

SERFF Tracking Number: UTAC-126877986 State: Arkansas
Filing Company: Continental General Insurance Company State Tracking Number: 47159
Company Tracking Number: CGI-NON-FORFEITURE BENEFIT ENDORSEMENT
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: CGI-LTC-Non-Forfeiture Benefit Endorsement
Project Name/Number: CGI-LTC-Non-Forfeiture Benefit Endorsement/CGI-LTC-Non-Forfeiture Benefit Endorsement

Filing at a Glance

Company: Continental General Insurance Company

Product Name: CGI-LTC-Non-Forfeiture Benefit SERFF Tr Num: UTAC-126877986 State: Arkansas

Endorsement

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Approved

State Tr Num: 47159

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: CGI-NON-

State Status: Closed

FORFEITURE BENEFIT

ENDORSEMENT

Filing Type: Form

Reviewer(s): Marie Bennett, Harris Shearer

Authors: Alycia Sumbera, Joyce Kostakis, Melissa Garza, Melissa MacLaurin

Disposition Date: 11/03/2010

Date Submitted: 10/28/2010

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: CGI-LTC-Non-Forfeiture Benefit Endorsement

Status of Filing in Domicile: Pending

Project Number: CGI-LTC-Non-Forfeiture Benefit Endorsement

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: 11/03/2010

Explanation for Other Group Market Type:

State Status Changed: 11/03/2010

Deemer Date:

Created By: Melissa Garza

Submitted By: Melissa Garza

Corresponding Filing Tracking Number:

Filing Description:

RE: Continental General Insurance Company

NAIC: 71404 FEIN: 47-0463747

Request for Approval for Long Term Care filing described below:

Form:

Form Number:

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Non-Forfeiture Benefit Endorsement CGI-NFBR-END

To Be Used With The Following Long Term Care Policy Form Numbers:

Policy Form Series 420, et al

(Includes Policy Forms 403, 405, 407, 408, 409, 410, 411, 414, 420, 421, 422, 423, 428, 429, 430, 431, 432, 435 and 436)

Policy Form Series 440, et al

(Includes Policy Forms 440, 442, 443, 444, 445, 446, 448, 449, 450, 460, 461, 462, 463, 470 and 471)

Dear Analyst:

Enclosed please find the Non-Forfeiture Benefit Endorsement which is being submitting for your review and approval. This Endorsement will be used with the above pre-rate stabilization Long Term Care Policy forms and provides for a paid-up benefit with a Shortened Benefit Period. This benefit will be provided to policyholders who choose to lapse their Long Term Care policy within 120 days after the effective date of approved rate increases.

Thank you in advance for your review of our filing. If you have any questions or comments, please contact me at (866) 459-4272, ext. 4773 or email me at mgarza@gafri.com.

With this information, we trust this endorsement may be considered for formal approval.

Sincerely,

Melissa Garza
Compliance Analyst

Company and Contact

Filing Contact Information

Melissa Garza, Compliance Analyst mgarza@gafri.com
11200 Lakeline Blvd 866-459-4272 [Phone] 8756 [Ext]
Ste 100 512-451-0357 [FAX]
Austin, TX 78717

Filing Company Information

Continental General Insurance Company CoCode: 71404 State of Domicile: Ohio
11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Life & Health
P. O. Box 26580 Group Name: State ID Number:
Austin, TX 78755-0580 FEIN Number: 47-0463747

SERFF Tracking Number: UTAC-126877986 State: Arkansas
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(800) 880-8824 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: Continental General Insurance Company is domicile in Ohio and Ohio's fees are \$50.00 per rate and/or form filing per company.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental General Insurance Company	\$50.00	10/28/2010	41272892

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	11/03/2010	11/03/2010

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Disposition

Disposition Date: 11/03/2010

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	Non-Forfeiture Benefit Endorsement		Yes

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Form Schedule

Lead Form Number: CGI-NFBR-END

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CGI-NFBR-END	Certificate	Non-Forfeiture Benefit Endorsement	Initial		40.000	CGI-NFBR-END.pdf
		t, Insert					
		Page,					
		Endorsement or Rider					



CONTINENTAL GENERAL INSURANCE COMPANY

[PO Box 26580 • Austin, TX 78755-0580 • (866) 459-4272]

[www.continentalgeneral.com]

A Stock Company

**NON-FORFEITURE BENEFIT ENDORSEMENT
Providing Guaranteed Benefits Subsequent To Lapse
Based On A Shortened Benefit Period**

Primary Insured: [John Doe] [Maximum Total Benefit Amount is: [\$per day up to # of days]]
[Maximum Long Term Care Benefit Amount is: [\$per day up to # of days]]
[Maximum Home Health Care Benefit Amount is: [\$per day up to # of days]]

[Covered Spouse: [Jane Doe]] [Maximum Total Benefit Amount is: [\$per day up to # of days]]
[Maximum Long Term Care Benefit Amount is: [\$per day up to # of days]]
[Maximum Home Health Care Benefit Amount is: [\$per day up to # of days]]

Effective Date: [January 1, 2010]

This Non-Forfeiture Benefit is added to and made part of the policy to which it's attached and is applicable to the insured(s) named above. This benefit takes effect on the Effective Date shown above.

BENEFITS AFTER LAPSE DUE TO A PREMIUM INCREASE

This Non-Forfeiture Benefit provides for a paid-up benefit with a Shortened Benefit Period, as described below. No further premium payments are required by you to maintain your paid-up policy.

The daily benefit amounts available will be the same amounts available for all care and services qualifying for benefits under the terms of the Policy, up to the limits specified in the Policy at the time the Policy would have lapsed. If there is a Benefit Increase Rider of any kind in force, the benefits available will NOT continue to increase.

The Shortened Benefit Period will be calculated using the greater of:

1. 100% of the premium paid for the Policy, including any optional riders, or
2. 30 times the Maximum Daily Benefit for Nursing Home Care in force at the time of the Lapse.

This benefit can be used at any time during your lifetime if you require long-term care services for which benefits would have been payable had the Policy remained in force. All of the eligibility requirements, including waiting periods, elimination periods, or deductible amounts that applied in order for an Insured Person to be eligible for payment of benefits at the time the coverage would have lapsed will apply. To the extent that any such eligibility requirements and/or waiting periods were satisfied under the coverage at the time it would have lapsed, they will also be satisfied under this Shortened Benefit Period. Benefits under this Endorsement are subject to the Policy's Provisions, Limitations and Exclusions, and as such, will not be paid unless Policy benefits would have otherwise been paid had the Policy remained in force.

Each day you receive any long-term care benefits will count as one full day toward the completion of the Shortened Benefit Period. Once the Shortened Benefit Period is exhausted, this policy and all coverage under it, will terminate and no further benefits will be payable. Once your policy terminates, it cannot be reinstated. Any Reinstatement provision in this policy is deleted.

The total of all benefit days utilized while the Policy was either in force or lapsed will not exceed the Lifetime Maximum Benefit or Aggregate Maximum Benefit, which would have been available if the Policy had not lapsed.

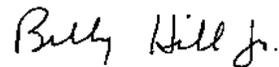
OTHER BENEFIT PROVISIONS: If your policy contains any of the following benefit provisions, either as part of the policy or in a rider attached to the policy, these benefit provisions are deleted and do not apply to this policy only for the insured(s) named above, as of the Effective Date of this endorsement: [inflation protection,] [restoration of benefits,] [return of premium,] [premium accrual benefit,] [additional home health care] or [waiver of premium].

This endorsement supersedes any conflicting language in the Policy. All other Policy terms and conditions not in conflict with the non-forfeiture benefit remain in effect.

Signed for the Company, **CONTINENTAL GENERAL INSURANCE COMPANY**, Austin, Texas.



Secretary



President

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: N/A. Comments:		
Bypassed - Item: Application Bypass Reason: N/A. Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A. Endorsement Filing. Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: N/A. Comments:		