

SERFF Tracking Number: UTAC-125653057 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 39037
Company Tracking Number: AIMS GA2 381,382,383
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: Long Term Care
Project Name/Number: AIMS GA2 381,382,383/AIMS GA2 381,382,383

Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Long Term Care SERFF Tr Num: UTAC-125653057 State: ArkansasLH
TOI: LTC06 Long Term Care - Other SERFF Status: Closed State Tr Num: 39037
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: AIMS GA2 State Status: Filed-Closed
381,382,383
Filing Type: Advertisement Co Status: Reviewer(s): Harris Shearer
Authors: Jackie Cunningham, Disposition Date: 07/23/2008
Melissa MacLaurin
Date Submitted: 05/19/2008 Disposition Status: Filed-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: AIMS GA2 381,382,383 Status of Filing in Domicile: Pending
Project Number: AIMS GA2 381,382,383 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: 07/23/2008 Deemer Date:
State Status Changed: 07/23/2008
Corresponding Filing Tracking Number:
Filing Description:
Long Term Care Insurance Advertising Material

Company and Contact

Filing Contact Information

Melissa MacLaurin, mmaclaurin@gafri.com

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11200 Lakeline Blvd Ste 100 (512) 807-4794 [Phone]
Austin, TX 78717

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 Group Name: State ID Number:
(800) 880-8824 ext. [Phone] FEIN Number: 13-1935920

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Filing Fees

Fee Required? Yes
Fee Amount: \$125.00
Retaliatory? No
Fee Explanation: 5 forms @ \$25 each
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$125.00	05/19/2008	20390949

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor (FM)	07/23/2008	07/23/2008

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Disposition

Disposition Date: 07/23/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Filed-Closed	Yes
Form	Bank Flyer 1	Filed-Closed	Yes
Form	Bank Flyer 2	Filed-Closed	Yes
Form	Credit Union Flyer 1	Filed-Closed	Yes
Form	Credit Union Flyer 2	Filed-Closed	Yes
Form	Reply Card	Filed-Closed	Yes

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Form Schedule

Lead Form Number: AIMS GA2 381 BN1

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	AIMS GA2 381 BN1	Advertising Bank Flyer 1		Initial			AIMS GA2 381 BN1.pdf
Filed-Closed	AIMS GA2 381 BN2	Advertising Bank Flyer 2		Initial			AIMS GA2 381 BN2.pdf
Filed-Closed	AIMS GA2 382 CU1	Advertising Credit Union Flyer 1		Initial			AIMS GA2 382 CU1.pdf
Filed-Closed	AIMS GA2 382 CU2	Advertising Credit Union Flyer 2		Initial			AIMS GA2 382 CU2.pdf
Filed-Closed	AIMS GA2 383 RC	Advertising Reply Card		Initial			AIMS GA 383 RC.pdf



AIMS GA2 331 BN 1

A Special Opportunity...

[From Bank Name]

We know you work hard to achieve success for your family. Due to our commitment of making excellent benefits available to you, we have [selected/endorsed/chosen/reviewed] a program that will help protect your long term goals and dreams with Long Term Care Insurance. **FlexibleBenefitLTC[®]** from Great American Life Insurance Company[®] gives you the flexibility and protection you deserve to help protect the rewards of your hard work.

[Attend the upcoming meeting for more details./Please return the enclosed reply card or call 000-000-0000 for more information.]

Note: This policy will also be available to eligible members of your extended family.

[Policy Form 4LTCIP0001 (may vary by state).]

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GREATAMERICANSM
LIFE INSURANCE COMPANY

LONG TERM CARE INSURANCE



AIMS GA2 381 BN 2

Your future financial security may be at risk due to the cost of long term medical care which may not be covered by any form of insurance you presently have.

Medicare and Medicare supplements were not designed to pay for long term care. So, in the near future, [Bank Name] will be offering you the opportunity to learn from a licensed insurance agent about long term care insurance and why it may be important to you and your family.

Plan on attending our upcoming meeting.

Note: This policy will also be available to eligible members of your extended family.

[Policy Form 4LTCIP0001 (may vary by state).]

This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. Your insurance agent will explain the costs and complete details of coverage.

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GREAT AMERICANSM
LIFE INSURANCE COMPANY

LONG TERM CARE INSURANCE



AIMS GA2 382 CU 1

A Special Opportunity...

[From Credit Union Name]

We know you work hard to achieve success for your family. Due to our commitment of making excellent benefits available to you, we have [selected/endorsed/chosen/reviewed] a program that will help protect your long term goals and dreams with Long Term Care Insurance. **FlexibleBenefitLTC[®]** from Great American Life Insurance Company[®] gives you the flexibility and protection you deserve to help protect the rewards of your hard work.

[Attend the upcoming meeting for more details./Please return the enclosed reply card or call 000-000-0000 for more information.]

Note: This policy will also be available to eligible members of your extended family.

[Policy Form 4LTCIP0001 (may vary by state).]

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GREATAMERICANSM
LIFE INSURANCE COMPANY

LONG TERM CARE INSURANCE

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Plan on attending our upcoming meeting.

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[Policy Form 4LTCIP0001 (may vary by state).]

This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. Your insurance agent will explain the costs and complete details of coverage.

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AIMS GA2 382 CU 2


GREATAMERICANSM
LIFE INSURANCE COMPANY

LONG TERM CARE INSURANCE

FREE Information Request

Give me the facts on how [my financial institution] can give me an opportunity to learn, from a licensed insurance agent, about a long term care insurance program. A program that can help me protect my savings and financial independence.

Name _____ Date of Birth _____

PLEASE PRINT

Spouse's Name _____ Date of Birth _____

Daytime Phone (_____) _____ Evening Phone (_____) _____ [Best Time to Call _____^{AM}
PM]

[E-Mail _____ Fax (_____) _____]

Street Address _____ [Bank/Credit Union logo]

City _____ State _____ Zip _____

[I am interested for: Myself Spouse Family Member My Employees]

[Not a deposit. Not insured by FDIC/NCUA or other government agency. No bank/credit union guarantee. Not a condition of any bank/credit union loan, product or service]

AIMS GA 383 RC Underwritten by **Great American® Life Insurance Company**. An insurance agent will contact you and provide you with free information.

FROM: _____

BUSINESS REPLY MAIL

FIRST-CLASS MAIL

[PERMIT#]

[CITY, ST]

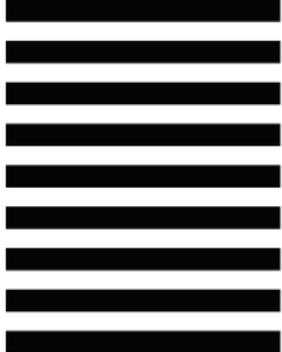
POSTAGE WILL BE PAID BY ADDRESSEE

BANK/CREDIT UNION NAME

ADDRESS

CITY, STATE ZIP

Stamped
or
Prepaid



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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Cover Letter

Review Status:

Filed-Closed

07/23/2008

Comments:

Attachment:

AR Adv Filing Ltr.pdf



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

May 19, 2008

Shipping Address:
11200 Lakeline Blvd.
Austin, Texas 78717

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

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

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

INVITATION TO INQUIRE
NEW FORM NUMBER

AIMS GA2 381 BN1
AIMS GA2 381 BN 2
AIMS GA2 382 CU1
AIMS GA2 382 CU2
AIMS GA 383 RC

DESCRIPTION

Adverting Flyer for Bank
Adverting Flyer for Bank
Adverting Flyer for Credit Union
Adverting Flyer for Credit Union
Reply Card

TO BE USED WITH APPROVED FORMS

4LTCIP0001-AR	Long Term Care Policy
4LTCIE0001-ACC	Accelerated Payment of Premium Rider
4LTCIE0001-PDNH	Prescription Drug Benefit in a Nursing Home Rider
4LTCIE0001-ENH	Enhanced Nursing Home Care Rider
4LTCIE0001-EHHC-AR	Enhanced Home Health Care Rider
4LTCIE0001-MHC	Monthly Home Care Benefit Rider
4LTCIE0001-FROB	Full Restoration of Benefits Rider
4LTCIE0001-JC	Joint Coverage Rider
4LTCIE0001-DWP-AR	Dual Waiver of Premium Rider
4LTCIE0001-SBIO	Simple Benefit Increase Rider
4LTCIE0001-CBIO	Compound Benefit Increase Rider
4LTCIE0001-DBIO	Delayed to Age 65 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-COIN	80/20 Coinsurance 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
4LTCIA0001-F (AR)	Full Application
4LTCIA0001-S (AR)	Employer/Association Application
4LTCIA0001-CPR	Conditional Premium Receipt
4LTCIE0001-OWN	Policy Ownership Rider
4LTCIA0001-OWNAPP	Supplementary Application for Designation of Policyowner

- Approved for use on 2/14/2006

Arkansas Department of Insurance
May 19, 2008
Page Two (2)

Dear Sir or Madam,

Enclosed for your review and approval are the above referenced individual long-term care insurance advertisements. These forms are new and do not replace any forms previously approved by your department.

Please be advised that the referenced advertisements will be used to market 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 8755 or fax me at (512) 451-0357. My email address is mmaclaurin@gafri.com.

Thank you in advance for your consideration.

Sincerely,

A handwritten signature in blue ink that reads "Melissa MacLaurin". The signature is written in a cursive style.

Melissa MacLaurin
Compliance Analyst