

SERFF Tracking Number: UTAC-126947234 State: Arkansas
Filing Company: United Teacher Associates Insurance Company State Tracking Number: 47562
Company Tracking Number: UTA CONTINGENT NON-FORFEITURE BENEFIT ENDORSEMENT
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: UTA LTC Non-Forfeiture Endorsement
Project Name/Number: UTA LTC Non-Forfeiture Endorsement/UTA LTC Non-Forfeiture Endorsement

Filing at a Glance

Company: United Teacher Associates Insurance Company

Product Name: UTA LTC Non-Forfeiture SERFF Tr Num: UTAC-126947234 State: Arkansas

Endorsement

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Approved- State Tr Num: 47562
Closed

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: UTA CONTINGENT State Status: Approved-Closed
NON-FORFEITURE BENEFIT
ENDORSEMENT

Filing Type: Form

Reviewer(s): Harris Shearer,
Stephanie Fowler

Authors: Alycia Sumbera, Joyce
Kostakis, Melissa Garza

Disposition Date: 01/20/2011

Date Submitted: 12/21/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: UTA LTC Non-Forfeiture Endorsement

Status of Filing in Domicile: Pending

Project Number: UTA LTC Non-Forfeiture Endorsement

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/20/2011

State Status Changed: 01/20/2011

Deemer Date:

Created By: Melissa Garza

Submitted By: Melissa Garza

Corresponding Filing Tracking Number:

Filing Description:

RE: United Teacher Associates Insurance Company

NAIC: 63479 FEIN: 58-0869673

Request for Approval for Long Term Care filing described below:

Form

Form Number

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Non-Forfeiture Benefit Endorsement UTA-NFBR-END

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

Policy Form LG-990301 – Group Long Term Care Policy
Policy Form LT-940101 – Comprehensive Long Term Care Policy
Policy Form LT-000401 – Long Term Care Policy

Dear Analyst:

Attached please find the Contingent Non-Forfeiture Benefit Endorsement which is being submitted to you 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 an approved rate increase. There is no charge to the policyholder for this Endorsement.

Thank you in advance for your review of our filing. If you have any questions or comments, please contact me at (800) 880-459-4272, 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

United Teacher Associates Insurance Company CoCode: 63479 State of Domicile: Texas
11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance
Company
P.O. Box 26580 Group Name: State ID Number:
Austin, TX 78755-0580 FEIN Number: 58-0869673

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(800) 880-8824 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: Texas charges \$100.00 per submission.
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|----------|----------------|---------------|
| United Teacher Associates Insurance Company | \$100.00 | 12/21/2010 | 43134274 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------------|------------|----------------|
| Approved-Closed | Stephanie Fowler | 01/20/2011 | 01/20/2011 |

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Disposition

Disposition Date: 01/20/2011

Implementation Date:

Status: Approved-Closed

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 | Contingent Non-Forfeiture Benefit Endorsement | Approved-Closed | Yes |

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Form Schedule

Lead Form Number: UTA-NFBR-END

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-------------------------------|--------------|--|--|---------|----------------------|-------------|----------------------|
| Approved-Closed 01/20/2011 | UTA-NFBR-END | Policy/Cont ract/Fratern al | Contingent Non- Forfeiture Benefit Endorsement | Initial | | 40.000 | UTA-NFBR- END.pdf |
| | | Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | | | | | |

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

[P. O. Box 26580 ♦ Austin, TX 78755-0580 ♦ (800) 880-8824]

CONTINGENT NONFORFEITURE BENEFIT ENDORSEMENT

Policy Number: [AZ00012456]

Primary Insured: [John Doe]
[Covered Spouse: [Jane Doe]]

Effective Date: [January 1, 2010]

| | Primary Insured | Covered Spouse |
|---|-----------------|----------------|
| [Long Term Care (LTC) Shortened Benefit Period is:] | [# of days] | [# of days] |
| [Maximum Long Term Care (LTC) Daily Benefit Amount is:] | [\$per day] | [\$per day] |
| [Home Health Care (HHC) Shortened Benefit Period is:] | [# of days] | [# of days] |
| [Maximum Home Health Care (HHC) Daily Benefit Amount is:] | [\$per day] | [\$per day] |

This Contingent Nonforfeiture 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 Contingent Nonforfeiture Benefit converts Your coverage to a paid-up status 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 prior to your coverage converting to a paid-up status under this Contingent Nonforfeiture Benefit. 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 effect on the date prior to your coverage converting to a paid-up status under this Contingent Nonforfeiture Benefit.

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 under Your Policy if it had remained in premium-paying status. 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 payable prior to your policy converting to a paid-up status.

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.

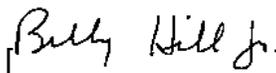
The total of all benefits paid after the effective date of the Contingent Nonforfeiture Benefit will not be more than the remaining Lifetime Maximum Benefit prior to your policy converting to a paid-up status.

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,] or [waiver of premium].

This endorsement supersedes any conflicting language in the Policy. All other Policy terms and conditions not in conflict with the Contingent Nonforfeiture Benefit remain in effect.

Signed for the Company, **UNITED TEACHER ASSOCIATES 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: | | |

| | Item Status: | Status Date: |
|---|---------------------|---------------------|
| Bypassed - Item: Application | | |
| Bypass Reason: N/A. Endorsement filing only. | | |
| Comments: | | |

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| Bypassed - Item: Health - Actuarial Justification | | |
| Bypass Reason: N/A. | | |
| Comments: | | |

| | Item Status: | Status Date: |
|---|---------------------|---------------------|
| Bypassed - Item: Outline of Coverage | | |
| Bypass Reason: N/A. | | |
| Comments: | | |