

SERFF Tracking Number: BNLA-125697966 State: Arkansas
Filing Company: Bankers Life and Casualty Company State Tracking Number: 39330
Company Tracking Number: 282A-AR
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: LTCP Certification
Project Name/Number: LTCP Certification/282A-AR

Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: LTCP Certification

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Form

SERFF Tr Num: BNLA-125697966

SERFF Status: Closed

Co Tr Num: 282A-AR

Co Status:

Authors: Thomas Kimble, Dan
Murphy

Date Submitted: 06/17/2008

State: ArkansasLH

State Tr Num: 39330

State Status: Approved-Closed

Reviewer(s): Harris Shearer

Disposition Date: 07/08/2008

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: LTCP Certification

Project Number: 282A-AR

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/08/2008

State Status Changed: 07/08/2008

Corresponding Filing Tracking Number:

Filing Description:

We are submitting for your review and approval our Long-Term Care Partnership certification.

The company plans to introduce partnership plans in your state upon your approval of this certification and marketing material.

We plan to market the following previously approved plans. These are all individual plans.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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Plan	Plan Type	Approval Date
GR-N520	Long Term Care	10-15-2004
GR-N540	Long Term Care - Facility Care	10-15-2004
GR-N550	Long Term Care	10-15-2004
GR-N500	Home Health Care	6-11-2007

Please feel free to contact me if you have any questions.

Company and Contact

Filing Contact Information

Dan Murphy, Compliance Administrator d.murphy@banklife.com
 222 Merchandise Mart Plaza (312) 396-6134 [Phone]
 Chicago, IL 60654-9988 (312) 396-5907[FAX]

Filing Company Information

Bankers Life and Casualty Company	CoCode: 61263	State of Domicile: Illinois
222 Merchandise Mart Plaza	Group Code: 233	Company Type:
Chicago, IL 60654-9988	Group Name:	State ID Number:
(800) 621-3724 ext. [Phone]	FEIN Number: 36-0770740	

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: 1 certification form @\$20.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	\$20.00	06/17/2008	20938035

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor (FM)	07/08/2008	07/08/2008

SERFF Tracking Number: *BNLA-125697966* *State:* *Arkansas*
Filing Company: *Bankers Life and Casualty Company* *State Tracking Number:* *39330*
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Disposition

Disposition Date: 07/08/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Long Term Care Partnership Certification Form	Approved-Closed	Yes
Form	LTCP Policy Disclosure Form	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	282A-AR	Other	LTCP Policy Disclosure Form	Initial			N282AAR.pdf

BANKERS LIFE AND CASUALTY COMPANY

Home Office: 222 Merchandise Mart Plaza • Chicago, Illinois 60654-2001

Policy Disclosure Form

Important Information Regarding Your Policy's] Long-Term Care Insurance Partnership Status

This disclosure notice is issued in conjunction with your long-term care policy:

Some long-term care insurance policies sold in Arkansas qualify for the Arkansas Long-Term Care Insurance Partnership Program. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies that qualify as Partnership Policies may be entitled to special treatment, and in particular an "Asset Disregard," under Arkansas's Medicaid program.

Asset Disregard means that an amount of the policyholder's assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply. Asset Disregard is not available under a long-term care insurance policy that is not a Partnership Policy. The purchase of a Partnership Policy does not automatically qualify you for Medicaid.

Partnership Policy Status. Your long-term care insurance policy is intended to qualify as a Partnership Policy under the Arkansas Long-Term Care Partnership Program as of your Policy's effective date.

What Could Disqualify Your Policy as a Partnership Policy. If you make any changes to your policy, such changes could affect whether your policy continues to be a Partnership Policy. ***Before you make any changes, you should consult with Bankers Life and Casualty Company to determine the effect of a proposed change.*** In addition, if you move to a State that does not maintain a Partnership Program or does not recognize your policy as a Partnership Policy, you would not receive beneficial treatment of your policy under the Medicaid program of that State. The information contained in this Notice is based on current State and Federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your policy under Arkansas's Medicaid program.

Additional Information. If you have questions regarding your insurance policy please contact Bankers Life and Casualty Company. If you have questions regarding current laws governing Medicaid eligibility, you should contact the Arkansas Department of Human Services.

This form and all benefit statements received should be kept with your policy.

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Rate Information

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Supporting Document Schedules

<p>Satisfied -Name: Certification/Notice Comments: Attachment: Certif of Compliance with Rule 19.pdf</p>	<p>Review Status: Approved-Closed 07/08/2008</p>
<p>Bypassed -Name: Application Bypass Reason: Not Applicable - LTCP Partnership Certification Comments:</p>	<p>Review Status: Approved-Closed 07/08/2008</p>
<p>Bypassed -Name: Health - Actuarial Justification Bypass Reason: Not Applicable - LTCP Partnership Certification Comments:</p>	<p>Review Status: Approved-Closed 07/08/2008</p>
<p>Bypassed -Name: Outline of Coverage Bypass Reason: Not Applicable - LTCP Partnership Certification Comments:</p>	<p>Review Status: Approved-Closed 07/08/2008</p>
<p>Satisfied -Name: Long Term Care Partnership Certification Form Comments: Attachment: AR Certification Form.pdf</p>	<p>Review Status: Approved-Closed 07/08/2008</p>

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: **Bankers Life and Casualty Company**

Form Number(s): 16351 242A(07)

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

Mariann Dobbs

Signature of Company Officer

Mariann Dobbs

Name

Assistant Secretary

Title

06/13/08

Date

ISSUER CERTIFICATION FORM

(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, *e.g.*, as it introduces new long-term care insurance policy forms for issuance.

I. GENERAL INFORMATION

A. Name, address and telephone number of issuer:

Bankers Life and Casualty Company
600 West Chicago Ave
Chicago IL 60654-2800

B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:

Dan Murphy
600 West Chicago Ave
Chicago IL 60654-2800
1-800-621-3724 Ext. 6134
d.murphy@banklife.com

C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):

GR-N520, GR-N540, GR-N550 & GR-N500

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

II. CERTIFICATIONS

- A.** I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- B.** I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on {insert issuer name's} behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- C.** I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

06/17/2008
Date

Mariann Dobbs, Assistant Secretary
Name and title of officer of the Issuer

Mariann Dobbs

Signature of officer of the Issuer