

SERFF Tracking Number: WKLY-126700153 State: Arkansas  
Filing Company: American Heritage Life Insurance Company State Tracking Number: 46092  
Company Tracking Number: AH AR CLAIM DENIAL RPT  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: AH LTC Claim Denial Report  
Project Name/Number: AH LTC Claim Denial Report/

## Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: AH LTC Claim Denial Report SERFF Tr Num: WKLY-126700153 State: Arkansas  
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Filed State Tr Num: 46092  
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: AH AR CLAIM DENIAL State Status: Closed  
RPT

Filing Type: Form

Reviewer(s): Marie Bennett, Harris Shearer

Authors: Beth Clark, Lauren Perley Disposition Date: 07/19/2010

Date Submitted: 06/29/2010 Disposition Status: Filed

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: AH LTC Claim Denial Report

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/19/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/19/2010

Created By: Lauren Perley

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Lauren Perley

Filing Description:

Submission of the LTC Claim Denial Annual Report due June 30th.

## Company and Contact

### Filing Contact Information

Beth Clark,

Wakely and Associates, Inc.

8545 126th Avenue North, Suite 200

Largo, FL 33773-1502

beth.clark@wakelyinc.com

727-584-8128 [Phone] 2169 [Ext]

727-584-5613 [FAX]

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**Filing Company Information**

(This filing was made by a third party - WAI01)

American Heritage Life Insurance Company CoCode: 60534 State of Domicile: Florida  
 1776 American Heritage Life Drive Group Code: 8 Company Type:  
 Jacksonville, FL 32224-6688 Group Name: State ID Number:  
 (904) 992-1776 ext. [Phone] FEIN Number: 59-0781901

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**Filing Fees**

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$0.00	06/29/2010	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	07/19/2010	07/19/2010

*SERFF Tracking Number:* WKLY-126700153      *State:* Arkansas  
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## **Disposition**

Disposition Date: 07/19/2010

Implementation Date:

Status: Filed

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
Supporting Document	Cover Letter		Yes
Supporting Document	Letter of Authorization		Yes
Supporting Document	AH LTC Claim Denial Annual Report		Yes

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> Not Applicable. <b>Comments:</b>		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not Applicable. <b>Comments:</b>		
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> Not Applicable. <b>Comments:</b>		
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> Not Applicable. <b>Comments:</b>		
<b>Satisfied - Item:</b> Cover Letter <b>Comments:</b> <b>Attachment:</b> AH Cover Letter- AR.pdf		

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**Item Status:** **Status Date:**

**Satisfied - Item:** Letter of Authorization  
**Comments:**  
**Attachment:**  
2009 06 AmericanHeritageW&A\_Authorization.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** AH LTC Claim Denial Annual Report  
**Comments:**  
**Attachment:**  
AH Claims Denial Report-AR.pdf



June 29, 2010

Commissioner Jay Bradford  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, AR 72201-1904

**RE: NAIC #60534/AMERICAN HERITAGE LIFE INSURANCE COMPANY  
CLAIMS DENIAL REPORTING FOR LONG TERM CARE INSURANCE  
YEAR ENDED DECEMBER 31, 2009**

Dear Commissioner:

In accordance with your state's Long Term Care regulations, Wakely and Associates, Inc. is providing you with the annual claims denial report due June 30.

We are requesting acknowledgement that this filing meets with your approval. We have included a duplicate copy and a postage paid return envelope, for your reply.

Wakely and Associates, Inc. has been authorized to submit this filing, on behalf of American Heritage Life Insurance Company. Please contact me with any questions or concerns you may have.

Sincerely,

Beth Clark, FLMI, FFSI, AIRC  
Compliance Analyst  
877-777-2443, ext. 2169  
E-Mail [beth.clark@wakelyinc.com](mailto:beth.clark@wakelyinc.com)

Enclosure



# Allstate®

**Richard D. Schaefer**  
F.S.A., M.A.A.A.  
Sr. Vice President and  
Chief Actuary

Actuarial Department

June 2, 2009

Ms. Darcey Shaffer, FLMI, ACS  
Compliance Manager  
Wakely and Associates, Inc.  
8545 126<sup>th</sup> Avenue North, Suite 200  
Largo, Florida 33773-1503

Re: Filing/Reporting Requirements

Dear Ms. Shaffer:

This letter authorizes Wakely and Associates, Inc. to file on behalf of American Heritage Life Insurance Company, policy forms, rate filings and reports with the State Departments of Insurance.

Wakely and Associates, Inc. may correspond with the State Departments of Insurance regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

This authorization is provided, as requested, in conformance with Section 5.14 of the Asset Purchase Agreement between American Heritage Life Insurance Company and Mutual of Omaha, dated March 17, 2000.

Sincerely,

Richard D. Schaefer, F.S.A., M.A.A.A.  
Senior Vice President and  
Chief Actuary

/cn

Claims Denial Reporting Form  
Long-Term Care Insurance  
For the State of Arkansas  
For the Reporting Year of 2009

Company Name: AMERICAN HERITAGE LIFE INSURANCE COMPANY Due: June 30 annually  
 Company Address: 8545 126th Avenue N, Suite 200, Largo, FL 33773-1502  
 Company NAIC Number: 60534  
 Contact Person: Beth Clark Phone Number: 877-777-2443, ext. 2169  
 Line of Business:  Individual  Group

## Instructions

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. "Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

		State Data	Nationwide Data <sup>1</sup>
1.	Total Number of Long-Term Care Claims Reported	0	870
2.	Total Number of Long-Term Care Claims Denied/Not Paid	0	36
3.	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4.	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	25
5.	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	11
6.	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided by Line 1)	0%	.012%
7.	Number of Long-Term Care Claims Denied due to:		
8.	• Long-Term Care Services Not Covered under the Policy <sup>2</sup>	0	6
9.	• Provider/Facility Not Qualified under the Policy <sup>3</sup>	0	0
10.	• Benefit Eligibility Criteria Not Met <sup>4</sup>	0	5
11.	• Other	0	0

<sup>1</sup> The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.

<sup>2</sup> Example – home health care claim filed under a nursing home only policy.

<sup>3</sup> Example – a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

<sup>4</sup> Examples – a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.