropriate to your situation.

This brochure provides a summary of the policy's features, and is not intended to cover every aspect of the policy. Benefits are subject to the policy's eligibility for the payment of benefits provision; the elimination period, if applicable; the maximum daily benefit; and the maximum lifetime benefit.

- **Qualifying for Benefits.** You are eligible for benefits when a health care professional: 1) certifies you are either unable to perform two or more of the activities of daily living¹ or have a severe cognitive impairment, and 2) submits a plan of care for you. These provisions are regulated by federal law, as the policy receives favorable tax treatment.

- **When Benefits Begin.** Benefits begin as soon as you are eligible and have met the elimination period² you select. The elimination period, if any, needs to be satisfied only **once** during the lifetime of the policy.

- **Waiver of Premium.** Your premium is waived on a monthly basis as soon as you begin receiving benefits for home health care, adult day care, the monthly cash benefit alternative, assisted living facility care, nursing home care, or hospice care.

- **Personal Care Advisor.** When care is needed, it is often necessary to make difficult decisions and arrangements. The policy pays for a local, professional care advisor to assist in arranging services, monitoring progress, and modifying the plan of care when needed. These services are optional and are provided at no cost to you or your policy.³

- **Home Health Care.** This benefit pays for both professional and basic home health care services.

- **Professional services** include a variety of care services that are performed by licensed professionals (such as a registered or vocational nurse, physical therapist, or nutritional specialist). Professional services are not required to be provided through a home health care agency, and may be provided by a qualified family member.
- **Basic services** include **home health aide** services (such as helping you perform activities of daily living) and **homemaker** services (such as housekeeping, meal preparation, shopping for food and other necessities, and transportation).

If you use the services of a personal care advisor, basic services may be provided by a paid **independent caregiver**. For home health aide services, the independent caregiver may be a family member or friend, and may reside with you. For homemaker services, the independent caregiver may be a friend and may reside with you, but may not be a family member.

If you do not use the services of a personal care advisor, basic services must be provided through a home health care agency.

¹ For a period expected to be at least 90 days. Activities of Daily Living include: eating, dressing, bathing, transferring, toileting, and continence.

² The number of days you receive covered care before your policy begins to pay.

³ The elimination period, if any, does not apply.

- **Caregiver Training.** This benefit pays for the training of a volunteer caregiver (including a family member) to care for you in your home.¹
- **Caregiver Certification.** This benefit pays for the training and certification (if required) for an individual of your choice, including a family member, to become a paid **independent caregiver**.^{1,2}
- **Adult Day Care.** This benefit pays for care in an adult day care center.

- **Monthly Cash Benefit Alternative.** This benefit provides a monthly cash payment, directly to you, that may be used for any assistance or care that you decide is best for your situation. The cash payment equals 10 times the policy's maximum daily benefit for home health care, and may be used for care provided by **family members, friends,** or other individuals chosen by you. The cash payment may be used anywhere in the world.

In addition to the cash payment, this alternative pays for **professional home health care services**, including therapists and nurses. This combination of benefits enables you to employ a private caregiver of your choice, and still receive professional health care services at home. The Monthly Cash Benefit Alternative is paid in lieu of other policy benefits.³

- **Assisted Living Facility Care.** This benefit pays for care in an assisted living facility. Regardless of the name, any facility meeting the policy's definition will qualify.
- **Nursing Home Care.** This benefit pays for care in a nursing home.
- **Bed Reservation.** This benefit pays to reserve your bed for up to 30 days per year if you are receiving benefits and are temporarily absent from an assisted living facility or nursing home.
- **Couples Discount.** The policy provides married couples with a **30%** premium discount when both spouses apply together and are issued coverage.

OPTIONAL BENEFITS⁴

- **Monthly Home Care.** This option makes your home health care benefits available on a **monthly total** basis rather than a daily maximum.
- **Waiver of Elimination Period for Home Care.** This option provides first day coverage for home health care, adult day care, and the monthly cash benefit alternative, regardless of the elimination period selected for other benefits.
- **Inflation Protection.** As the costs of health care continue to increase, the policy offers a variety of inflation protection options. All benefit amounts are increased based on the inflation option selected.

¹ With personal care advisor's approval, pays up to 10 times your maximum daily benefit for home health care. The elimination period, if any, does not apply.

² Also requires approval of Great American Life and your licensed health care practitioner, if applicable.

³ The Monthly Cash Benefit Alternative (including professional home health care services) will not exceed the home health care maximum daily benefit times the number of days in the month. Benefits for professional home health care services are available only in the United States or Canada.

■ **Limited Premium Payment Period.** Single pay,⁵ 5 years, 10 years, 15 years, 20 years, or paid up at age 65.

■ **Extended Premium Rate Guarantee Period.** From 4 to 20 Years (3 years is standard).

■ **Nonforfeiture Benefit—Shortened Benefit Period.**

OPTIONAL BENEFITS FOR COUPLES⁴

■ **Dual Waiver of Premium.** With this benefit, whenever the premium is waived for your spouse's policy, the premium for your policy will also be waived.

■ **Survivorship Paid Up Policy.** When one spouse dies, this benefit provides extra security for the surviving spouse by permanently waiving the premium on his or her policy. There are two options to choose from:

- **Survivorship (10/10 Option).** The surviving spouse's policy will be paid up for life if: (1) both spouses live at least 10 years, and (2) there are no claims during the first 10 years of either policy.
- **Full Survivorship (Full Option).** Regardless of claims paid, and regardless of whether both spouses live for 10 years, the surviving spouse's policy will be paid up for life when his or her policy has been in force at least 10 years.

⁴ Additional premium required. Some options are not available in all states.

⁵ In Tennessee, not available with Unlimited Benefit Period.

What Isn't Covered? The policy will not pay benefits when an insured person is eligible for confinement, treatment, services or care: 1) resulting from alcoholism, drug addiction, or chemical dependency, unless as a result of medication prescribed by a doctor;¹ or 2) arising out of suicide (while sane or insane),² attempted suicide, or intentionally self-inflicted injury; or 3) provided in a government facility (unless otherwise required by law); payable under Medicare or would be payable except for application of a deductible or coinsurance amount; payable under other governmental programs (except Medicaid); for which no charge is normally made in the absence of insurance. We will reduce our benefits payable by the dollar amount paid from the governmental health care plan or law to the extent that the combination of our coverage and governmental coverage equals but does not exceed the charges for covered services. Or 4) received outside the United States or Canada; or 5) for which benefits are payable under any state or federal workers' compensation, employer's liability, or occupational disease law; or 6) that are prohibited by federal law, including those governing economic and trade sanctions;³ or 7) rendered by a member of an insured person's immediate family, unless: (a) he or she is a regular employee of an organization which is providing the treatment, service, or care; and (b) the organization receives the payment for the treatment, service, or care; and (c) he or she receives no compensation other than the normal compensation for employees in his or her job category. Or 8) resulting from: (a) participation in a felony, riot, or insurrection; or (b) a service-related injury or illness directly related to active duty in the armed forces or units auxiliary thereto.⁴ The exclusion regarding a member of an insured person's immediate family will not apply to: 1) the Monthly Cash Benefit Alternative provision; and 2) the independent caregiver provision for services other than homemaker services or companion services. The exclusion regarding confinement, treatment and services or care outside the United States or Canada will not apply to the Monthly Cash Benefit Alternative provision. Coverage will be provided in accordance with the terms of the policy for mental conditions, including Alzheimer's disease, Parkinson's disease, and senile dementia.

Coverage is provided only through the issuance of a policy and is subject to the approval of your application. Policy Form Series 4LTCIP0001 and 4LTCIP0002.

¹ In Louisiana, "For alcoholism or drug addiction; or". In South Dakota, only the treatment of alcoholism or drug abuse can be excluded from coverage. In Idaho, Maryland, and Tennessee, "resulting from alcoholism or drug addiction, unless as a result of medication prescribed by a doctor; or". In Vermont, not applicable.

² In Missouri, while sane.

³ In Maryland, not applicable.

⁴ In Oklahoma, 8) (b), "injury sustained or sickness contracted while in service of the Armed Forces of any country after the Effective Date of the policy."

SERFF Tracking Number: UTAC-125449042 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 37957
Company Tracking Number: LTC4 BROCHURE
TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.001 Qualified
Home & Home Health Care
Product Name: Flexible Benefit LTC Brochure
Project Name/Number: Flexible Benefit LTC Brochure/Flex LTC BR 108; FLEX STC BR 108; GA FLEX Mini 108

Supporting Document Schedules

Review Status:

Satisfied -Name: Cover Letter

01/23/2008

Comments:

Attachment:

AR Adv Filing Letter.pdf



Great American Life
Insurance Company
P.O. Box 559002
Austin, Texas 78755-9002

January 23, 2008

Advertisement Form Filing Division
Life and Health Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Shipping Address:
5508 Parkcrest Drive
Austin, Texas 78731

Phone 800-880-2745
Fax 512-451-0357

RE: GREAT AMERICAN® LIFE INSURANCE COMPANY; NAIC# 63312, FEIN# 13-1935920

Forms submitted for approval:

INVITATION TO CONTRACT DESCRIPTION	FORM NUMBER
Flexible Benefit Long Term Care Brochure	FLEX LTC BR 108
Flexible Benefit Short Term Care Brochure	FLEX STC BR 108
Flexible Benefit Long Term Care Mini Brochure	GA FLX MINI 108

TO BE USED WITH FORMS

4LTCIP0001-AR	Long Term Care Policy
4LTCIE0001-PDNH	Prescription Drug Benefit in a Nursing Home Rider
4LTCIE0001-EHHC-AR	Enhanced Home Health Care Rider
4LTCIE0001-MHC	Monthly Home Care Benefit Rider
4LTCIE0001-FROB	Full Restoration of Benefits Rider
4LTCIE0001-DWP-AR	Dual Waiver of Premium Rider
4LTCIE0001-SBIO	Simple Benefit Increase Rider
4LTCIE0001-CBIO	Compound Benefit Increase Rider
4LTCIE0001-GPO	Guaranteed Purchase Option Rider
4LTCIE0001-FROP	Full Return of Premium Benefit Rider
4LTCIE0001-ROP	Return of Premium Benefit Rider
4LTCIE0001-GROP	Graded Return of Premium Benefit Rider
4LTCIE0001-NFB	Nonforfeiture Benefit – Shortened Benefit Period Rider
4LTCIE0001-FSWP	Full Survivorship Paid Up Benefit Rider
4LTCIE0001-SWP10	Survivorship Paid Up Benefit Rider
4LTCIE0001-WEP	Waiver of Elimination Period for Home Health Care, Adult Day Care and Monthly Cash Benefit Alternative Rider
4LTCIE0001-SP	Single Premium Payment Amendatory Rider
4LTCIE0001-5PAY	5 Year Premium Payment Amendatory Rider
4LTCIE0001-10PAY	10 Year Premium Payment Amendatory Rider
4LTCIE0001-15PAY	15 Year Premium Payment Amendatory Rider
4LTCIE0001-20PAY	20 Year Premium Payment Amendatory Rider
4LTCIE0001-PU65	Paid Up at Age 65 Premium Payment Amendatory Rider
4LTCID0001-MPD	Modal Premium Disclosure
4LTCIO0003-AR	Outline of Coverage
4LTCIE0001-OWN	Policy Ownership Rider

- Approved for use on 2/14/2006

Dear Sir or Madam,

Enclosed for your review and approval are the individual long-term care insurance brochures and advertisements. The forms are new and do not replace any forms previously approved by your department. Please be advised that the brochures and forms will be used to advertise policy form 4LTCIP0001-AR which was approved for use on 2/14/06.

Domicile State Approval. Great American Life Insurance Company's state of domicile is Ohio. This advertisement is pending approval in the state of domicile, Ohio.

If you should have any questions regarding this submission, please feel free to call me toll-free at 1-800-880-2745, extension 2058 or fax me at (512) 451-0357. My email address is asumbera@gafri.com.

Thank you in advance for your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Alycia Sumbera'.

Alycia Sumbera, ACS
Compliance Analyst

Enclosures