

SERFF Tracking Number: UNUM-127388036 State: Arkansas
Filing Company: Provident Life and Accident Insurance Company State Tracking Number: 49642
Company Tracking Number: EN-1580 (11-11)
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: EN-1580 (11-11)
Project Name/Number: Advertising-LTC Text/

Filing at a Glance

Company: Provident Life and Accident Insurance Company

Product Name: EN-1580 (11-11)

SERFF Tr Num: UNUM-127388036 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Filed-
Closed

State Tr Num: 49642

Sub-TOI: L08.000 Life - Other

Co Tr Num: EN-1580 (11-11)

State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Laneeta Derrick, Julie
Mader, Vanessa Vice

Disposition Date: 09/01/2011

Date Submitted: 08/26/2011

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Advertising-LTC Text

Status of Filing in Domicile: Pending

Project Number:

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: 09/01/2011

State Status Changed: 09/01/2011

Deemer Date:

Created By: Laneeta Derrick

Submitted By: Laneeta Derrick

Corresponding Filing Tracking Number:

Filing Description:

NAIC # 565-68195

Enclosed for your review and approval is Advertising form EN-1580 (11-11).

Attached under Supporting Documentation is a brief, but detailed explanation of how this form will be used.

We reserve the right at any time to make non-material changes to this form including, but not limited to paper stock, type face (but not font size) and page layout made necessary by unavoidable changes.

We appreciate your assistance and review of this submission. If you require any additional information, please contact

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me via phone at 423-294-7390 or email at lderrick@unum.com.

Company and Contact

Filing Contact Information

Laneeta Derrick, Contract Consulstant Iderrick@unum.com
 One Fountain Square 423-294-7390 [Phone]
 Chattanooga, TN 37402

Filing Company Information

Provident Life and Accident Insurance CoCode: 68195 State of Domicile: Tennessee
 Company
 1 Fountain Square Group Code: 565 Company Type:
 Chattanooga, TN 37402 Group Name: State ID Number:
 (800) 451-8475 ext. [Phone] FEIN Number: 62-0331200

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Provident Life and Accident Insurance Company	\$0.00	08/26/2011	
Provident Life and Accident Insurance Company	\$50.00	08/29/2011	51039012

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Linda Bird	09/01/2011	09/01/2011

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Disposition

Disposition Date: 09/01/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	EN-1580 (11-11)	Advertising LTC Text	Initial			EN-1580_(11-11)_LTC_text_for_filing_closures[1].pdf

Green = Business rules for the enrollment system

Red = Variable text

Underlined text = link

General business rules:

LTC riders are not available in HI, NH, NY, UT and WA.

Use the term Long Term Care Rider for All states except MA, MD, PA and TX

Use the term Long Term Care Accelerated Death Benefit Rider for MD, PA and TX

Use the term Chronic Illness Accelerated Benefit Rider for MA.

Base policy is \$10,000 for all states except OR. OR is \$18,000.

Optional LTC riders are not available in CA, FL, CT, NC, TX and PA.

Restoration Rider is not available in OR. OR requires the employee to purchase either the Continuation Benefits Rider or Restoration and Continuation Benefits Rider.

The [Long Term Care (LTC) Rider, Long Term Care Accelerated Death Benefit Rider, Chronic Illness Accelerated Benefit Rider] is added to this whole life coverage when the benefit amount is \$[10,000, 18,000] or more. This can pay a monthly benefit for a period of long term care. The benefit amount and duration is based on the type of care you receive. [See a list of facilities and benefit amounts](#). This coverage is available for employee and spouse age 15 to 70. Payments reduce the whole life policy's death benefit until it is depleted.

The following options [may, must] be added to your [Long Term Care Rider][Chronic Illness Accelerated Benefit Rider].

- Restoration Benefit: This benefit restores 100% of the death benefit, which can extend your [long term care][chronic illness] benefit payments for an equivalent length of time.
 - Available for employee and spouse age 15 to 60.
 - Adding this benefit will increase the cost of coverage.
- Continuation Benefit: This benefit continues [long term care][chronic illness] benefit payments for a second equivalent period of care.
 - No death benefit will be paid once the second equivalent period begins.
 - Available for employee and spouse age 15 to 70.
 - Adding this benefit will increase the cost of coverage.
- Both Restoration and Continuation Benefits can be purchased together in a single combined benefit. This can triple the length of time you receive monthly [long term care][chronic illness] benefits.
 - Available for employee and spouse age 15 to 60.

[text for link] Use for all states except MA and OR.

Use 6% for all states except AZ and NV.

Use 4% for AZ and NV.

For care at a long term care facility or assisted living facility

You will receive a monthly benefit that is the lesser of:

- [6,4]% of the death benefit* ; or
- \$3,000

For home health care agency or adult day care

You will receive a monthly benefit that is the lesser of:

- 4% of the death benefit* ;
- your actual monthly expenses; or
- \$1,500

*less any policy debt at the end of the elimination period

[text for link] Use for MA only.

For chronic illness benefit

You will receive a monthly benefit amount that is the lesser of:

- 4% of the death benefit*;
- your actual monthly costs incurred for qualified long term care services; or
- \$1,500

*less any policy debt at the end of the elimination period

[text for link] Use for OR only.

For care at a long term care facility or assisted living facility

You will receive the lesser of:

- 4% of the death benefit*;
- \$3,000; or
- Not less than a \$1,500 monthly benefit amount

*less any policy debt at the end of the elimination period

For home health care agency or adult day care

You will receive a monthly benefit amount of \$1,500 for each benefit period

Use the following exclusion/limitation for all states except FL, MA, MN, MT, NC, SD, PA and TX.

Long term care benefit

There is a 6 month waiting period for coverage of pre-existing conditions. No benefits will be paid for any benefit period that results from a pre-existing condition not disclosed in the application and that starts during the first 6 months after the effective date of this rider. A pre-existing condition means a condition for which medical advice or treatment was recommended by or received from a provider of health care services within the 6 months preceding the effective date of this rider.

Use the following exclusion/limitation for all FL

PRE-EXISTING CONDITIONS LIMITATION. There is a 6 month waiting period for coverage of pre-existing conditions. A pre-existing condition means a condition for which medical advice or treatment was recommended by or received from a provider of health care services within the 6 months preceding the effective date of this rider.

Use the following exclusion/limitation for all MN

PRE-EXISTING CONDITIONS LIMITATION. There is a 6 month waiting period for coverage of pre-existing conditions. No benefits will be paid due to a pre-existing condition during the first 6 months after the effective date of this rider. A pre-existing condition means a condition for which medical advice or treatment was recommended by or received from a provider of health care services within the 6 months preceding the effective date of this rider.

Use the following exclusion/limitation for all MT

PRE-EXISTING CONDITIONS LIMITATION. There is a 6 month waiting period for coverage of pre-existing conditions. No benefits will be paid for any benefit period due to a pre-existing condition not disclosed in the application during the first 6 months after the effective date of this rider. A pre-existing condition means a condition for which medical advice or treatment was recommended by or received from a provider of health care services within the 6 months preceding the effective date of this rider.

Use the following exclusion/limitation for all NC

PRE-EXISTING CONDITION LIMITATIONS. There is a 6 month waiting period for coverage of pre-existing conditions. No benefits will be paid for any benefit period that results from a pre-existing condition not disclosed in the application and that starts during the first 6 months after the effective date of this rider. A pre-existing condition means a condition for which medical advice or treatment was recommended by or received from a provider of health care services within the 6 months preceding the effective date of this rider.

Use the following exclusion/limitation for all SD

PRE-EXISTING CONDITIONS LIMITATION. There is a 6 month waiting period for coverage of pre-existing conditions. No benefits will be paid for any benefit period due to a pre-existing condition during the first 6 months after the effective date of this rider. A pre-existing condition means a condition for which medical advice or treatment was recommended by or received from a provider of health care services within the 6 months preceding the effective date of this rider.

[Display for all enrolling states except NY]

Underwritten by:

Provident Life and Accident Insurance Company, Chattanooga, Tennessee

unum.com

[Display if enrolling state is NY]

Underwritten by:

First Unum Life Insurance Company, New York, New York

unum.com

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EN-1580 (11-11)

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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		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Explanation of EN-1580 (11-11)		
Comments:		
Attachment: Explanation of EN-1580 (11-11).pdf		

Unumbenefits.com is a system used to educate and enroll employees in Unum benefits. The system has business rules in place to show employees the information that is only applicable to them based on the enrolling/resident state. For example, employees in Texas will only see information relating to Texas. The system captures the employee's state once logged in. The document for review notes the following:

- "Green text" is business rules that dictate when to show the information
- "Red text" is the text that appears depending on the employee's state
- "Bracketed red text" is text that changes based on the employee's state
- "Underlined text" communicates a link with an expand/contract function. For example, when the link is clicked, the following text would appear below it. Again this text is dependent on the state.

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- \$3,000

For home health care agency or adult day care

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