

SERFF Tracking Number: LFCR-127982075 State: Arkansas
Filing Company: The State Life Insurance Company State Tracking Number:
Company Tracking Number: SLAR-AR
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: CareGuard
Project Name/Number: /

Filing at a Glance

Company: The State Life Insurance Company

Product Name: CareGuard

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Form

SERFF Tr Num: LFCR-127982075 State: Arkansas

SERFF Status: Closed-Approved State Tr Num:

Co Tr Num: SLAR-AR

State Status: Approved-Closed

Reviewer(s): Donna Lambert

Authors: Smith Darlene, Trudy Weigel

Disposition Date: 01/13/2012

Date Submitted: 01/12/2012

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 02/13/2012

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 01/12/2012

Requested Filing Mode: Review & Approval

Domicile Status Comments: Approved January 12, 2012

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/13/2012

State Status Changed: 01/13/2012

Deemer Date:

Created By: Trudy Weigel

Submitted By: Trudy Weigel

Corresponding Filing Tracking Number:

Filing Description:

January 12, 2012

RE: THE STATE LIFE INSURANCE COMPANY

NAIC # 69116

Long Term Care filing of Tax-Qualified Policy Form SLAR-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.

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This form has been filed and approved in the Company's domiciliary state of Indiana on January 12, 2012.
 Thank you for your assistance with this filing.
 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)

The State Life Insurance Company	CoCode: 69116	State of Domicile: Indiana
Long Term Care Administrative Office	Group Code: 619	Company Type:
P.O. Box 4243	Group Name:	State ID Number:
Woodland Hills, CA 91365-4243	FEIN Number: 35-0684263	
(818) 867-2450 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Arkansas form filing fee \$50.00 per form for 1 form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The State Life Insurance Company	\$50.00	01/12/2012	55257523

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	01/13/2012	01/13/2012

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Disposition

Disposition Date: 01/13/2012

Implementation Date: 02/13/2012

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	Certification of Compliance	Approved	Yes
Form	Application for Reinstatement of Long Tem Care	Approved	Yes

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Form Schedule

Lead Form Number: SLAR-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 01/13/2012	SLAR-AR	Application/ Enrollment Form	Application for Reinstatement of Long Tem Care	Initial			SLAR-AR.pdf

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

THE STATE LIFE INSURANCE COMPANY
a ONEAMERICA® financial partner
Home Office: Indianapolis, Indiana
Long Term Care Administrative Office
Post Office Box 4243
Woodland Hills, CA 91365-4243
888.505.8101



POLICY NO. X00000001

SLAR-AR

Applicant Information	① Policyholder (First Name, Middle Initial, Last Name) <u>John Doe</u>	Height <u>6' 0"</u>	Weight <u>180</u>	Birthdate <u>1-1-56</u>	Age <u>55</u>
	② Joint Policyholder (if Joint Coverage) <u>Jane Doe</u>	Height <u>5' 5"</u>	Weight <u>130 lbs.</u>	Birthdate <u>1-1-61</u>	Age <u>50</u>
	Address <u>123 Main St.</u>		Phone Work: <u>(555) 555-1212</u> Home: <u>(555) 555-1212</u> Other: <u>(555) 555-1212</u>		
	City, State, Zip <u>Anytown, ST 12345-6789</u>		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, State 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 STATE 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

SLAR-AR

Conditional Receipt	STATE LIFE INSURANCE COMPANY		
	Policy number <u>X00000001</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.			

SLAR-AR

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved	01/13/2012
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved	01/13/2012
Bypass Reason:	Attached in Form Schedule		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved	01/13/2012
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved	01/13/2012
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Certification of Compliance	Approved	01/13/2012
Comments:			
Attachment:			
SLAR-AR CERTIFICATION OF COMPLIANCE.pdf			

CERTIFICATION OF COMPLIANCE

Insurer: State 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: January 11, 2012