

<i>SERFF Tracking Number:</i>	<i>CUNA-126398782</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CUNA Mutual Insurance Society</i>	<i>State Tracking Number:</i>	<i>44230</i>
<i>Company Tracking Number:</i>	<i>2009-LTC-AMENDML</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Claims Amendment of ERISA Plans</i>		
<i>Project Name/Number:</i>	<i>2009 LTC ERISA Amendment/</i>		

Filing at a Glance

Company: CUNA Mutual Insurance Society

Product Name: Claims Amendment of ERISA Plans SERFF Tr Num: CUNA-126398782 State: Arkansas

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Approved State Tr Num: 44230

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: 2009-LTC-AMENDML State Status: Closed

Filing Type: Form

Reviewer(s): Marie Bennett

Authors: Kari Hamrick, Kathy

Disposition Date: 12/07/2009

Strauser, Carma Bouska, Kimberly

Steggall

Date Submitted: 12/03/2009

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2009 LTC ERISA Amendment

Status of Filing in Domicile: Pending

Project Number:

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: 12/07/2009

Explanation for Other Group Market Type:

State Status Changed: 12/07/2009

Deemer Date:

Created By: Carma Bouska

Submitted By: Carma Bouska

Corresponding Filing Tracking Number:

Filing Description:

Please find attached Amendment form 2009-LTC-AMENDML for your examination and approval. It is a new form, in final print, with the exception of ink, font style, paper stock and logo. This submission does not contain any unusual, innovative or unique features from normal industry standards.

Form 2009-LTC-AMENDML is an amendment to Section 4.10 Appeal Procedure of policy form 2006-LTC-COMP(AR), approved by the Department on 10/23/2008. The Claims Amendment is necessary for the policy to satisfy the ERISA claims processing requirements for policies issued as part of an ERISA Plan.

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This Amendment will be used in situations when the employer is paying all or part of the long term care insurance premiums or otherwise determines the policy is subject to ERISA rules and regulations. To comply with ERISA guidelines, the Amendment form will print and become a part of the policy form.

Multi-Life Application form 2009-LTCAP-ML was approved by the Department on 8/12/2009, SERFF Tracking #CUNA-126240976. At that time, the approval was based on the assumption there would be no employer contributions. Please be informed that upon approval of the enclosed Amendment, the Multi-Life Application will be used in situations where there may be employer contributions.

This form was written to be readable and easily understood by insureds. It was combined with the policy form to achieve a flesch score of 51.

Thank you for your time in reviewing the filing.

Company and Contact

Filing Contact Information

Carma Bouska, carma.bouska@cunamutual.com
 2000 Heritage Way 319-483-3511 [Phone]
 Waverly, IA 50677

Filing Company Information

CUNA Mutual Insurance Society CoCode: 62626 State of Domicile: Iowa
 2000 Heritage Way Group Code: 306 Company Type:
 Waverly, IA 50677 Group Name: State ID Number:
 (319) 352-4090 ext. [Phone] FEIN Number: 39-0230590

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: \$20 per form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CUNA Mutual Insurance Society	\$20.00	12/03/2009	32439381

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	12/07/2009	12/07/2009

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Disposition

Disposition Date: 12/07/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	Claims Amendment for ERISA Plans		Yes

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Form Schedule

Lead Form Number: 2009-LTC-AMENDML

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2009-LTC-AMENDML	Certificate Amendmen	Claims Amendment for ERISA Plans	Initial		51.000	2009-LTC-AMENDML.pdf
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

CLAIMS AMENDMENT FOR ERISA PLANS

The Section titled **Appeal Procedure** is hereby amended to read as follows:

A. If Your Claim Is Denied

In the event that your claim is denied, either in full or in part, we will notify you in writing of our decision within 45 days after the date your claim form was filed. We are allowed to extend this period up to an additional 30 days if the extension is necessary due to matters beyond our control. If, prior to the end of the first 30-day extension period, we determine that a decision cannot be made during that period (again, due to matters beyond our control), we are allowed to extend the period for an additional 30 days. In any case, if an extension is required, you will receive a written notice from us indicating the reason for the delay and the date you may expect a final decision. Our notice of denial will include:

1. the specific reason or reasons for denial with reference to those Policy provisions on which the denial is based;
2. a description of any additional material or information necessary to complete the claim and why that material or information is necessary; and
3. the steps to be taken if you or your designated representative wish to have the decision reviewed.

Please note that if we do not respond to your claim within the time limits set forth above, you should automatically assume that your claim has been denied and you should begin the appeal process at that time.

B. Appeal Procedures

You or your designated representative has the right to request a formal review, in writing, within 180 days of receipt of the Explanation of Benefit Payments (EOB) form or other notification from us. For the purposes of this provision, the EOB will be deemed to have been received by you 5 days from the date on the EOB or other notification from us. You also have the right to review pertinent documents.

This written request for review must contain the following information:

1. your name;
2. your Policy Number;
3. other identifying information found on the face of the EOB form or other notification from us;
4. the reason(s) why you disagree with our denial of your claim; and
5. any information, document(s), or comments that you want to be considered.

We will make a full and fair review of the claim and may require additional documents as we deem necessary or desirable in making such a review. We will notify you in writing of our determination within 45 days following receipt of your written request for review. We are allowed to extend this period up to an additional 45 days if the extension is necessary due to matters beyond our control. If an extension is required, you will be notified of the reasons for the delay. The final decision will be furnished in writing and will include the reasons for the decision with reference, again, to those Policy provisions upon which the final decision is based.

All other provisions of the Policy remain unchanged. If there are any provisions of the Policy inconsistent with the terms of this Amendment the terms of this Amendment shall govern.

CUNA Mutual Insurance Society

A handwritten signature in black ink, consisting of several overlapping loops and flourishes, positioned above the word "President".

President

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
AR Rule 19 & 49 Cert.pdf		
FFF109.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: NA for this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: NA for this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: NA for this filing.		
Comments:		

**Certificate of Compliance with
Arkansas Rule and Regulation 19 & 49**

Insurer: CUNA Mutual Insurance Society

Form Number(s): 2009-LTC-AMENDML.

I hereby certify that to the best of my knowledge and belief, the filing above meets all Applicable Arkansas requirements including the requirements of Rule and Regulations 19 and 49.



Signature of Company Officer

Alastair Shore

Name

Sr. Vice President – Chief Underwriter

Title

December 3, 2009

Date

CERTIFICATION

This is to certify that the attached Policy Forms comply with the requirements of the Life and Disability Insurance Policy Language Simplification Act. The Flesch reading ease scores for these form(s) are shown below.

Form Number(s) and Title(s):	Flesch Score:
2009-LTC-AMENDML Claims Amendment for ERISA Plans	51



Signature of Officer of the Company

December 1, 2009
Date