

SERFF Tracking Number: GRJR-128349378 State: Arkansas
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: RPT-LTC 2011
Company Tracking Number: 2011LTC LR CD
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: 2011 LTC Report
Project Name/Number: 2011 LTC Report/2011 LTC Report

Filing at a Glance

Company: The Cincinnati Life Insurance Company

Product Name: 2011 LTC Report

SERFF Tr Num: GRJR-128349378 State: Arkansas

TOI: LTC06 Long Term Care - Other

SERFF Status: Closed-Accepted State Tr Num: RPT-LTC 2011

For Informational Purposes

Sub-TOI: LTC06.000 Long Term Care - Other

Co Tr Num: 2011LTC LR CD

State Status: Closed-Accepted for Informational Purposes

Filing Type: Form

Reviewer(s): Donna Lambert

Authors: Jennifer Henley, Deborah

Naegele, Karen Eichler, Felicia

McCalley

Date Submitted: 05/17/2012

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2011 LTC Report

Status of Filing in Domicile: Pending

Project Number: 2011 LTC Report

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/23/2012

State Status Changed: 05/23/2012

Deemer Date:

Created By: Jennifer Henley

Submitted By: Jennifer Henley

Corresponding Filing Tracking Number:

Filing Description:

NAIC: #0244-76236

Subject:

The Cincinnati Life Insurance Company

Long Term Care Lapse & Replacement and Claims Denial

Dear Sir or Madame:

SERFF Tracking Number: GRJR-128349378 State: Arkansas
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Please be advised that for the reporting year 2011, we have no Lapse & Replacement and Claims Denial to Report.

Thank you for your usual courtesy and cooperation.

State Narrative:

Company and Contact

Filing Contact Information

Jennifer Henley, Senior Analyst jenny_henley@cinfin.com
 P.O. Box 145496 513-870-2251 [Phone]
 Cincinnati, OH 45250-5496 513-870-2099 [FAX]

Filing Company Information

The Cincinnati Life Insurance Company CoCode: 76236 State of Domicile: Ohio
 6200 S. Gilmore Road Group Code: 244 Company Type:
 Fairfield, OH 45014 Group Name: State ID Number:
 (513) 870-2000 ext. 4386[Phone] FEIN Number: 31-1213778

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 Filing X \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Life Insurance Company	\$50.00	05/17/2012	59235359

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Donna Lambert Informational Purposes		05/23/2012	05/23/2012

SERFF Tracking Number: GRJR-128349378 *State:* Arkansas
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Disposition

Disposition Date: 05/23/2012

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	Accepted for Informational Purposes	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	Yes
Supporting Document	Outline of Coverage	Accepted for Informational Purposes	Yes
Supporting Document	Lapse & Replacement Reporting Form	Accepted for Informational Purposes	Yes
Supporting Document	Claims Denial	Accepted for Informational Purposes	Yes

<i>SERFF Tracking Number:</i>	<i>GRJR-128349378</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>RPT-LTC 2011</i>
<i>Company Tracking Number:</i>	<i>2011LTC LR CD</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>2011 LTC Report</i>		
<i>Project Name/Number:</i>	<i>2011 LTC Report/2011 LTC Report</i>		

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Accepted for Informational Purposes	05/23/2012
Bypass Reason:	N/A, this is an annual report		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application	Accepted for Informational Purposes	05/23/2012
Bypass Reason:	N/A, this is an annual report		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Accepted for Informational Purposes	05/23/2012
Bypass Reason:	N/A, this is an annual report		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Accepted for Informational Purposes	05/23/2012
Bypass Reason:	N/A, this is an annual report		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Lapse & Replacement Reporting Form	Accepted for Informational Purposes	05/23/2012

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Comments:

Attachment:

AR LTC Replacements & Lapses Report.pdf

	Item Status:	Status
Satisfied - Item: Claims Denial	Accepted for Informational Purposes	Date: 05/23/2012

Comments:

Attachment:

AR LTC Claims Denial Report.pdf

Replacement and Lapse Reporting Form

Long Term Care Insurance

For the State of Arkansas

For the Reporting Year of 2011

Company Name: The Cincinnati Life Insurance Company

Due: June 30 annually

Company Address: PO Box 145496, Cincinnati, Ohio 45250

Company NAIC Number: 76236

Contact Person: Jennifer Henley

Phone Number: (513) 870-2251

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 Replace

Number Sold By

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 And

Number Sold By This Agent

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales 0 %

Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) 0 %

Percentage of Lapsed Policies to Total Annual Sales 0 %

Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) 0 %

Claims Denial Reporting Form
Long-Term Care Insurance

For the State of Arkansas

For the Reporting Year of 2011

Company Name: The Cincinnati Life Insurance Company Due: June 30 annually

Company Address: PO Box 145496, Cincinnati, Ohio 45250-4596

Company NAIC Number: 76236

Contact Person: Jennifer Henley Phone Number: 513-870-2251

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. "Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

	State Data	Nationwide Data [FN1]
1. Total Number of Long-Term Care Claims Reported	0	4466
2. Total Number of Long-Term Care Claims Denied/Not Paid	0	1926
3. Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4. Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	60
5. Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	1866
6. Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0	41.78
7. Number of Long-Term Care Claim Denied due to:		
8. Long-Term Care Services Not Covered under the Policy[FN2]	0	464
9. Provider/Facility Not Qualified under the Policy[FN3]	0	1
10. Benefit Eligibility Criteria Not Met[FN4]	0	30
11. Other	0	1371

[TFN1] 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.

[TFN2] Example--home health care claim filed under a nursing home only policy.

[TFN3] Example--a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

[TFN4] Examples--a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.