

SERFF Tracking Number: META-127301817 State: Arkansas  
Filing Company: TIAA-CREF Life Insurance Company State Tracking Number: 49216  
Company Tracking Number: CY 2010 ANNUAL REPORTS DUE 2011\_TC-LIFE  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Annual Industry Reports  
Project Name/Number: CY 2010 Annual Reports Due 2011\_TC-LIFE/CY 2010 Annual Reports Due 2011\_TC-LIFE

## Filing at a Glance

Company: TIAA-CREF Life Insurance Company

Product Name: Annual Industry Reports SERFF Tr Num: META-127301817 State: Arkansas  
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: 49216  
For Informational Purposes

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: CY 2010 ANNUAL State Status: Filed-Closed  
REPORTS DUE 2011\_TC-LIFE

Filing Type: Form

Reviewer(s): Stephanie Fowler  
Author: Cherise Crittenden Disposition Date: 07/15/2011  
Date Submitted: 07/01/2011 Disposition Status: Accepted For  
Informational Purposes  
Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: CY 2010 Annual Reports Due 2011\_TC-LIFE  
Project Number: CY 2010 Annual Reports Due 2011\_TC-LIFE  
Requested Filing Mode: Informational  
Explanation for Combination/Other:  
Submission Type: New Submission  
Filing Status Changed: 07/15/2011  
State Status Changed: 07/15/2011  
Created By: Cherise Crittenden  
Corresponding Filing Tracking Number:  
Filing Description:

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type:  
Overall Rate Impact:  
Deemer Date:  
Submitted By: Cherise Crittenden

This is an Annual Report Filing for Individual and Group policies. Please see the cover letter for details.

## Company and Contact

### Filing Contact Information

Cherise Crittenden, Consultant-Compliance ccrittenden@metlife.com  
MKTG  
57 Green Farms Road 203-221-6594 [Phone]  
Westport, CT 06880

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**Filing Company Information**

TIAA-CREF Life Insurance Company	CoCode: 60142	State of Domicile: New York
730 Third Avenue	Group Code:	Company Type:
New York, NY 10017	Group Name:	State ID Number:
(212) 578-2944 ext. 2944[Phone]	FEIN Number: 13-3917848	

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
TIAA-CREF Life Insurance Company	\$0.00	07/01/2011	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	07/15/2011	07/15/2011

*SERFF Tracking Number:*      *META-127301817*                      *State:*                      *Arkansas*  
*Filing Company:*              *TIAA-CREF Life Insurance Company*              *State Tracking Number:*      *49216*  
*Company Tracking Number:*      *CY 2010 ANNUAL REPORTS DUE 2011\_TC-LIFE*  
*TOI:*                      *LTC06 Long Term Care - Other*                      *Sub-TOI:*                      *LTC06.000 Long Term Care - Other*  
*Product Name:*              *Annual Industry Reports*  
*Project Name/Number:*      *CY 2010 Annual Reports Due 2011\_TC-LIFE/CY 2010 Annual Reports Due 2011\_TC-LIFE*

## **Disposition**

Disposition Date: 07/15/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Lapse and Replacements	Accepted for Informational Purposes	No
Supporting Document	Denied Claims	Accepted for Informational Purposes	No
Supporting Document	Cover Letter	Accepted for Informational Purposes	No
Supporting Document	Suitability	Accepted for Informational Purposes	No

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> n/a <b>Comments:</b>		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> n/a <b>Comments:</b>		
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> n/a <b>Comments:</b>		
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> n/a <b>Comments:</b>		
<b>Satisfied - Item:</b> Lapse and Replacements <b>Comments:</b> <b>Attachment:</b> AR_Pages from Lapse & Replacement CY2010 All States TIAA CREF-4.pdf	Accepted for Informational Purposes	07/15/2011

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**Item Status:** **Status**  
**Date:**  
**Satisfied - Item:** Denied Claims Accepted for Informational 07/15/2011  
Purposes

**Comments:**

**Attachment:**

AR\_Pages from CLAIMS DENIAL REPORTING FORMS CY 2010 TIAA CREF All States-3.pdf

**Item Status:** **Status**  
**Date:**  
**Satisfied - Item:** Cover Letter Accepted for Informational 07/15/2011  
Purposes

**Comments:**

**Attachment:**

AR\_Cover Letters CY2010 TIAA CREF\_all 3.pdf

**Item Status:** **Status**  
**Date:**  
**Satisfied - Item:** Suitability Accepted for Informational 07/15/2011  
Purposes

**Comments:**

**Attachment:**

Suitability TIAA CREF due June 30 2011 2.pdf

**Long-Term Care Insurance  
Replacement and Lapse Reporting Form**

**For the State of Arkansas**

**For the Reporting Year of 2010**

Company Name: Metropolitan Life Insurance Company  
As administrator for TIAA-Cref Life Insurance  
Company Address: Long-Term Care Group  
57 Greens Farms Road  
Westport, CT 06880  
Contact Person: Thomas G. Reilly, Director of Product Management & Compliance

Due: June 30<sup>th</sup> annually, June 2010

Company NAIC Number: **60142**

Phone Number: (203) 221-6553

**Instructions**

The purpose of this form is to report on a statewide basis information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

**Listing of the 10% of Agents with the Greatest Percentage of Replacements**

Agent's Name	Number of Policies Sold by this Agent	Number of Policies Replaced by this Agent	Number of Replacements as % of Number Sold by this Agent
N/A			

**Listing of the 10% of Agents with the Greatest Percentage of Lapses**

Agent's Name	Number of Policies Sold by this Agent	Number of Policies Lapsed by this Agent	Number of Lapses as % of Number Sold by this Agent
N/A			

**Company Totals: (Individual & Group Business)**

Percentage of Replacement Policies Sold to Total Annual Sales 0.00%  
Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) 0.00%

Percentage of Lapsed Policies Sold to Total Annual Sales 0.00%  
Percentage of Lapsed Policies Sold to Policies In Force (as of the end of the preceding calendar year) 0.00%

**CLAIMS DENIAL REPORTING FORMS  
LONG-TERM CARE INSURANCE**

**FOR THE STATE OF ARKANSAS  
FOR THE REPORTING YEAR OF 2010**

**Due 2011**

**Company Name:** Metropolitan Life Insurance Company as **Due:** June 30 annually  
Administrator for TIAA-CREF Life Insurance Company

**Company Address:** 57 Green Farms Road, Westport, CT 06880      **Phone Number:** (203) 221-6553  
P.O. Box 937, Westport, CT 06881-9909  
(for mailing only)

**Company NAIC**

**Number:** 60142

**Contact Person:** Thomas G. Reilly

**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.*

Indicate the manner of reporting by checking one of the boxes below:

- Per Claimant - counts each individual who makes one or a series of claim requests  
 Per Transaction - counts each claim request

"Denied" means a claim that is not paid for any reason other than for failure to meet the waiting period or because of an applicable preexisting condition. It does not include claims that are duplicate submissions and were paid as a prior claim.

		STATE DATA	NATIONWIDE DATA <sup>1</sup>
1.	Total Number of Long-Term Care Claim Reported	3	1438
2.	Total Number of Long-Term Care Claims Denied/Not Paid	0	162
3.	Number of Claims Not paid due to Preexisting Condition Exclusion	0	0
4.	Number of Claims Not Paid due to Waiting <i>(Elimination)</i> Period not met	0	96
5.	Net Number of Long-Term Care Claims Denied for Reporting	0	66

	purposes ( <i>Line 2, Minus Line 3, Minus Line 4</i> )		
6.	Percentage of Long-Term Case Claim Denied of Those Reported ( <i>Line 5 divided by Line 1</i> )	0.00%	4.69
7.	Number Long-Term Care Claims Denied due to:		
8.	• Long-term Care Services Not Covered under the Policy <sup>2</sup>	0	9
9.	• Provider/Facility Not Qualified under the Policy <sup>3</sup>	0	14
10.	• Benefit Eligibility Criteria Not Met <sup>4</sup>	0	2
11.	• Other <sup>5</sup>	0	41

1. 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.
2. Example – home health care claim filed under a nursing home only policy.
3. Example – a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
4. Examples – a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.
5. Examples – Maximum lifetime benefit reached, services paid under another insurance.

Metropolitan Life Insurance Company  
Long-Term Care  
PO Box 937, Westport, CT 06881-0937



June 30, 2011

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

Dear Commissioner Bradford:

Re: Metropolitan Life Insurance Company as administrator for TIAA-CREF Life Insurance Company

In accordance with state long-term care insurance requirements, we are providing the attached reports for calendar year 2010:

- Lapse & Replacement, Denied Claims and Suitability

Respectfully,

A handwritten signature in black ink, reading "Thomas G. Reilly". The signature is written in a cursive, flowing style.

Thomas G. Reilly  
Director of Product Management & Compliance

Enclosure(s)

