

SERFF Tracking Number: LFCR-127841877 State: Arkansas
Filing Company: Reassure America Life Insurance Company State Tracking Number: 50319
Company Tracking Number: RAAR-AR
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Care Plus/Cornerstone
Project Name/Number: /

Filing at a Glance

Company: Reassure America Life Insurance Company

Product Name: Care Plus/Cornerstone SERFF Tr Num: LFCR-127841877 State: Arkansas
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Approved State Tr Num: 50319
Sub-TOI: LTC03I.001 Qualified Co Tr Num: RAAR-AR State Status: Approved-Closed
Filing Type: Form Reviewer(s): Donna Lambert
Disposition Date: 11/22/2011
Authors: Smith Darlene, Trudy Weigel
Date Submitted: 11/22/2011 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date: 12/22/2011
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 11/21/2011
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: 11/22/2011
State Status Changed: 11/22/2011
Deemer Date: Created By: Smith Darlene
Submitted By: Smith Darlene Corresponding Filing Tracking Number:
Filing Description:
November 22, 2011

RE: REASSURE AMERICA LIFE INSURANCE COMPANY - NAIC # 70211

Long Term Care filing of Tax-Qualified Policy Form RAAR-AR, Application for Reinstatement of Long Term Care Insurance

The above referenced form is being filed for your review and approval. This application will be used in conjunction with the Company's previously approved Long Term Care policies. Please note that this reinstatement application will be used with closed blocks of business no longer being marketed.

This form has been filed and approved in the Company's domiciliary state of Indiana on November 21, 2011.

Thank you for your assistance with this filing.

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Sincerely,

Trudy Weigel
 Compliance Analyst
 Phone: (800) 366-5463, extension 2240
 Email: Trudy.Weigel@LifeCareAssurance.com

Company and Contact

Filing Contact Information

Trudy Weigel, Compliance Analyst 2 trudy.weigel@lifecareassurance.com
 P.O. Box 4243 818-867-2240 [Phone]
 Woodland Hills, CA 91365-4243 818-867-2508 [FAX]

Filing Company Information

(This filing was made by a third party - LCA01)

Reassure America Life Insurance Company CoCode: 70211 State of Domicile: Indiana
 Long Term Care Administrative Office Group Code: 181 Company Type:
 P.O. Box 4243 Group Name: State ID Number:
 Woodland Hills, CA 91365-4243 FEIN Number: 23-6200031
 (818) 867-2450 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reassure America Life Insurance Company	\$50.00	11/22/2011	53987513

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	11/22/2011	11/22/2011

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Disposition

Disposition Date: 11/22/2011

Implementation Date: 12/22/2011

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	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	AR CERTIFICATION OF COMPLIANCE	Approved	Yes
Form	APPLICATION FOR REINSTATEMENT OF LONG TERM CARE INSURANCE	Approved	Yes

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Form Schedule

Lead Form Number: RAAR-AR

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved 11/22/2011	RAAR-AR	Application/ APPLICATION FOR Enrollment REINSTATEMENT Form OF LONG TERM CARE INSURANCE	Initial			RAAR-AR.pdf

APPLICATION FOR REINSTATEMENT OF LONG TERM CARE INSURANCE
(PLEASE PRINT)

Reassure America Life Insurance Company
(A Stock Company)
Home Office: Fort Wayne, IN
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
(888) 503-8109

POLICY NO. 1B-12345678
RAAR-AR

Applicant Information	1 Policyholder (First Name, Middle Initial, Last Name) <i>John Doe</i>	Height <i>6' 0"</i>	Weight <i>180</i>	Birthdate <i>1-1-56</i>	Age <i>55</i>
	2 Joint Policyholder (if Joint Coverage) <i>Jane Doe</i>	Height <i>5' 5"</i>	Weight <i>130 lbs.</i>	Birthdate <i>1-1-61</i>	Age <i>50</i>
	Address <i>123 Main St.</i>			Phone Work: <i>(555) 555-1212</i> Home: <i>(555) 555-1212</i> Other: <i>(555) 555-1212</i>	
	City, State, Zip <i>Anytown, ST 12345-6789</i>			Acceptable times to call: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Sat/Sun	

Health Questions	HEALTH QUESTIONS - Complete for both 1 Policyholder and 2 Joint Policyholder (if Joint Coverage).					
	1. During the past 2 years, have you been confined to a hospital, nursing facility, home for the aged or any other care facility; or has a doctor recommended such confinement or the services of a trained attendant in your place of residence? 1 <input type="radio"/> Yes <input checked="" type="radio"/> No 2 <input type="radio"/> Yes <input checked="" type="radio"/> No					
	2. Do you need assistance or supervision for everyday activities such as cooking, dressing, eating, housekeeping, bathing, toileting, shopping or walking? 1 <input type="radio"/> Yes <input checked="" type="radio"/> No 2 <input type="radio"/> Yes <input checked="" type="radio"/> No					
	3. Are you confined to a bed; or do you use a wheelchair, walker, braces, or cane; require kidney dialysis or use oxygen equipment? 1 <input type="radio"/> Yes <input checked="" type="radio"/> No 2 <input type="radio"/> Yes <input checked="" type="radio"/> No					
	4. During the past 10 years, have you been medically advised or treated for: (a) Alzheimer's disease or dementia; (b) Amyotrophic Lateral Sclerosis; (c) Parkinson's disease; (d) brain disorder; (e) systemic lupus; (f) cirrhosis of the liver; or (g) alcohol or drug dependency or abuse? 1 <input type="radio"/> Yes <input checked="" type="radio"/> No 2 <input type="radio"/> Yes <input checked="" type="radio"/> No					
5. During the past 5 years, have you been medically advised or treated for: (a) cancer; (b) diabetes; (c) arthritis or osteoporosis; (d) high blood pressure, heart disorder, stroke or TIA, or circulatory system disorder; (e) emphysema or other respiratory disorder; (f) kidney disorder; or (g) depression or nervous system disorder? 1 <input type="radio"/> Yes <input checked="" type="radio"/> No 2 <input type="radio"/> Yes <input checked="" type="radio"/> No						
Provide full details below for any "Yes" answer. Indicate Policyholder 1 or 2.						
	Pol. 1 or 2	Ques. No.	From Date	To Date	Describe Condition, Treatment and Medication Prescribed	Name and Address of Doctor or Care Facility

Representations of the Policyholder(s)	CAUTION: If your answers on this application are incorrect or untrue, Reassure America Life Insurance Company has the right to deny benefits or rescind your policy.		
	AGREEMENT — The answers given are complete and true to the best of my knowledge and belief. I understand that the Company will rely on my written answers to the questions in this reinstatement application and that if my answers are not complete and true, my policy may not be valid.		
	ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO REASSURE AMERICA LIFE INSURANCE COMPANY. DO NOT MAKE CHECKS PAYABLE TO AGENT OR LEAVE PAYEE BLANK.		
	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.		
Signed at <u>Anytown, ST</u> <u>John Doe</u> <u>11-1-11</u>			
City, State Policyholder's Signature Date			
<u>John Q. Porter</u> <u>1234</u> <u>Jane Doe</u> <u>11-1-11</u>			
Agent's Signature Ident. Code Joint Policyholder's Signature Date			

RAAR-AR

Conditional Receipt	REASSURE AMERICA LIFE INSURANCE COMPANY		
	Policy number <u>1B-12345678</u> Premium \$ _____ received from <u>John Doe</u>		
	It is understood and agreed that payment is accepted subject to completion and return of the attached reinstatement application. The Company assumes no liability by the issuance of this receipt unless and until reinstatement is approved. We will notify you of approval or disapproval within 45 days of the date of this receipt. If your application is disapproved the amount submitted will be returned to you.		
	<u>11-1-11</u>	By: <u>John Q. Porter</u>	<u>1234</u>
Date	Agent or Company Representative	Ident. Code	
POLICYHOLDER — Retain this receipt for your records.			

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved	11/22/2011
Bypass Reason:	N/A		
Comments:			
Bypassed - Item:	Application	Approved	11/22/2011
Bypass Reason:	Attached in Form Schedule		
Comments:			
Bypassed - Item:	Health - Actuarial Justification	Approved	11/22/2011
Bypass Reason:	N/A		
Comments:			
Bypassed - Item:	Outline of Coverage	Approved	11/22/2011
Bypass Reason:	N/A		
Comments:			
Satisfied - Item:	AR CERTIFICATION OF COMPLIANCE	Approved	11/22/2011
Comments:			
Attachment:	AR CERTIFICATION OF COMPLIANCE.pdf		

CERTIFICATION OF COMPLIANCE

Insurer: Reassure America Life Insurance Company

The company has reviewed the attached policy form(s) and certified that they comply with the provision of Rule and Regulation 13 as well as all applicable requirements of the Arkansas Department of Insurance.

Signature: *Trudy Weigel*

Name: Trudy Weigel

Title: Compliance Analyst

Date: November 21, 2011